

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/06/2020 16:21
Date Of Accident	10/06/2020 13:50
Exact Location Of Accident	ALONG YIO CHU KANG RD BEFORE BUANGKOK GREEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU8187B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH SIN YEEN
NRIC No	SXXXX682B
Email Address	LOHSINYEEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93621983
Alternative Phone No	OTHERS-92771368

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-2.0 AMG (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008358
Cover Note Number	18/08/2019 - 17/08/2020

### Driver

Name of Driver	SEAN LOH ITT KHYN
NRIC No	SXXXX181H
Date Of Birth	10/10/1994
Occupation	INDOOR
Date Of Driving Pass	23/06/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92771368
Fax Number	
Contact Number	OTHERS-93621983
E-Mail Address	SEANLOHIK@HOTMAIL.COM

Address	100 GERALD DRIVE #04-92
Postcode	798592
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP1674K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

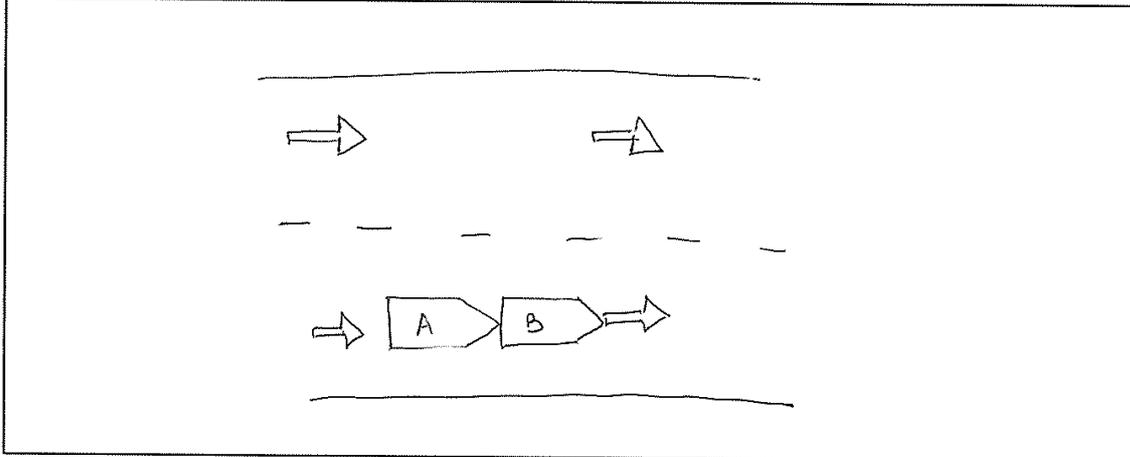
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Sketch Plan Pg. 2**

Date of accident: 10/06/2020 Time: 1:50pm Location: Along Yio Chu Kang Road before buangkok green  
 My Vehicle A: SKV 8187 B Vehicle B: SMP 1674K Vehicle C: \_\_\_\_\_

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

It was a red light and I was on a slow halt, however due to my oversight I stopped slightly too late and the front number plate of my car lightly hit the back of car B. After checking the impact, it can be visibly seen from photo evidence that only the tip of my car touched the rear bumper of car B. No further impacts or any injuries were sustained.

- Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself : SEAN LOH ITT KHYN  
 Email address : seanlohik@hotmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 10/06/2020

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**YOUR PRESTIGE CAR INSURANCE SUMMARY**

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident. All accidents must be reported within 24 hours or the next working day of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2018-00008358-01

**About this policy**

Premium paid : S\$1,132.98 Coverage start date : 18/08/2019  
(Inclusive of GST) Coverage end date : 17/08/2020  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : PRESTIGE

**About you (As the policyholder)**

Your name : Loh Sin Yeen  
Address : 100 Gerald Drive #04-92 Seletar Springs Condominium Singapore 798592  
Email : loh sinyeen@hotmail.com  
NRIC/FIN : S2602682B Date of birth : 15/08/1967  
Marital status : Married Gender : Male  
Current no claims discount : 50% Mobile Number : 93621983  
Years of driving experience : Three or more Certificate of merit : Yes

**About your car**

Car make and model : MERCEDES BENZ C200 2.0  
Year of first registration : 2015  
Car plate number : SKU8187B  
Issued on: : 27/06/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions and exclusions of this policy.  
Please immediately inform us at +65-6820-8888 or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in this Car Insurance Summary need to be changed.

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9436181H



Name  
SEAN LOH ITT KHYN

罗 一 勤  
Race  
CHINESE  
Date of birth  
10-10-1994  
Country of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9436181H  
Name  
SEAN LOH ITT KHYN

Birth Date 10 Oct 1994  
Issue Date 23 Jun 2014

002317457E

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

Owner - Father.  
S2602682B  
93621983

92971368

D/C  
No video.  
1/2m.

3rd Party  
Police

4722351

NRIC No S9436181H

Date of issue  
28-04-2011

Address  
100 GERALD DRIVE  
#04-92  
SINGAPORE 798592

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

EFFECTIVE DATE 23 Jun 2014

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg

NP 428A

Licence No: S9436181H

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALM 20050777 Vehicle Registration No: SKU 877B
Name (as shown in NRIC) : Sean Loh IT Kuan NRIC/FIN/Passport No : 94261811
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore ( )
Contact (Tel) : 92771368 Mobile No. :
Email Address :
Date of Accident : 10/06/20 Time of Accident : 13:50
Place of Accident : Along YKC Rd before Bangkok Green
Insurance Company : FWD Singapore

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend the GIA report. The vehicle is SKU 877B.
[Multiple blank lines for additional text]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: