

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
Insured/Policyholder	
Name Of Registered Owner	LOH SIN YEEN
NRIC No	S2602682B
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	S9436181H
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

SKETCH PLAN

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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:



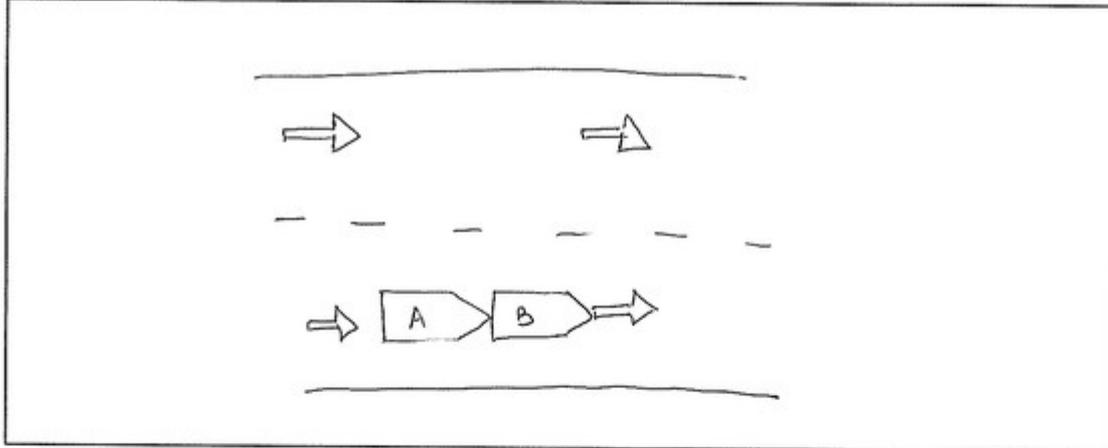
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Date of accident: 10/06/2020 Time: 1:50pm Location: Along Yio Chu Kang Road before buangkok green
 My Vehicle A: SKU 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 KUYN
 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
(Inclusive of GST)
Who is insured to drive: : You and any Authorised Driver
Policy Type : PRESTIGE
Coverage start date : 18/08/2019
Coverage end date : 17/08/2020

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 +65-6320-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

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

License 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
Mongyung
No video
Par.

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 CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Jun 2014

NP 428A

License 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

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 : MAIM 20050777 Vehicle Registration No: SKU 878B
Name (as shown in NRIC) : Sean Lon IT Kwon NRIC/FIN/Passport No : 94361811
(*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 Yick 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 CIA report. The vehicle is SKU 878B.

Policyholder / Driver's Signature
Date:



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