

## 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	13/07/2020 16:07
Date Of Accident	11/07/2020 19:00
Exact Location Of Accident	ORCHARD BLVD JUNCTION THOMLINSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB668P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONARD LOE WAI KIT
NRIC No	S8935152I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98228728
Alternative Phone No	OFFICE-98228728

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003014
Cover Note Number	

### Driver

Name of Driver	ALISON NG SZE MIEN
NRIC No	S9181221E
Date Of Birth	06/01/1991
Occupation	INDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91629327
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	21 TAMPINES AVE 8 #13-36
Postcode	529604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON COLLISION
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

TRAFFIC LIGHT IS GREEN AND I PROCEED TO MAKE A RIGHT TURN WHEN VEHICLE B FROM OPPOSITE DIRECTION CAME AND HIT INTO MY VEHICLE'S FRONT LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW5481Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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

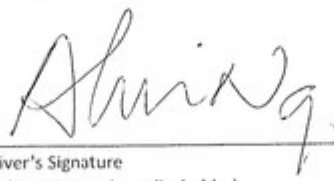
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

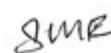
I understand, acknowledge, agree and consent that:

- (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.:



A hand-drawn diagram on grid paper showing a 2D environment. The environment is bounded by four lines forming a square. Inside, there are several obstacles represented by rectangles. A robot, depicted as a small circle with a cross, is located in the center. A goal, represented by a rectangle with a cross, is located in the bottom-left corner. Arrows indicate the robot's path: one arrow points down from the top, another points down from the robot, and a third points right from the robot. A dashed line connects the robot to the goal, indicating a planned path.

Traffic light is green and I proceed to make a right turn when vehicle B from opposite direction came and hit into my vehicle's front left portion.

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

Driver's Signature

Reporting Centre Personnel's Signature

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9181221E**

Name: **ALISON NG SZE MIEN**

Birth Date: **06 Jan 1991**

Issue Date: **29 Jan 2019**

002897383E

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9181221E**

Name: **ALISON NG SZE MIEN**

Race: **CHINESE**

Date of birth: **06-01-1991**

Country/Place of birth: **MALAYSIA**

Sex: **F**

S9181221E

**Usage for Insurance Motor Accident Reporting and Claims Purposes Only**

Vehicle no: 3BB 6689

Date of Accident: 11/07/20

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  25 Jan 2018

NP 428A



Address

21 TAMPINES AVENUE 8  
#13-36  
SINGAPORE 529604



NRIC No: S9181221E

Nationality  
**MALAYSIAN**  
Date of issue  
26-06-2018

9489492



#### CERTIFICATE OF INSURANCE

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 of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00003014 (Comprehensive - Classic Plan)

Car plate number: SBB668P

Your name (As the policyholder): LEONARD LOE WAI KIT

Coverage start date: 19/04/2019

Coverage end date: 21/08/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 12/02/2020

Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6322-2072  
or email us at [contact@fwd.com.sg](mailto:contact@fwd.com.sg) if any details  
in this Certificate of Insurance need to be changed.



#### TAX INVOICE

GST REGISTRATION NUMBER: 200501737H

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 : MSME30059043 Vehicle Registration No: SPB668P  
Name (as shown in NRIC) : ALLSON NG SZE MIEN NRIC/FIN/Passport No : S9181221E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 21 TAMMANS AVE #13-36 Singapore 57609  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9162 9327  
Email Address : \_\_\_\_\_  
Date of Accident : 11/07/20 Time of Accident : 1900  
Place of Accident : ORCHARD BLVD / JALAN SENG KALAN RD  
Insurance Company : FWD

**(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:

- ADD VIDEO

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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