

## 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	11/08/2020 14:40
Date Of Accident	08/08/2020 14:20
Exact Location Of Accident	25 ANG MO KIO AVE 9 (569788)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6284E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUM SHUET LYN JACQUELINE
NRIC No	SXXXX302Z
Email Address	LUMJACQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96828441
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA SIETA 1.5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00012872
Cover Note Number	07/09/2019 TO 06/09/2020

### Driver

Name of Driver	LUM SHUET LYN JACQUELINE
NRIC No	SXXXX302Z
Date Of Birth	07/09/1975
Occupation	INDOOR
Date Of Driving Pass	27/12/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96828441
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	LUMJACQ@GMAIL.COM

Address	80 CASUARINA ROAD
Postcode	579468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 SKETCH PLAN.

#### 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	SMA7915E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KOK HUAT
NRIC/Passport Number	SXXXX754D
Contact Number	97910098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT 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. The 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 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: 11/8/2020

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




Reporting Centre Personnel's Signature

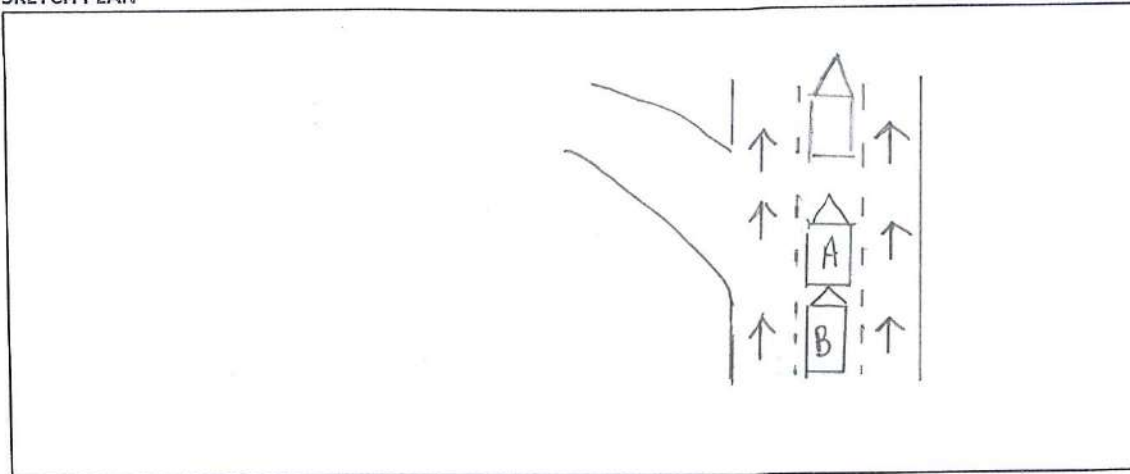
Name:

NRIC/FIN No.:

11/08/2020

# Sketch Plan Pg. 2

Date of accident: 8 Aug 2020 Time: 4.20pm Location: 25, Ang Mo Kio Ave 9 S(569788)  
 My Vehicle A: SLB6284E Vehicle B: SMA 7915E Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

All cars were station at traffic junction. When the traffic light turn green the vehicles in front of me move and stop suddenly so I also stop. Next moment vehicle B bump into my rear. There is no injury.

☒ 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 :

Email address :

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: 11/08/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/08/2020

GIAR/MC SketchPlanForm\_V3





### YOUR CLASSIC 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 : PNPV2019-00012872

#### About this policy

Premium paid	: S\$883.93	Coverage start date	: 07/09/2019
(Inclusive of GST)		Coverage end date	: 06/09/2020
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

#### About you (As the policyholder)

Your name	: Jacqueline Lum Shuet Lyn		
Address	: 80 Casuarina Road 00-00 Sembawang Hills Estate Singapore 579468		
Email	: lumjacq@gmail.com		
NRIC/FIN	: S7529302Z	Date of birth	: 07/09/1975
Marital status	: Married	Gender	: Female
Current no claims discount	: 20%	Mobile Number	: 96828441
Years of driving experience	: Three or more	Certificate of merit	: Yes

#### About your car

Car make and model	: TOYOTA SIENTA 1.5
Year of first registration	: 2016
Car plate number	: SLB6284E
Issued on:	: 30/07/2019

*A. Bhatia*

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.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7529302Z



Name  
LUM SHUET LYN JACQUELINE  
(LIN XUELIN JACQUELINE)  
林雪玲  
Race  
CHINESE  
Date of birth  
07-09-1975  
Country of birth  
SINGAPORE

Sex  
F

S7529302Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7529302Z  
Name  
LUM SHUET LYN JACQUELINE  
(LIN XUELIN JACQUELINE)  
Birth Date: 07 Sep 1975  
Issue Date: 10 Apr 2003

1000373038K

4506897



NRIC No: S7529302Z



Date of Issue  
09-01-2010

80 CASUARINA ROAD  
SINGAPORE 579488  
NRIC No: S7529302Z Date: 07/09/2018

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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Dec 1997

NP 428A

Licence No: S7529302Z



Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7529302Z



Name  
LUM SHUET LYN JACQUELINE  
(LIN XUELIN JACQUELINE)  
林雪玲  
Race  
CHINESE  
Date of birth  
07-09-1975  
Country of birth  
SINGAPORE

Sex  
F

S7529302Z

4506897

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S7529302Z  
Name  
LUM SHUET LYN JACQUELINE  
(LIN XUELIN JACQUELINE)  
Birth Date: 07 Sep 1975  
Issue Date: 10 Apr 2003

1000373038K

4506897



NRIC No: S7529302Z



Date of Issue  
09-01-2010

80 CASUARINA ROAD  
SINGAPORE 579488  
NRIC No: S7529302Z Date: 07/09/2018

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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Dec 1997

NP 428A

Licence No: S7529302Z

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

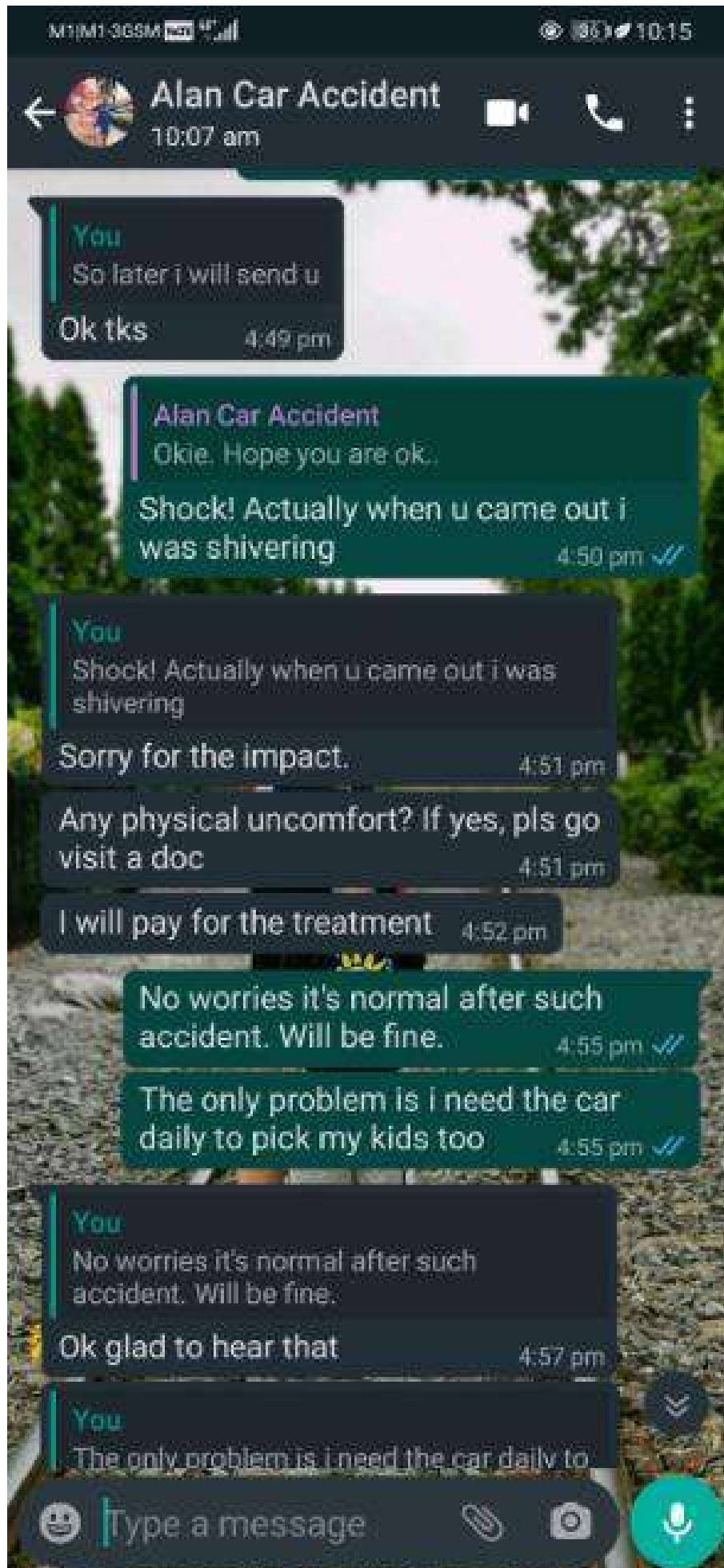


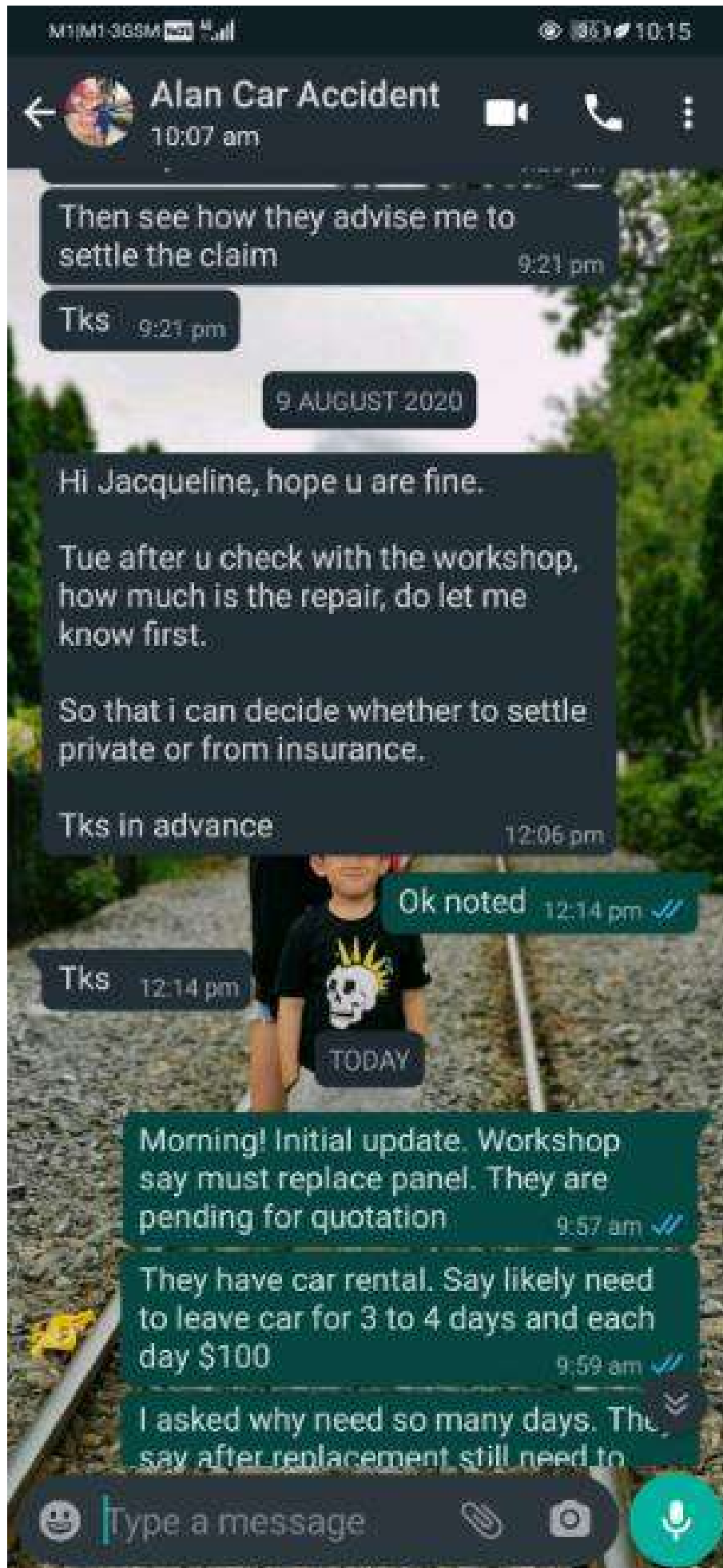
Accident Photo





Conversation btw owner and TP driver

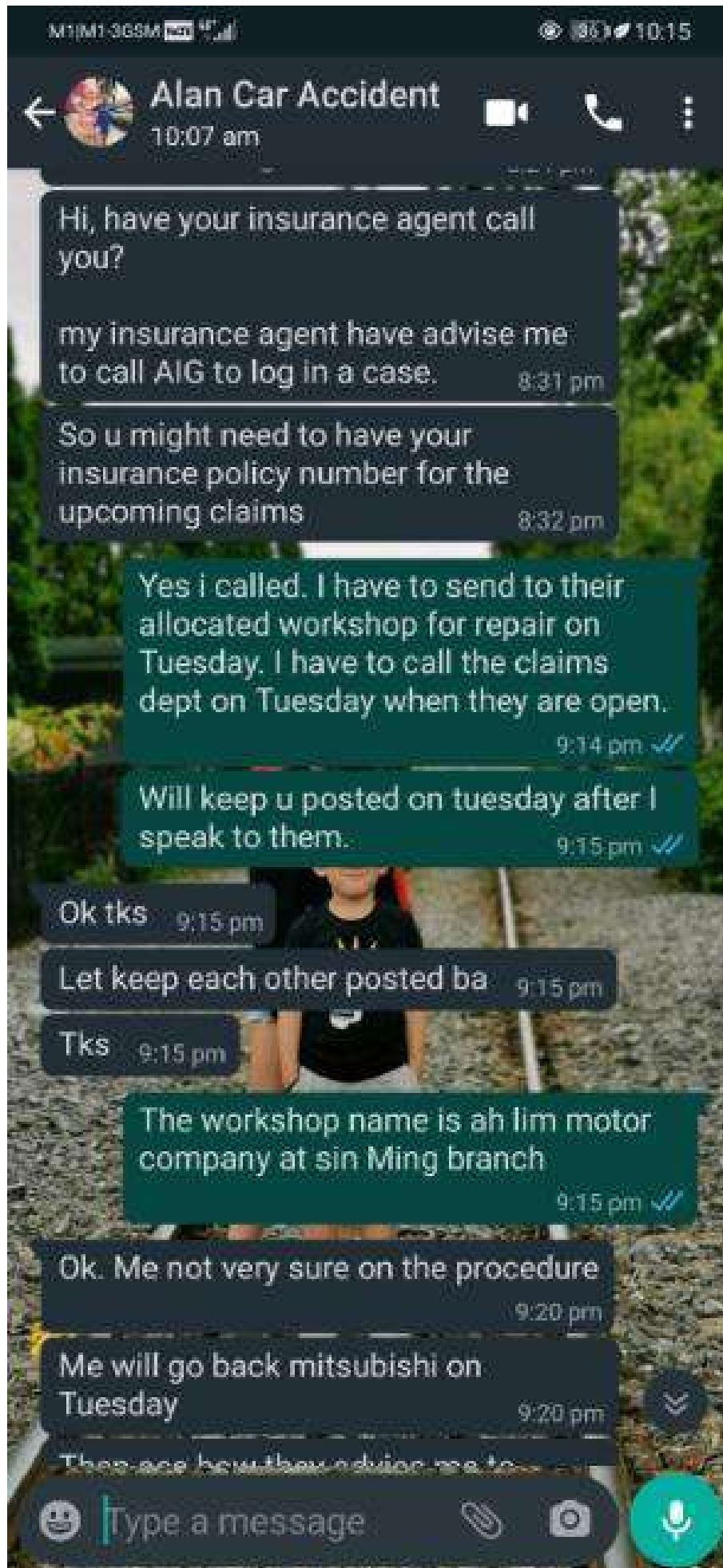




Conversation btw owner and TP driver

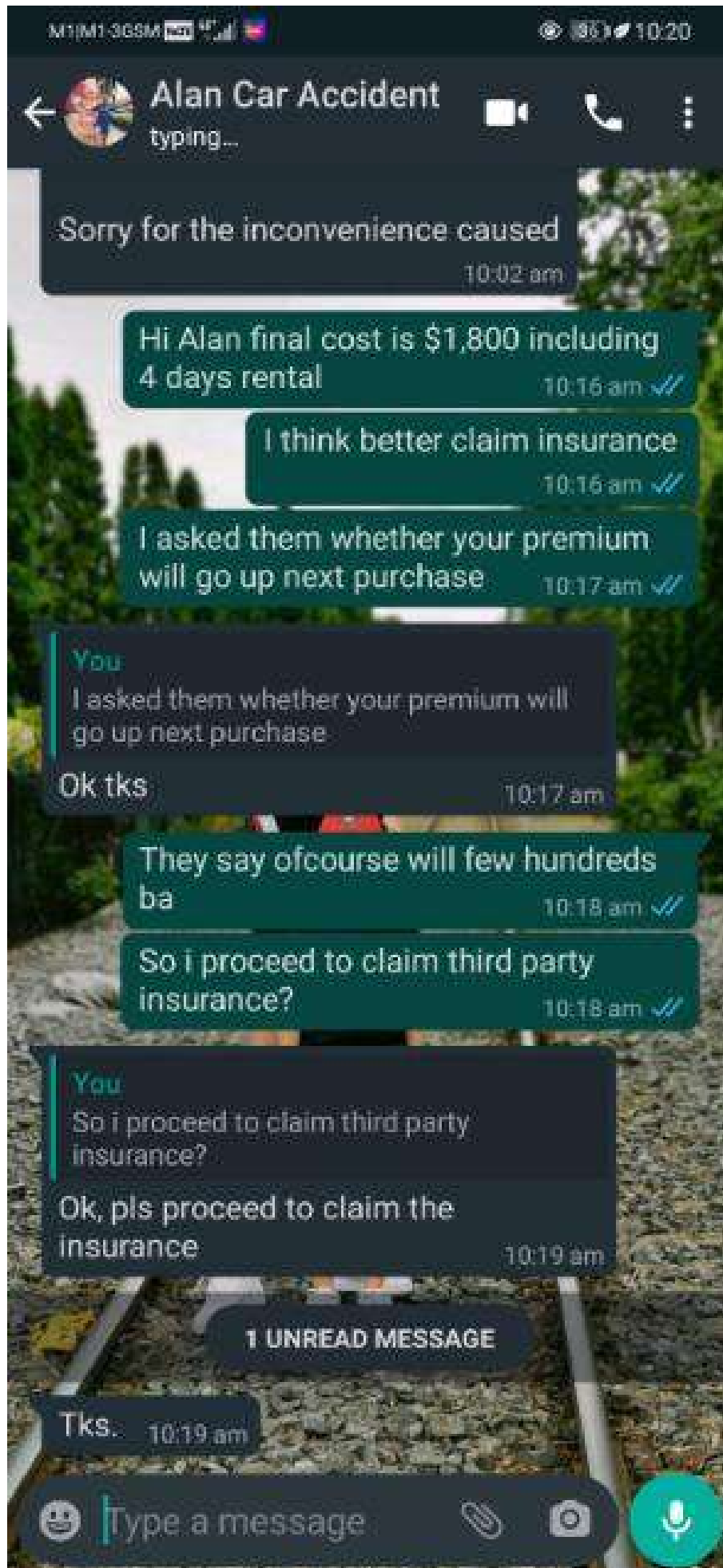


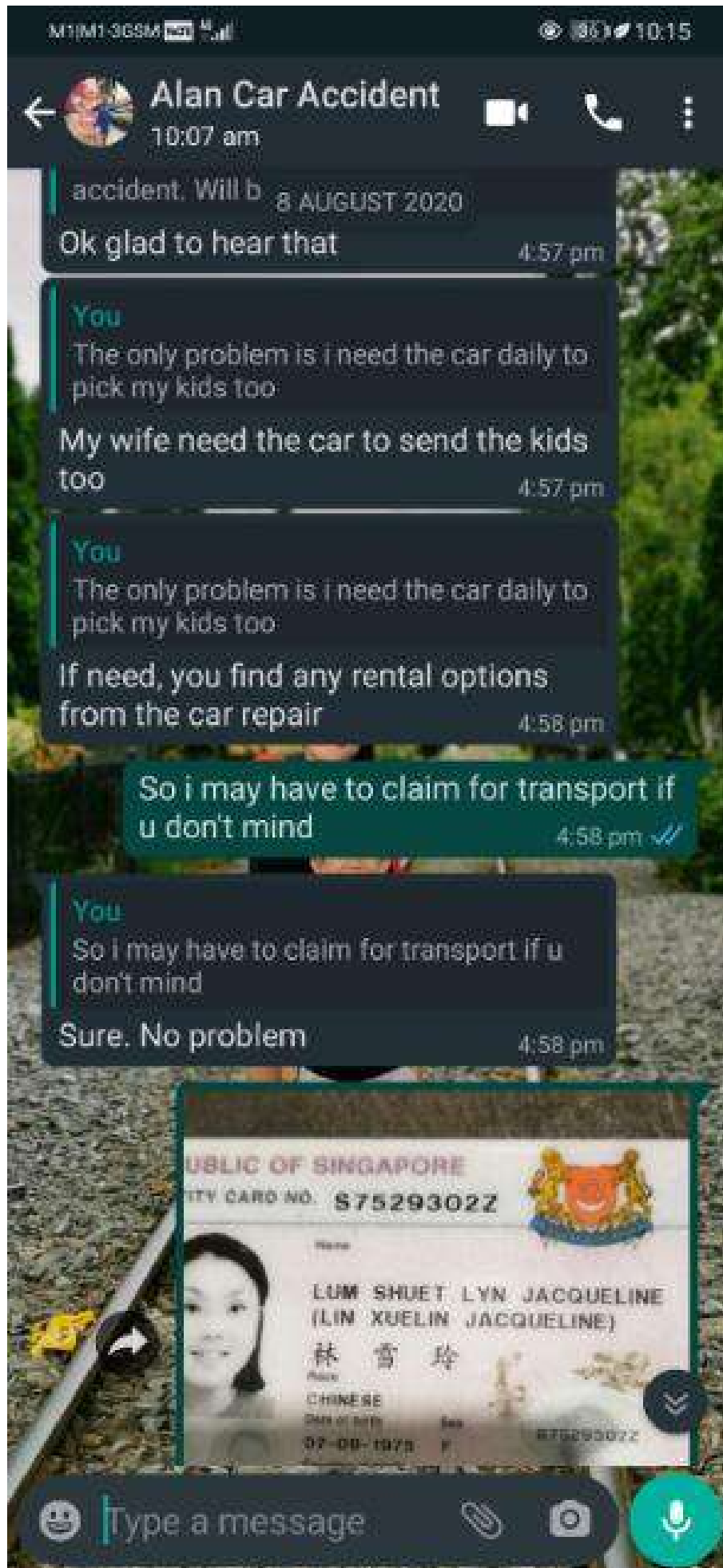
Conversation btw owner and TP driver





Conversation btw owner and TP driver





# 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: S66SS0020G / 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 : MALS20067597-01 Vehicle Registration No: SLB6284E  
Name(as shown in NRIC) : Lim Shuet LYN JACQUELINE NRIC/FIN/Passport No : 575293028  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 80 Casuarina Rd Singapore(579468)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96828441  
Email Address : \_\_\_\_\_  
Date of Accident : 08/08/2020 Time of Accident : 16.20  
Place of Accident : 25 Aug mo Kio Ave 9 S(569788)  
Insurance Company: \_\_\_\_\_

### (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 location of the accident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Policyholder / Driver's Signature  
Date:

operator

[Signature]



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

12/08/2020

**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 : MALS20067597-02 Vehicle Registration No: SLB6284E  
Name (as shown in NRIC) : Lum Shuet Lyn JACQUELINE NRIC/FIN/Passport No : 57529302Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 80 Casuarina Rd Singapore (579468)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96828441  
Email Address : \_\_\_\_\_  
Date of Accident : 08/08/2020 Time of Accident : 16:20  
Place of Accident : 25 Aug mo Kio Ave 9 S(569788)  
Insurance Company : \_\_\_\_\_

**(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 time and date of accident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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



[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 12/08/2020