

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	04/09/2020 17:12
Date Of Accident	04/09/2020 10:15
Exact Location Of Accident	SLIP ROAD OF ADAM ROAD ENTERING PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1769T
Insured/Policyholder	
Name Of Registered Owner	EDUARD BUDIANTO
NRIC No	SXXXX836C
Email Address	EDUARD.BUDIANTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86879234
Alternative Phone No	OTHERS-86879234

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	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	PNPV2020-00004962
Cover Note Number	

Driver

Name of Driver	EDUARD BUDIANTO
NRIC No	SXXXX836C
Date Of Birth	16/10/1990
Occupation	INDOOR
Date Of Driving Pass	03/11/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	+65-86879234
Fax Number	
Contact Number	OTHERS-86879234
Email Address	EDUARD.BUDIANTO@GMAIL.COM

Address	7 BISHAN STREET 15 #23-05
Postcode	573908
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	CHAIN 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	4
Was any body injured in the Accident?	YES
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

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT

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	GBC4072B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP6297H
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Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU5409U

Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF INJURED PERSON 1

Name EDUARD BUDIANTO

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SLN1769T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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.

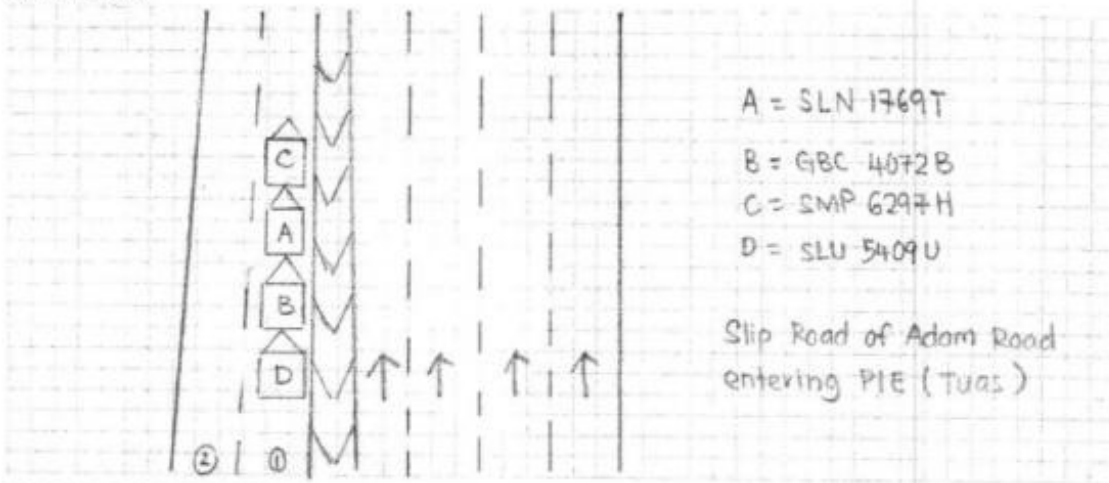
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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:


04/09/2020
Karl Lim 10/10/2003

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

ATTACHMENT

On 04.09.20 at about 10:15 hours along Slip Road of Adam Road entering PIE (Tuas). I was travelling straight on lane 1 and the traffic was heavy, when the front vehicle (C) slowed down and stopped hence I follow suit.

After a few seconds later, suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward and hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit my rear portion of my vehicle (A) thus causing damages to my front & rear portion of my vehicle (A). It was a chain collision of a total of 4 vehicles involved.

Vehicle (A): SLN 1769T

Vehicle (B): GBC 4072B

Vehicle (C): SMP 6297H

Vehicle (D): SLU 5409U



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

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: S665500200 / 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 : MIA400076462 Vehicle Registration No : SLN 17697

Name (as shown in NRIC) : EDUARDO BUENARTO NRIC/FIN/Passport No : 89999836C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 86879234

Email Address : _____

Date of Accident : 04/09/2020 Time of Accident : 10:15

Place of Accident : SLIP ROAD OF BOON ROAD ENTERPRISE PARK (ROAD)

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:

INJURED PERSON NAME

Policyholder / Driver's Signature
Date:

An 07/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: Roda