





## 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
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDUARD BUDIANTO
NRIC No	SXXX836C
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	SXXX836C
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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## 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:



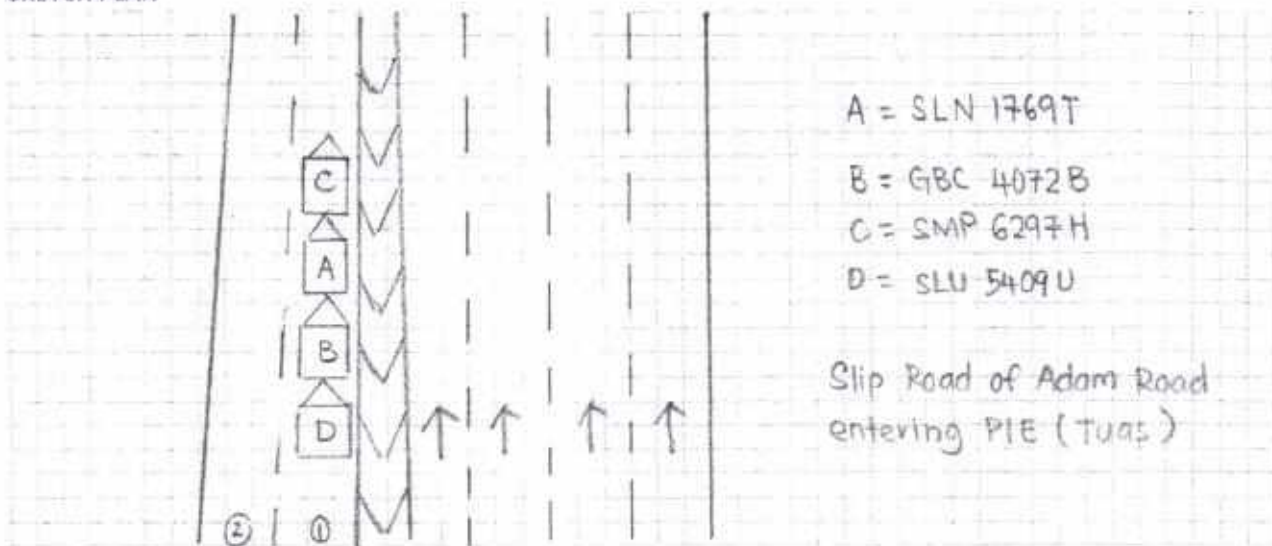
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



SKETCH PLAN




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:

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

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



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 04/09/2020		Time: 10:15		(hh:mm) 24 hr format	
Location Slip Road off Adam Road entering PIE (Tuas).					
Vehicle Number SLN1769T					
Insured Name Edward Budianto					
NRIC / FIN S9082836C		Contact Number 8687 9234			
Make Honda		Model Vezel			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company FWD					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number PNPV2020 - 00004962					
Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 16/10/1990					
Driving Pass Date 03/11/2018					
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address edward.budianto@gmail.com ( ) NO EMAIL					
Address of Driver 7 Bishan Street 15 #23-05 Singapore 573908					
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If No, Relationship of the Driver with the Insured					
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others					
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No					
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If yes, injured detail Edward Budianto Body Pain.					
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B		GBC4072B			
Veh C		SMP6297H			
Veh D		SLU5409U			
Veh E					
Veh F					

Driver Only.





## 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: PNPV2020-00004962 (Comprehensive - Classic Plan)**

Car plate number: SLN1769T

Your name (As the policyholder): Eduard Budianto

Coverage start date: 11/05/2020

Coverage end date: 10/05/2021

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.

Finance company: HL Bank

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

Issued on: 20/04/2020

Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at [+65 6322 2072](tel:+6563222072)  
or email us at [customer@fwd.com.sg](mailto:customer@fwd.com.sg) if any details  
in this Certificate of Insurance need to be changed.



**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) : EDUARD BUENARTO NRIC/FIN/Passport No : 8XXXX836C  
(\*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 ENTERING PM (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:

07/09/2020  
Reporting Centre Personnel's Signature  
Name: Rosa  
NRIC/FIN No: 1010101010  
Date: