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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 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 witholding 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.

ACCI	DENT	T STAT	Œ	IEN	П
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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)

SINGAPORE Country/State of Loss

## **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 PRIVATE USE

time of accident

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) 4

involved in the accident

Was any body injured in the Accident? YES

ras any body injured in the recordent.

Was any injured conveyed to hospital by ambulance?

ibulance:

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

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

#### SKETCH PLAN

### 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.
- 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.
- 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.
- 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.
- 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 :
  - 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:
  - 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.

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

Date & Time:

Reporting Centre Personnel's Sumature

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

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# SINGAPORE ACCIDENT STATEMENT

Accident Date: 04 00 2020 Time: 10:15 (hh:mm) 24 hr format
Location Slip Road of Adam Road entering PIE (TUGS).
Vehicle Number SLN1769T
Insured Name Eduard Budianto
NRIC /FIN S9062836C Contact Number 8687 9234
Make Honda Model Vetel
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting
Insurance Company FWD
Type of Policy ( ✓ ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number PHPY 3020 - 00004962.
Name of Driver (✓)Same as Insured
NRIC / FIN Contact Number
Date of Birth 16 / 10 / 1990
Driving Pass Date 03/11/2018
Occupation ( V ) Indoor ( ) Outdoor
Gender ( ✓ ) Male ( ) Female
Email Address eduard budiants @ gmail com ( )NO EMAIL
Address of Driver 7 Bishan Street 15#23-05 Singapore 573908
99.70
Was driver an employee of the Insured's Company? ( ) Yes (√) No
If No, Relationship of the Driver with the Insured
( ) 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 ( ) Clear ( ) Raining ( ) Others
Road Surface (/) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No  Was anybody injured in the accident? (√) Yes ( ) No
Was anybody injured in the accident? (V) Yes () No  If yes, injured detail Edward Budianto Budy Pain
Was there any video captured by Car Camera? ( ) Yes ( ) No
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report
DETAILS OF 3 <sup>rd</sup> party Name / Nrie Contact
Veh B GBC 4072B
Veh C SMP6297H
Veh D SLU 54 09U
Veh E



## 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 if any details in this Certificate of Insurance need to be changed.

# GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE G Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: \$66550020G / 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.

			ADDEND	JM .			
)	PARTICULARS OF PERSONMAKING THE AMENDMENTS:						
(	Original Report No :	MAYDO	076462	Vehicle Registr	ation No: 3	4 1769	1
ĵ	Name(asshownin NRIC) :	EDYARD	BUDIARION	_NRIC/FIN/Pass	port No : S	XXXX83	6c
	(*Vehicle Driver/Veh	iq@Ovner) (°	) Please delete as a	propriate			
	Address :				0/000	Singapore(	)
1	Contact (Tel) :			_Mobile No. :	868/92	34	
200	Email Address :					/	
	Date of Accident :	0460913	010	_Time of Accide	nt:	0:15	
	Place of Accident :	JUP F	DOD OF DO	om KODD	ENTIRIXE	9 MAC	164
	Insurance Company:	FWD					
	I have made a report make the following a	on the above i mendments:	mentioned accident	and would like to	include addit	ional informati	onor
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