

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 Submission 28/01/2021 13:53 (SGT)
Date of Accident 28/01/2021 09:15 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH1714X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM WEE LIAT
NRIC No SXXXX372F
Email Address WEELIAT_SIM@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98784961
Alternative Phone No +65-98784961

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2021-00000003
Cover Note Number 15/01/2021 - 14/01/2022

DRIVER

Name of Driver SIM WEE LIAT
NRIC No SXXXX372F
Date Of Birth 22/06/1980
Occupation Indoor

Date Of Driving Pass	27/09/2005
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98784961
Alt. Phone Number	+65-98784961
Email Address	WEELIAT_SIM@YAHOO.COM.SG
Address	36 ANG MO KIO AVE 6
Address complement	#11-5165
Postcode	560636
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV9098P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	PATNALA RANGANAYAKULU
NRIC No	SXXXX291C
Contact Number	(Phone) +65-98473576
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

 28/11/2021

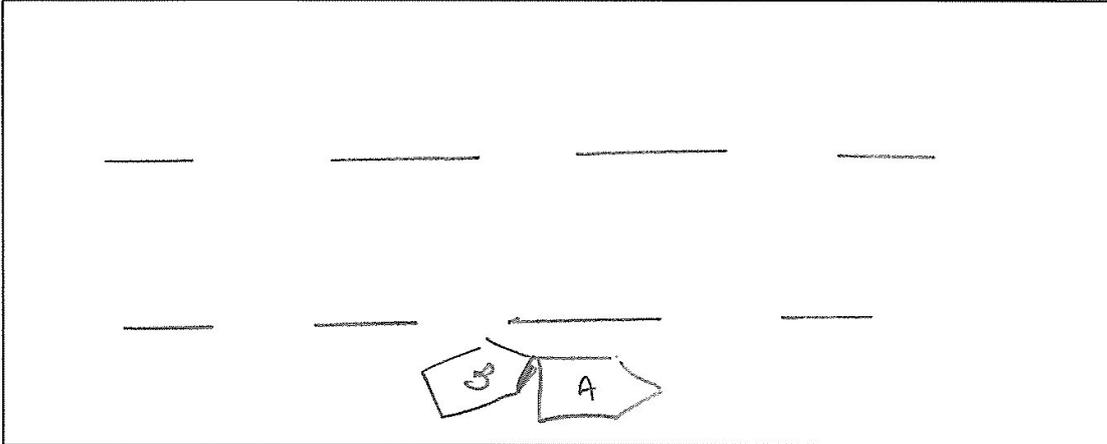
Policyholder's Signature
Date & Time:

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


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

Date of accident: 28/1/21 Time: 9.15 Location: Along PIE towards Changi
 My Vehicle A: SMH 1714 X Vehicle B: SMY 9098 P Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along PIE (TOWARDS CHANGI). I was driving towards changi direction. It was heavy traffic & road is dry. The vehicle behind was trying to cut into 2nd lane & he knock onto my rear. We both have 2 passengers inside. There was no injuries. My car rear bumper just out of my car rear (left side) light crack. we both left & agree to report incident to our insurance side.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

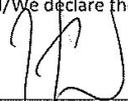
Remarks : Please forward a copy of my efile accident report to :

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 your 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: 28/1/2021

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


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

AH LIM MOTOR COMPANY

































**SINGAPORE
POLICE FORCE**



F/20210128/2040

1 of 2

Report No. F/20210128/2040

POLICE REPORT (NP299)

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

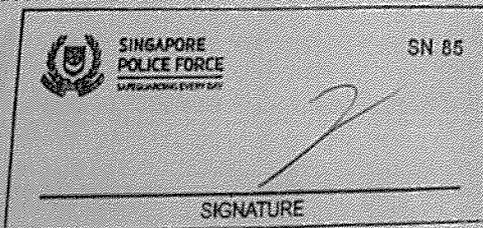
Date/Time Report Made 28/01/2021 12:39	Vide Report No.	Station Diary No. 7
Name Of Informant SIM WEE LIAT	Address APT BLK 636 ANG MO KIO AVENUE 6 #11-5165 SINGAPORE 560636	
ID Type / ID No. NRIC NO / S8019372F	Contact No. Home/Office	Mobile 98784961
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 40
Institution/School Name	Date of Birth 22/06/1980	Race Chinese
Date/Time Of Incident 28/01/2021 09:15 - 28/01/2021 09:15	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE TOWARDS CHANGI AIRPORT BEFORE THOMSON EXIT	

Brief details.

On 28/01/2021 at about 09:15am, at the first lane of PIE towards Changi Airport before the Thomson exit, I was driving my Grab car, SMH1714X, ferrying one female passenger seated at the rear passenger seat when one blue Mazda car, SMV9098P, collided into the left rear of my car bumper from behind as he (the driver of SMV9098P) was trying to switch to the second lane. We stopped both our cars and we exchanged particulars. The said driver is Mr. Patnala RanganaYakulu S7980291C hp: 98473576. No one

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD SHAHRUL AMEEN BIN ABDULLAH SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2021 12:39
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62180000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20210128/2040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

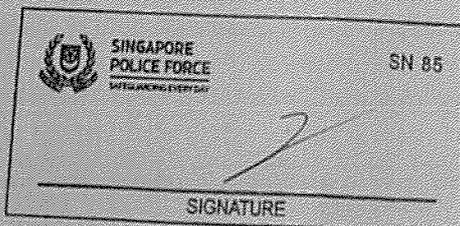
Report No. F/20210128/2040

was injured. Due to the collision, my car rear bumper came out a bit and the rear left tail cover and light were broken. At that time, the weather was clear and the traffic was heavy and slow-moving.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD SHAHRUL AMEEN BIN ABDULLAH SANI
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt TOK WEI WEI, JEFFREY Contact No. 62180000

Signature Of Informant:
Date/Time: 28/01/2021 12.39
Classification Of Case:

Authentication Stamp






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 or by the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2021-00000003

Car plate number : SMH1714X

Coverage start date: 15/01/2021

Coverage end date: 14/01/2022

Who is Insured to drive: You

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Sim Wee Liat

NRIC/FIN: S8019372F

Address: 636 Ang Mo Kio Avenue 6 11-5165 Yio Chu Kang Heights Singapore 560636

Email: weeliat_sim@yahoo.com.sg

Mobile Number: 98784961

Date of Birth: 22/06/1980

Gender: Male

Marital status: Single

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

About your car and policy

Car make and model: MITSUBISHI ATTRAGE 1.2

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: \$52,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): \$63,993.53

FWD Singapore Pte. Ltd. 6 Temasek Boulevard # 19 03 Suntec Tower A, Singapore 018986. T: (65) 6320 8888. Company Registration No. 200561737H | www.fwd.com.sg
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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 or by the next working day of the incident regardless of whether it will lead to a claim.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract 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 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: 13/12/2020


 Khor Kee Eng
 Chief Executive Officer
 FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.

