



## 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	25/01/2021 13:25 (SGT)
Date of Accident	22/01/2021 19:00 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TAMPINES AVE 10 JUNCTION TAMPINES AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6398R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BERIMA BIN AHMAD
NRIC No	SXXXX460D
Email Address	syafiq.fiq@hotmail.com
Mobile Phone No	(Phone) +65-81816811
Alternative Phone No	+65-81816811

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00011388
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD SYAFIQ BIN BERIMA
NRIC No	SXXXX971G
Date Of Birth	01/03/1991
Occupation	Indoor

Date Of Driving Pass	10/01/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-82234292
Alt. Phone Number	-
Email Address	syafiq.fiq@hotmail.com
Address	BLK 626 PASIR RIS DRIVE 3 #13-300
Address complement	-
Postcode	510626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	JULIZA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS WAITING AT THE TRAFFIC LIGHT JUNCTION DUE TO RED TRAFFIC LIGHT. A SHORT WHILE LATER, VEHICLE B COLLIDED ONTO THE REAR OF MY CAR. WE ALIGHTED AND TOOK SOME PHOTOS. NO ONE WAS INJURED.

#### 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	SFY6228T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO GUAN TONG

NRIC No ..... SXXXX107C  
Contact Number ..... (Phone) +65-98262261  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

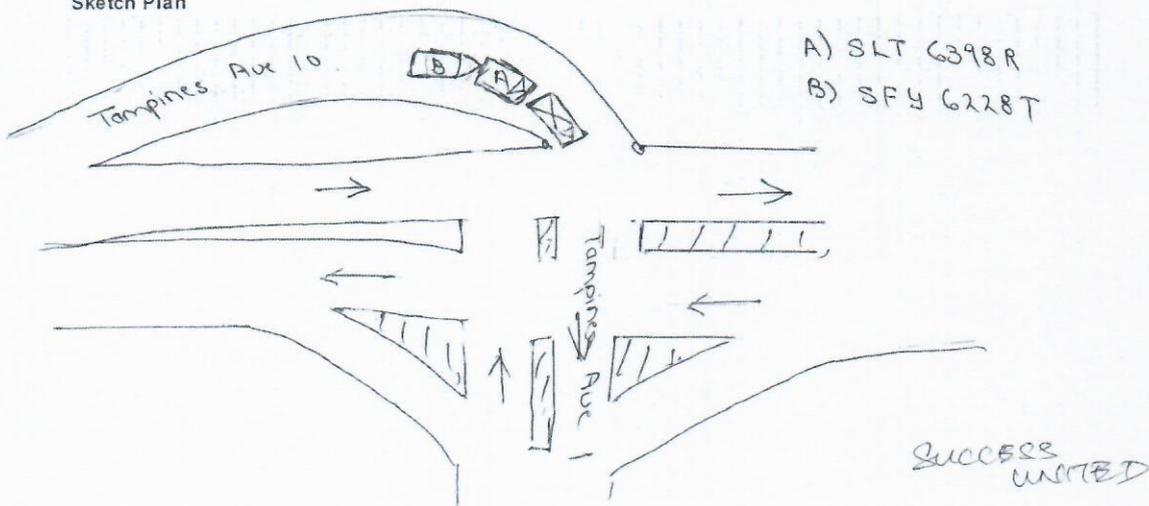
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was waiting at the traffic light junction due to red traffic light.  
A short while later, Veh (B) collided onto the rear of my car.  
We alighted & took some photos. No one was injured.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	460D
<b>Vehicle Details</b>	
Vehicle No.:	SLT6398R
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	LEB5955343
Chassis No.:	RU31255326
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$26,162.00
Original Registration Date:	03 Nov 2017
First Registration Date:	03 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Nov 2027
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	02 Nov 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$52,000.00
COE Rebate Amount:	\$33,855.00
<b>Total Rebate Amount:</b>	<b>\$37,605.00</b>

The information contained herein is correct as at 25 Jan 2021

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