

# 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 ..... 04/02/2021 15:45 (SGT)  
Date of Accident ..... 03/02/2021 14:00 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... BKE (WOODLANDS) B4 KJE (PIE) EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ8886L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TUAN SUFIYAN BIN TUAN BAHARUDIN  
NRIC No ..... SXXXX200B  
Email Address ..... sufiyannixon@gmail.com  
Mobile Phone No ..... (Phone) +65-82391182  
Alternative Phone No ..... +65-82391182

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 116i  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2020-00010255  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TUAN SUFIYAN BIN TUAN BAHARUDIN  
NRIC No ..... SXXXX200B  
Date Of Birth ..... 07/04/1985  
Occupation ..... Indoor

Date Of Driving Pass .....	05/06/2006
Driving experience .....	14 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82391182
Alt. Phone Number .....	+65-82391182
Email Address .....	sufiyannixon@gmail.com
Address .....	130A LORONG 1 TOA PAYOH
Address complement .....	#10-502
Postcode .....	311130
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 .....	Fire, explosion or lightning
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

## SKETCH PLAN

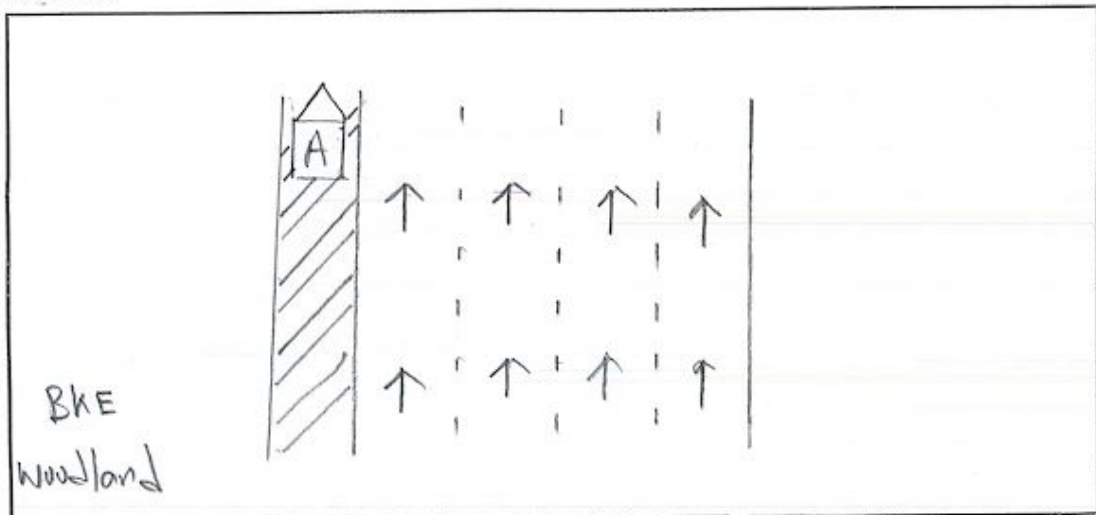
FWD

Vehicle: SJJ 8886L

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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.

## Sketch Plan



Policyholder's Signature / Date & Time  
  
 4/02/2021

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
  
 Mahi  
 4/02/2021  
  
 ASIA MOTOR COMPANY

Date of accident: 3/2/21 Time: 1400 Location: BKE (WOODLAND)  
 My Vehicle A: SJJ 8886 L Vehicle B: — Vehicle C: —

SKETCH PLAN

Describe Circumstances of the Accident.

AT ABOUT 1:50PM, I SUFYAN I/C NO S852200B WAS DRIVING TO WORK FROM MYO ON BKE (WOODLAND). I WAS TRAVELING AT ~~90~~ 90KM/H ON 1ST LANE. THE CAR WAS ABOUT TO CHANGE TO 2ND LANE WHEN A SMALL EXPLOSION CAN BE HEARD COMING FROM THE ENGINE FOLLOW BY WHITE & BROWN SMOKE. ~~FOR~~ I ~~STOPPED~~ CAUTIOUSLY DRIVE TO THE ROAD SHOULDER. ~~WHEN~~ WHEN THE CAR STOP, I TURN OFF THE ENGINE AND EXITED THE CAR AS THE SMOKE WERE COMING IN FROM THE DASH BOARD. UPON INSPECTING THE CAR FROM THE REAR, I NOTICED A SMALL FIRE COMING FROM THE BELOW LEFT SIDE OF THE ENGINE. ~~THE~~ I CALLED EMERGENCY 995 TO REQUEST FOR ASSISTANCE AT 1400 hrs.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

4/02/2021

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Personnel

4/02/2021



AH LIM MOTOR COMPANY





































