

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	21/01/2022 14:44 (SGT)
Date of Accident	20/01/2022 20:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	(CHANGI)B4 EXIT 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1299E
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEK HWEE LEE
NRIC No	SXXXX489Z
Email Address	pekenneth@yahoo.com
Mobile Phone No	(Phone) +65-97456700
Alternative Phone No	+65-97456700

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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00003364-02
Cover Note Number	-

DRIVER

Name of Driver	PEK HWEE LEE
NRIC No	SXXXX489Z

Date Of Birth	07/12/1976
Occupation	Indoor
Date Of Driving Pass	14/07/2006
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97456700
Alt. Phone Number	+65-97456700
Email Address	pekenneth@yahoo.com
Address	BLK 46 MARINE CRESCENT
Address complement	#10-46
Postcode	440046
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SND6362D
Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PEK HWEE LEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLX1299E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.
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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

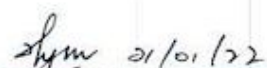
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

* 

Policyholder's Signature / Date & Time



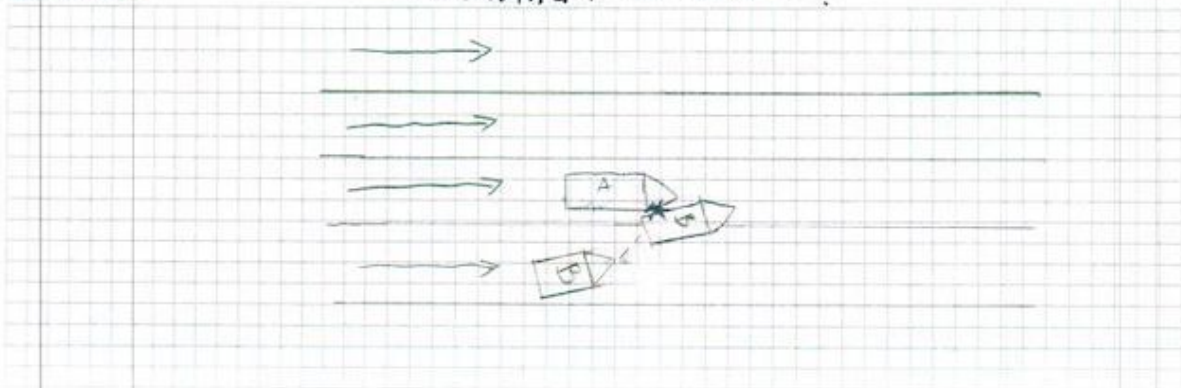
Driver's Signature (If driver is not the policyholder) / Date & Time

 21/01/22

Witnessed by Reporting Centre Personnel

Sketch Plan

ECP (CHANGI) BY EXIT 1



ECP BEFORE RPT : 1

VEH A : SLX 1299E

VEH B : SND 6362D

Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I WAS TRAVELLING ON MY RIGHTFUL
 LANE ON ELP CHANGE. I WAS TRAVELLING STRAIGHT ON THE STATED
 VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE
 PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK & REALISED
 THAT IT WAS VEHICLE B WHO HAD COLLIDED ONTO MY VEHICLE DUE
 TO WET ROAD CONDITION.

Declaration

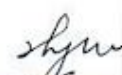
We declare the foregoing particulars are true in every respect.

* 

Policyholder's Signature / Date & Time



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

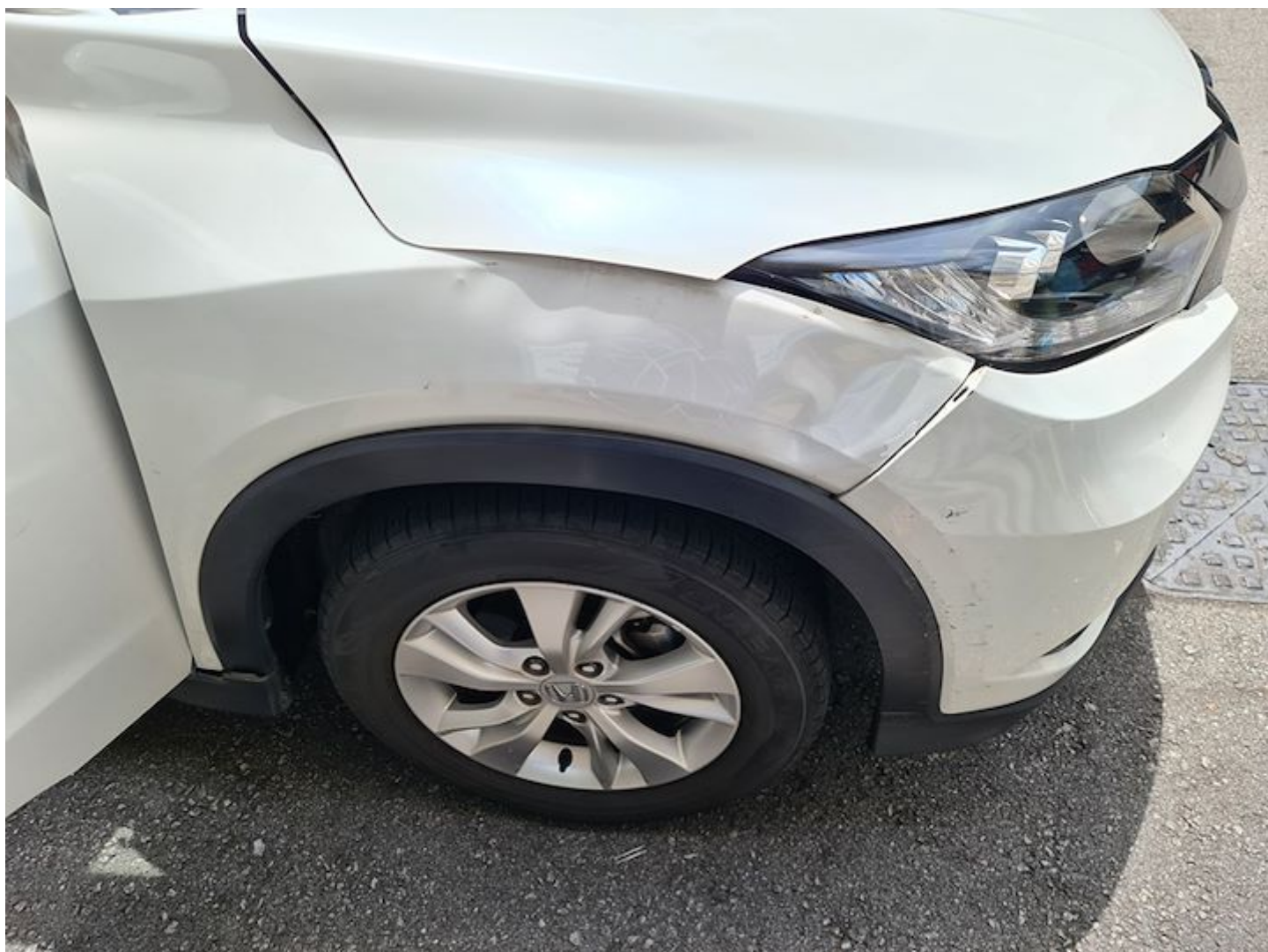
 21/01/22

Witnessed by Reporting Centre Personnel

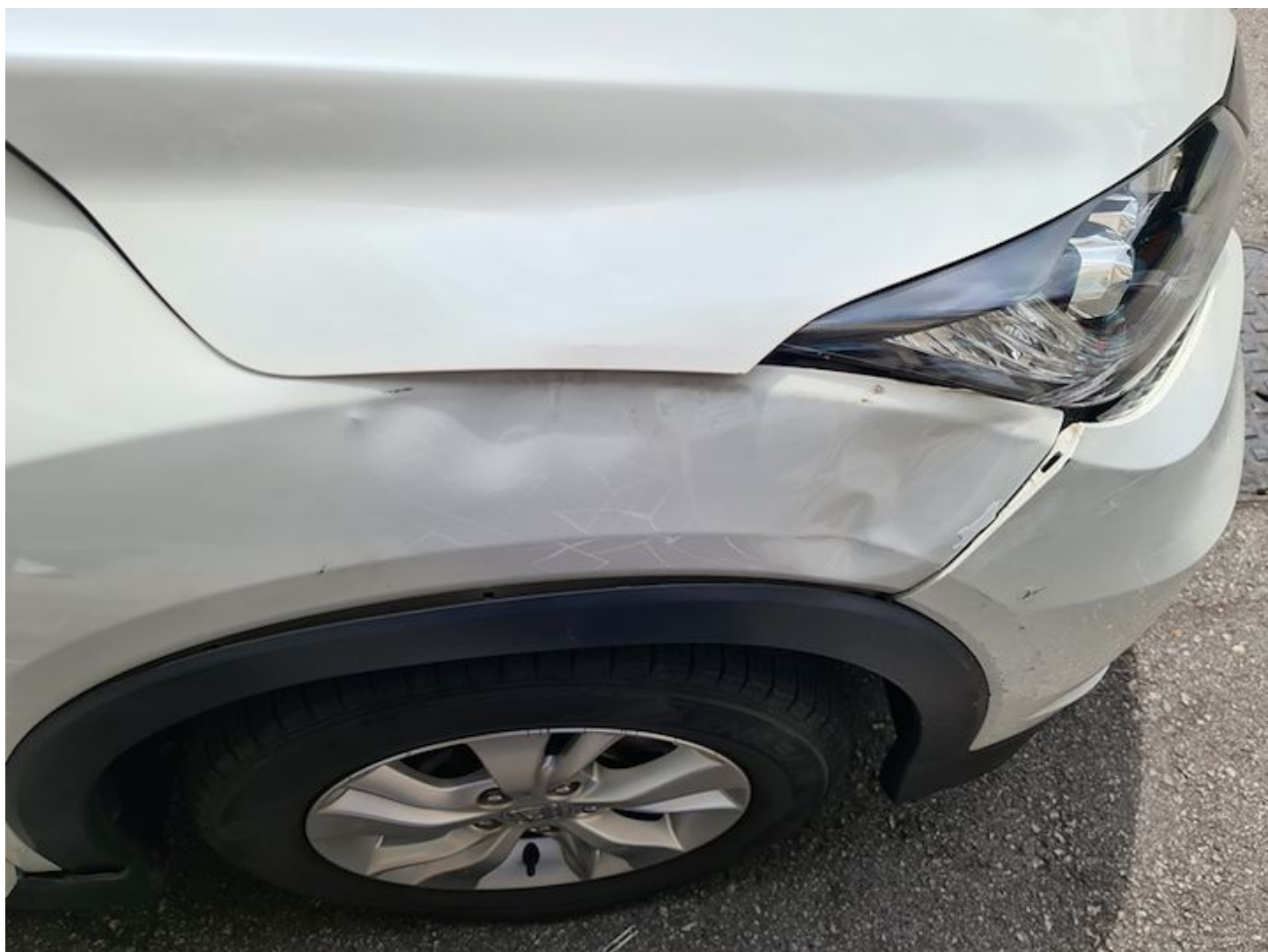




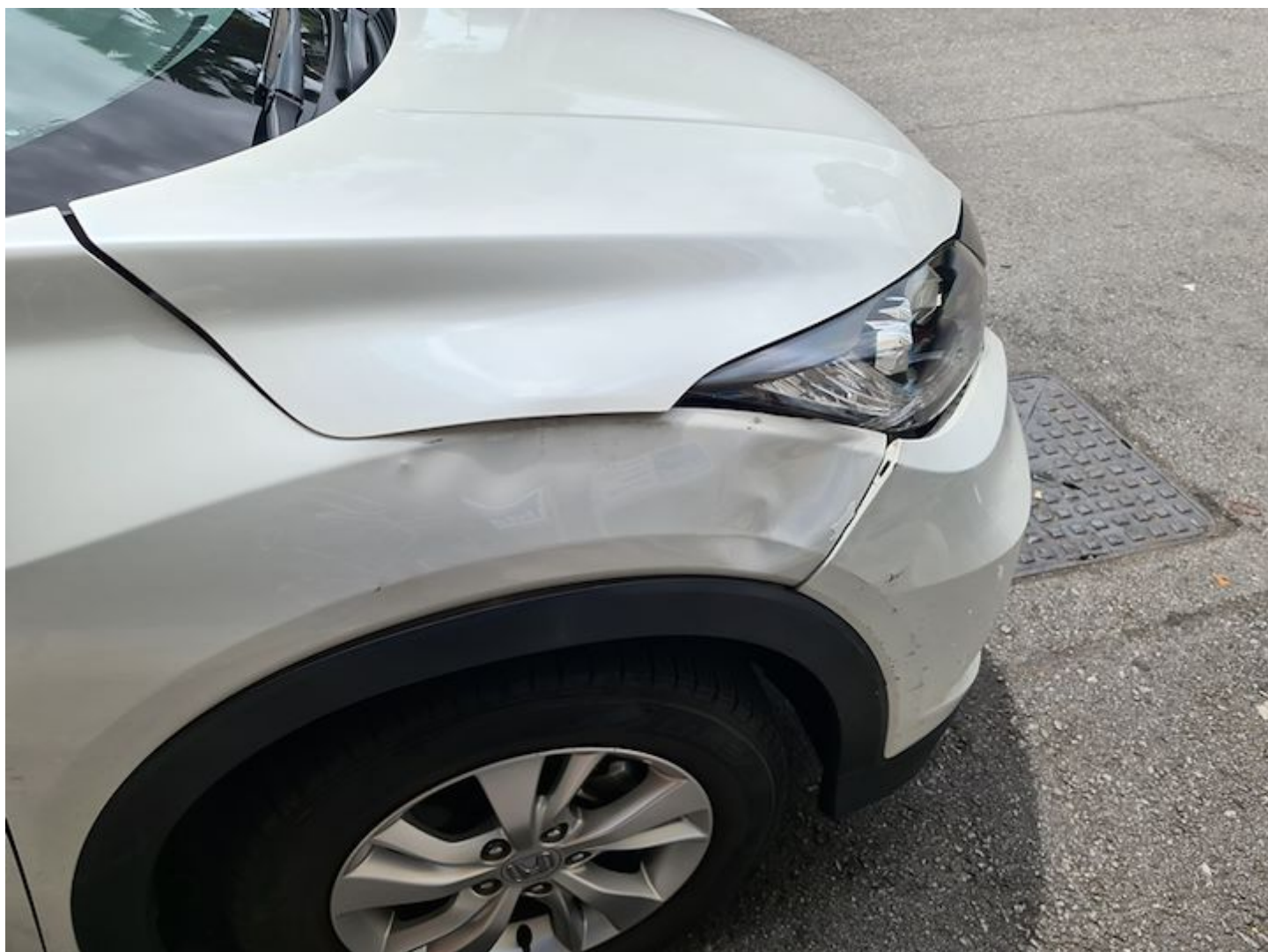




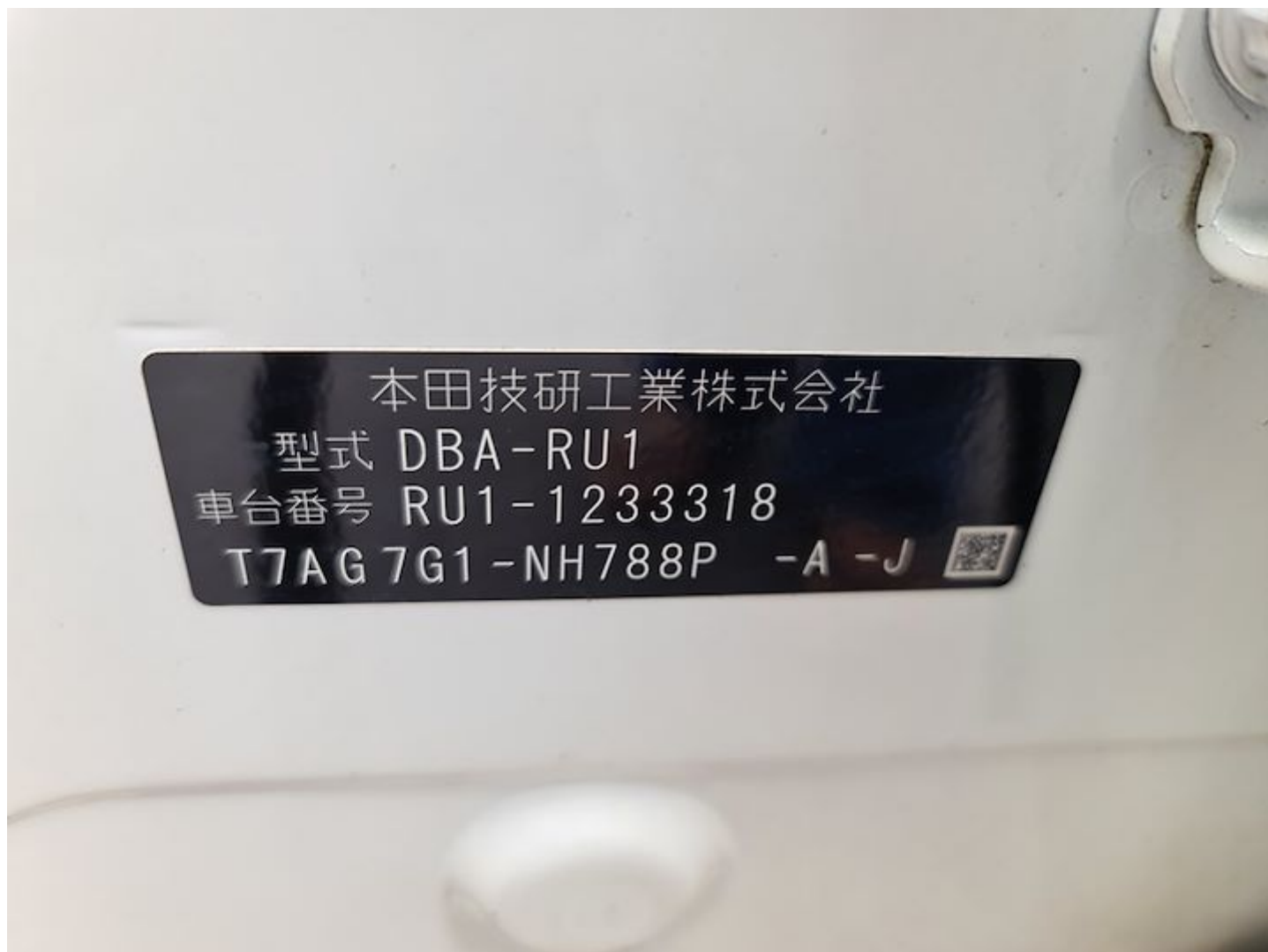
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09221L0007 Vehicle Registration No: SLX1299E
 Name (as shown in NRIC): PEKHwee Lee NRIC/FIN/Passport No: 57639489Z
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 46 Marine Crescent #10-46 Singapore (440046)
 Contact (Tel): — Mobile No.: 97456700
 Email Address: PERKENNETH@YAHOO.COM
 Date of Accident: 20/1/22 Time of Accident: 2030
 Place of Accident: ECP (Changi) Before Exit 1
 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:

1. Was there any video captured by car camera: Yes

[Signature]
 Policyholder / Driver's Signature
 Date:

[Signature] 27/01/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: