

SW0C22240004 / WAH HONG MOTORS & CREDIT PTE LTD
ENTRY DATE & TIME: 04/02/2022 16:34 (SGT)
SUBMITTED BY: Ng Siew Lay
VERSION: 1 (04/02/2022 16:34 (SGT))

Your NCD will be affected due to late reporting

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	04/02/2022 16:34 (SGT)
Date of Accident	31/01/2022 17:00 (SGT)
Exact Location of Accident	Near Aljunied West Flyover, Singapore
Additional Location Information	PIE TWDS KJE (RIGHT AFTER KPE EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT8309K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YU WEN
NRIC No	SXXXX201H
Email Address	ELEYUW@YAHOO.COM
Mobile Phone No	(Phone) +65-98338581
Alternative Phone No	+65-98338581

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00016435-02
Cover Note Number	-

DRIVER

Name of Driver	YU WEN
NRIC No	SXXXX201H

Date Of Birth	07/11/1968
Occupation	Indoor
Date Of Driving Pass	17/03/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98338581
Alt. Phone Number	+65-98338581
Email Address	ELEYUW@YAHOO.COM
Address	339 CHOA CHU KANG AVE 3 #06-20
Address complement	-
Postcode	689873
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9452P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG KENG LONG
Contact Number	-
Address	-
Address complement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS4784C
 Vehicle Manufacturer
 Vehicle Model
 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)

SKETCH PLAN

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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' 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 &

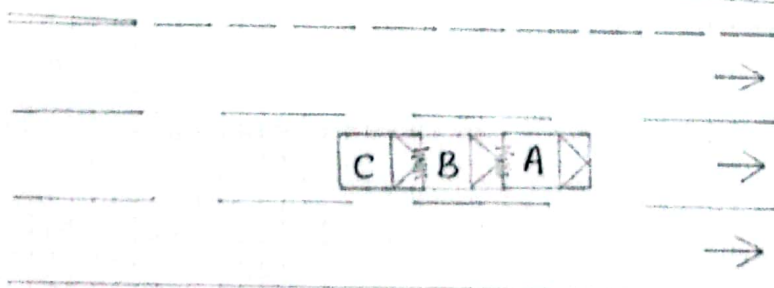
Time Feb 4, 2022. 4pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWRB KJE (RIGHT AFTER KPE EXIT).



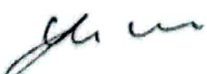
A - SLT 8309K
 B - GBF 9452P
 C - SLS 4784C

Describe Circumstances of the Accident

On 31/01/2022 @ 17:00hrs, I was driving my
 Vehicle A (SLT 8309K) along PIE THOS KJE (Right after
 KJE Exit). I slowed down ^{on lane 3} and slowly swerved to
 lane 2 after checking clear. After proceeding to lane 2,
 I felt an impact from the rear of my vehicle A (SLT 8309K)
 I then stopped and alight to check. I realised that my
 Vehicle A (SLT 8309K) rear portion was collected by
 Vehicle B (GBF 9452P) and there was another vehicle behind
 Vehicle B (GBF 9452P). It was a chain collision and the
 1st vehicle C (SLs 4784C) we then exchanged particulars for
 insurance claim.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time

Feb. 4. 2022. 4pm

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



Witnessed by Reporting Centre
 Personnel