



# 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	24/06/2022 13:41 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6982J

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	UTEN LOHACHITPITAKS
NRIC No	S7385778C
Email Address	WPLERDPLERN@YAHOO.COM
Mobile Phone No	(Phone) +65-93390118
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	216D GRAN TOURER LED NAV SR 7 SEATER
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.
Policy Number / Cover Note Number	PNPV2021-00000012-01

### DRIVER

Name of Driver	WATCHAREE PLERDPLERN
NRIC No	S7269215B
Date Of Birth	21/09/1972
Occupation	Indoor

..... Of Driving Pass	29/06/2009
..... Driving experience	13 YEARS
..... Gender	Female
..... Mobile Number	(Phone) +65-93390118
..... Alt. Phone Number	-
..... Email Address	WPLERDPLERN@YAHOO.COM
..... Address	APT BLK 1 KIM SENG WALK #03-08
..... Address complement	-
..... Postcode	239403
..... Is the driver the policyholder?	No
..... If No, Relationship of the Driver with the Insured	Spouse
..... 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	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?	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
..... Translator's name	-
..... Translator's ID	-
..... Translator's phone number	-
..... Translator's email	-
..... Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

..... Vehicle Registration Number	GBG8897R
..... Vehicle Manufacturer	-
..... Vehicle Model	-
..... Vehicle Variant	-
..... Vehicle Colour	-
..... Vehicle Category	Commercial vehicle
..... 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**

**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' 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 enquires 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.

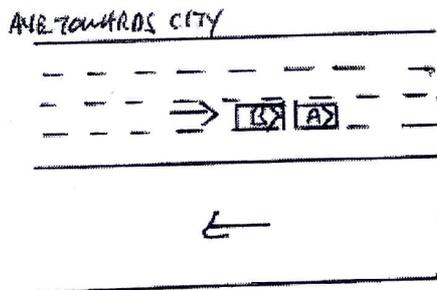
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**Sketch Plan**



AVR  
ABUWA USM  
EXIT.

(A) SKZ6982J

(B) GAG8897R

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG AVR TOWARDS CITY JUST BEFORE NORTH BOUND VISTA EXIT.

I STOP MY CAR DUE TO TRAFFIC CONGESTION AHEAD. A LORRY GADGETER CAME FROM BEHIND AND HIT INTO MY CAR REAR SECTION.

I will be repairing my vehicle at AT Performance.

*W. Plindplern*

**Declaration**

We declare the foregoing particulars are true in every respect.

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

*W. Plindplern*  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

*gir*  
\_\_\_\_\_  
Witnessed by Reporting Personnel



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	778C
Vehicle No.:	SKZ6982J
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2022
Vehicle Make:	B.M.W.
Vehicle Model:	216D GRAN TOURER LED NAV SR 7 SEATER
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	30249379B37C15A
Chassis No.:	WBA2E32050P836755
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$31,795.00
Original Registration Date:	29 Jan 2016
First Registration Date:	29 Jan 2016
Transfer Count: -	0
Actual ARF Paid:	\$26,513.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2026
PARF Rebate Amount:	\$17,233.00
COE Expiry Date:	28 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,301.00
COE Rebate Amount:	\$18,369.00
Total Rebate Amount:	\$35,602.00

The information contained herein is correct as at 29 Jun 2022

OK

# BMW 2 Series 216d Gran Tourer

## Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$81,500****Depreciation** ⓘ

\$17,090 /yr

[View models with similar depre](#)**Reg Date**

12-Jul-2016

(4yrs 12days COE left)

**Mileage**

36,968 km (6.2k /yr)

**Manufactured** ⓘ

2016

**Road Tax** ⓘ

\$1,082 /yr

**Transmission**

Auto

**Dereg Value** ⓘ

\$38,666 as of today (change)

**Fuel Type**

Diesel

(Euro 5 Engine and Above)

**COE** ⓘ

\$52,301

**OMV** ⓘ

\$30,775

**Engine Cap**

1,496 cc

**ARF** ⓘ

\$25,085

**Curb Weight** ⓘ

1,480 kg

**Power**

85.0 kW (113 bhp)

**Type of Vehicle**

MPV

**No. of Owners** ⓘ

1