

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 Actual 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	08/08/2022 19:22 (SGT)
Reported by	Both
Date of Accident	07/08/2022 13:15 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8463X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIMON LIM BENG GUAN
NRIC No	SXXXX263F
Email Address	SIMONLIMBG@GMAIL.COM
Mobile Phone No	(Phone) +65-91911893
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	3000

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00002934-02

DRIVER

Name of Driver	SIMON LIM BENG GUAN
NRIC No	SXXXX263F
Date Of Birth	23/01/1976
Occupation	Indoor

Date Of Driving Pass	15/06/1998
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91911893
Alt. Phone Number	-
Email Address	SIMONLIMBG@GMAIL.COM
Address	BLK 60 ANCHORVALE CRESENT #08-26
Address complement	-
Postcode	544014
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	WONG LEE LEE
Gender	Female

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Male

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 STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ1232E
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person WONG LEE LEE
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SMR8463X
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

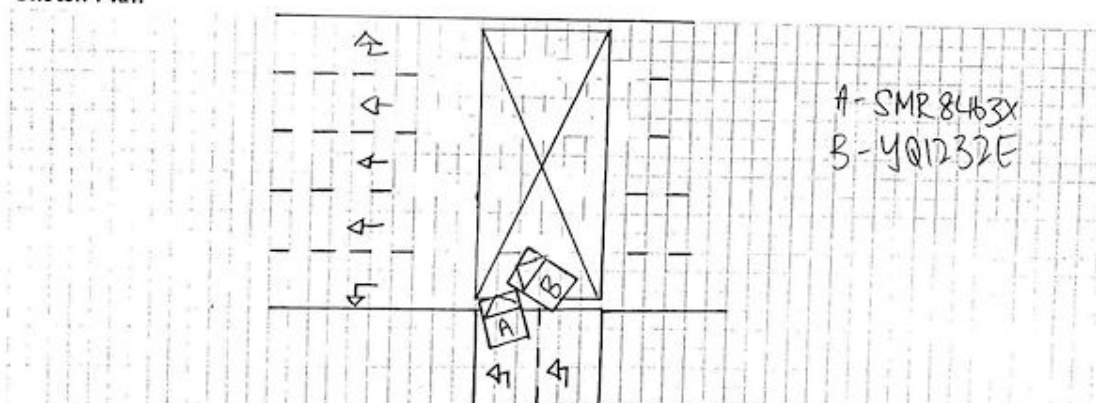
IMPORTANT NOTICE**SKETCH PLAN**

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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


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

was at Ang Mo Kio Ave 6 block 700A carpark turning left onto Ang Mo Kio Ave 6 and was waiting for the traffic to be clear before turning out. While I saw that the traffic was clear, I proceeded to turn left and I saw vehicle B inched a lot into my side and my vehicle came to a stop for him to pass by. While my vehicle is stationary, suddenly vehicle B collided onto the front left of my vehicle while he was turning left.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

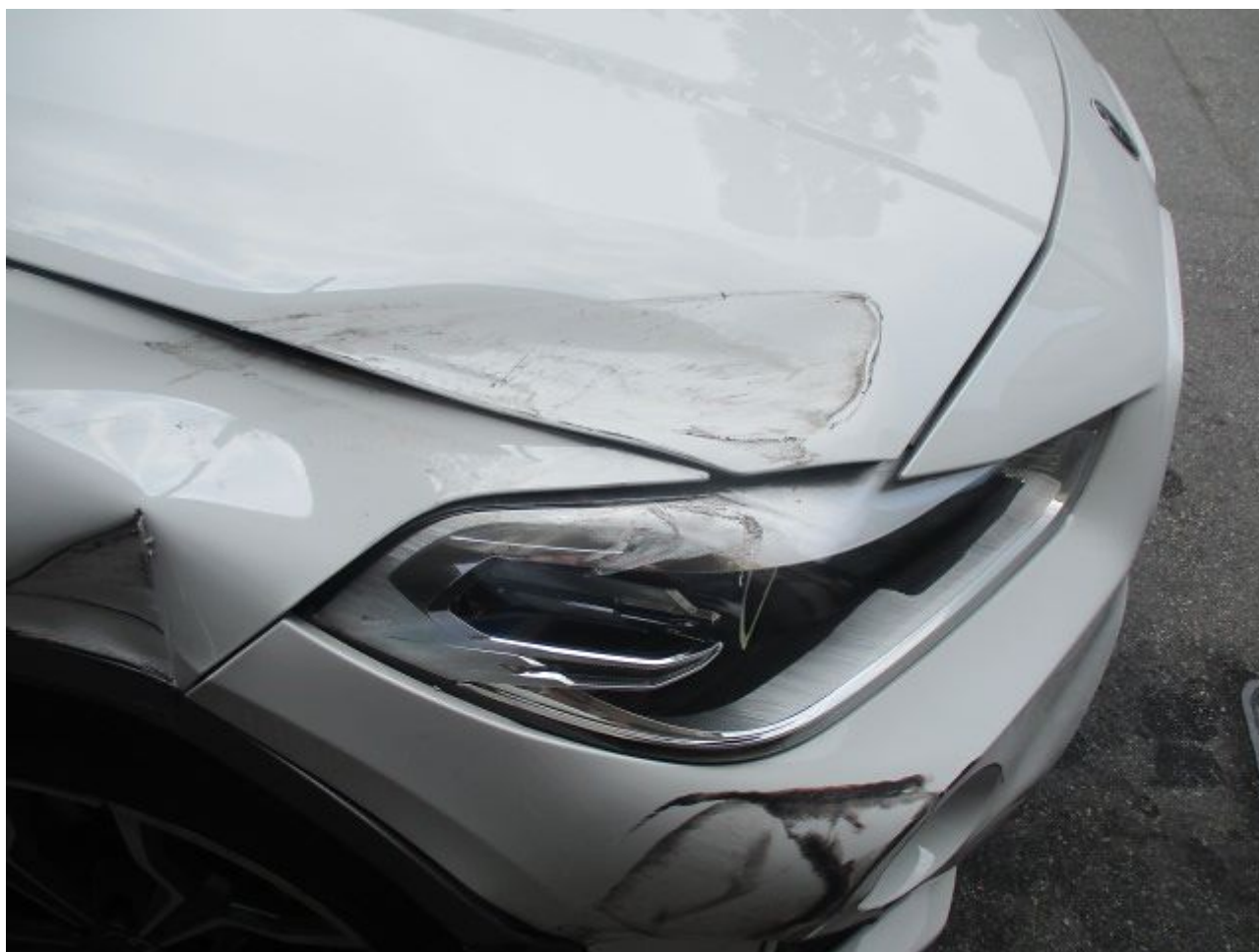

Driver's Signature (If driver is not the policyholder) / Date & Time


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: SN0922880008-01 Vehicle Registration No: SMR8463X
 Name (as shown in NRIC): Simon Lim Beng Guan NRIC/FIN/Passport No: S7601263F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 60 Anchorvale crescent #08-26 Singapore (544014)
 Contact (Tel): 91911893 Mobile No.: _____
 Email Address: Simonlimbg@gmail.com
 Date of Accident: 07/08/2022 Time of Accident: 1315
 Place of Accident: Ang Mo Kio Ave 6
 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:

Input - Passenger (F) Wong Lee Lee
 Amend Accident statement last paragraph
 (Suddenly vehicle B collided onto front right of my vehicle while he was turning left)

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: