



## 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 |
|-----------------------------|----------|

#### 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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   | -    |
| Gender | Male |

#### PASSENGER 2

|        |      |
|--------|------|
| Name   | -    |
| Gender | Male |

#### PASSENGER 3

|        |        |
|--------|--------|
| Name   | -      |
| Gender | Female |

#### 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 |
|---|-----|

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) ..... -

## 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:

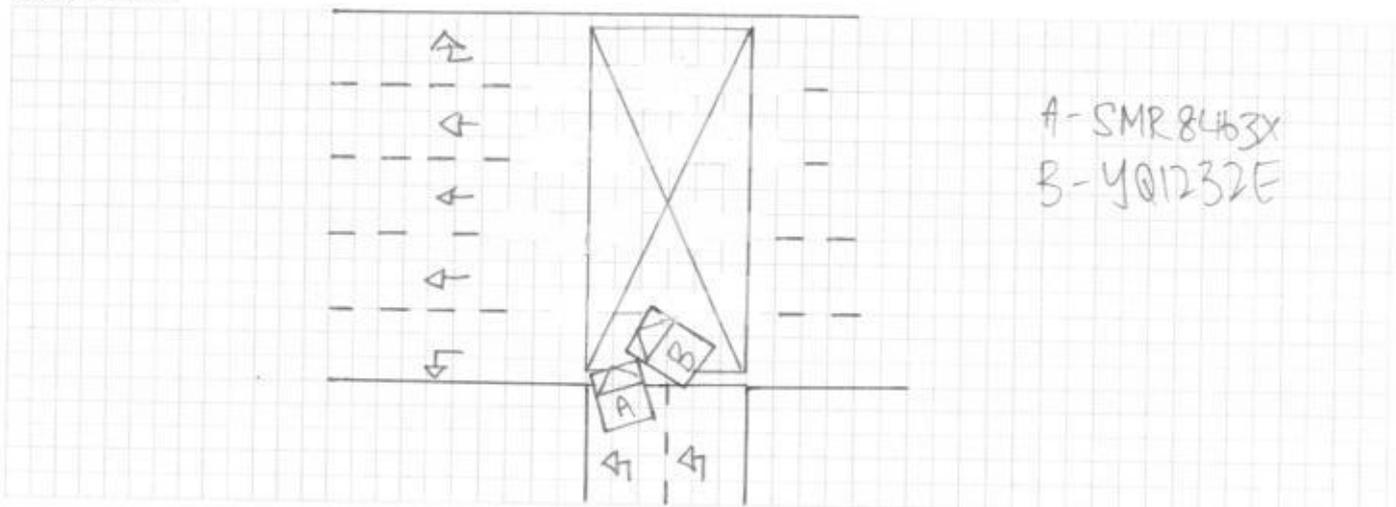
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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 saqw 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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### ACCIDENT DETAILS

|                            |  |            |
|----------------------------|--|------------|
| Date of accident           | 7 August 2022  | (DD/MM/YY) |
| Time of accident           | 1315 hours   | (HH:MM)    |
| Exact location of accident | Ang Mo Kio Ave 6 (towards Ang Mo Kio Ave 1) before Ang Mo Kio Ave 3. |            |

### DETAILS OF VEHICLE

|  |                                  |  |   |
|--|----------------------------------|--|---|
| Vehicle registration number                        | SMR 8463 X.                      |  |   |
| Vehicle make and model                             | BMW X2                           |  |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>  | MPV <input type="checkbox"/>                   | CRV <input checked="" type="checkbox"/> Van <input type="checkbox"/>  |
|  | Lorry <input type="checkbox"/>   | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      | Private use.                     |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>     | No <input type="checkbox"/>                    | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

### INSURANCE INFORMATION

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | FWD.  |   |                                  |
| Policy number     | PNPV 2020-00002934-02.                            |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

### INSURED / POLICY HOLDER

|                              |   |   |
|------------------------------|---|---|
| Name                         | Simon Lim Beng Guan.                                  | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7601263F   |   |
| Contact                      | 9191-1893.  |   |
| Address                      | 60 Anchorvale crescent 08-26 Treasure Crest S(544614) |   |

### DRIVER

SAME AS INSURED ABOVE  (SKIP TO D.O.B)

|                              |   |   |
|------------------------------|---|---|
| Name                         |   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |   |   |
| Contact                      |   |   |
| Address                      |   |   |
| Email address                | SIMONLUMB@GMAIL.COM   |   |
| Date of birth                | 23-01-1976  |   |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |   |
| Driving date pass            | 15-06-1998  |   |

| GENERAL INFORMATION OF THE ACCIDENT              |   |
|--|---|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If no, relationship of the driver and insured: _____ |
| Accident captured by camera?                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____                                    |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>  |
| No of passenger                                  | 4. (Inclusive of driver)  |

| PASSENGER 1 |  |
|-------------|--|
| Name        | Wong Lee Lee   |
| Gender      | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

| PASSENGER 2 |  |
|-------------|--|
| Name        | BROSMAN LIM HAO XIANH  |
| Gender      | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 |  |
|-------------|--|
| Name        | BRENNEN LIM JUN XIANH  |
| Gender      | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION          |  |
|----------------------------|--|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION |   |
|----------------------------------|---|
| Reported to police?              | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name              |   |

| WITNESS 1 |  |
|-----------|--|
| Name      |  |

| WITNESS 2 |  |
|-----------|--|
| Name      |  |

| THIRD PARTY VEHICLE 1        |            |
|------------------------------|------------|
| Vehicle registration number  | YQ 1232E   |
| Vehicle make model           | Mitsubishi |
| Name                         | Sun Feng.  |
| NRIC / Fin / Passport number | G41024382. |
| Contact                      |            |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | WONG LEE LEE  |
| Injuries sustained                             | YES   |
| Which vehicle person in?                       | SMR 8463X   |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance  
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**Policy number: PNPV2020-00002934-02 (Comprehensive - Executive Plan)**

Car plate number: SMR8463X

Your name (As the policyholder): Simon Lim Beng Guan

Coverage start date: 02/03/2022

Coverage end date: 01/03/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company: DBS Bank Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 19/01/2022



**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.