

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 19/07/2022 23:32 (SGT)
Reported by Driver
Date of Accident 12/07/2022 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE/TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ4759K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM JEW KIAT
NRIC No SXXXX132E
Email Address seuuie@gmail.com
Mobile Phone No (Phone) +65-91558973
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model Mx-5
Variant 2.0L 6A/T ABS AIRBAG 2WD RHT 2-DOOR
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNPV2019-00004886-03

DRIVER

Name of Driver LIM EE SEUU
NRIC No SXXXX285J
Date Of Birth 17/12/1992
Occupation Indoor

Date Of Driving Pass	21/08/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91558973
Alt. Phone Number	-
Email Address	seuuie@gmail.com
Address	No.36
Address complement	-
Postcode	469137
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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)	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

I WAS TRAVELLING ALONG PIE TUAS ON THE FIRST LANE. THE VEHICLE IN FRONT OF ME STOPPED SO I BRAKED. AFTER A FEW SECONDS I FELT AN IMPACT FROM BEHIND. A VEHICLE BUMPED INTO THE REAR END OF MY VEHICLE. THIS IS MY FIRST ENCOUNTER WITH AN ACCIDENT. A FEW HOURS AFTER THE ACCIDENT, GRAB RENTAL CALLED ME TO DISCUSS ABOUT A PRIVATE SETTLEMENT AND NOT TO FILE AN INSURANCE CLAIM. I TOOK THIS TO MEAN THAT I DIDNT HAVE TO FILE ANY INCIDENT REPORT AS IT IS MY FIRST ACCIDENT. INSTEAD, I MADE AN APPT WITH MAZDA TO GET A QUOTATION FOR THE ACCIDENT. WE TOOK A FEW DAYS TO GET THE QUOTATION AND DISCUSS THE DETAILS OF THE PRIVATE SETTLEMENT. BECAUSE OF THE DISCUSSION I THEN STARTED DOING RESEARCH ON WHAT TO DO AFTER AN ACCIDENT AND REALISED THAT I HAVE TO LODGE A GIA REPORT AFTER AN ACCIDENT REGARDLESS OF WHETHER WE WERE GOING TO HAVE PRIVATE SETTLEMENT OR INSURANCE CLAIMS.

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	SLN6906G
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Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUJONOH BIN ADAM
NRIC No	SXXXX733A
Contact Number	(Phone) +65-98201196
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger 1
Gender	Male

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

 Witnessed By Reporting Officer
Aizam Bin Atan

 Witnessed by Reporting Centre
Personnel
Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TUAS ON THE FIRST LANE. THE VEHICLE IN FRONT OF ME STOPPED SO I BRAKED. AFTER A FEW SECONDS I FELT AN IMPACT FROM BEHIND. A VEHICLE BUMPED INTO THE REAR END OF MY VEHICLE. THIS IS MY FIRST ENCOUNTER WITH AN ACCIDENT. A FEW HOURS AFTER THE ACCIDENT, GRAB RENTAL CALLED ME TO DISCUSS ABOUT A PRIVATE SETTLEMENT AND NOT TO FILE AN INSURANCE CLAIM. I TOOK THIS TO MEAN THAT I DIDNT HAVE TO FILE ANY INCIDENT REPORT AS IT IS MY FIRST ACCIDENT. INSTEAD, I MADE AN APPT WITH MAZDA TO GET A QUOTATION FOR THE ACCIDENT. WE TOOK A FEW DAYS TO GET THE QUOTATION AND DISCUSS THE DETAILS OF THE PRIVATE SETTLEMENT. BECAUSE OF THE DISCUSSION I THEN STARTED DOING RESEARCH ON WHAT TO DO AFTER AN ACCIDENT AND REALISED THAT I HAVE TO LODGE A GIA REPORT AFTER AN ACCIDENT REGARDLESS OF WHETHER WE WERE GOING TO HAVE PRIVATE SETTLEMENT OR INSURANCE CLAIMS.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

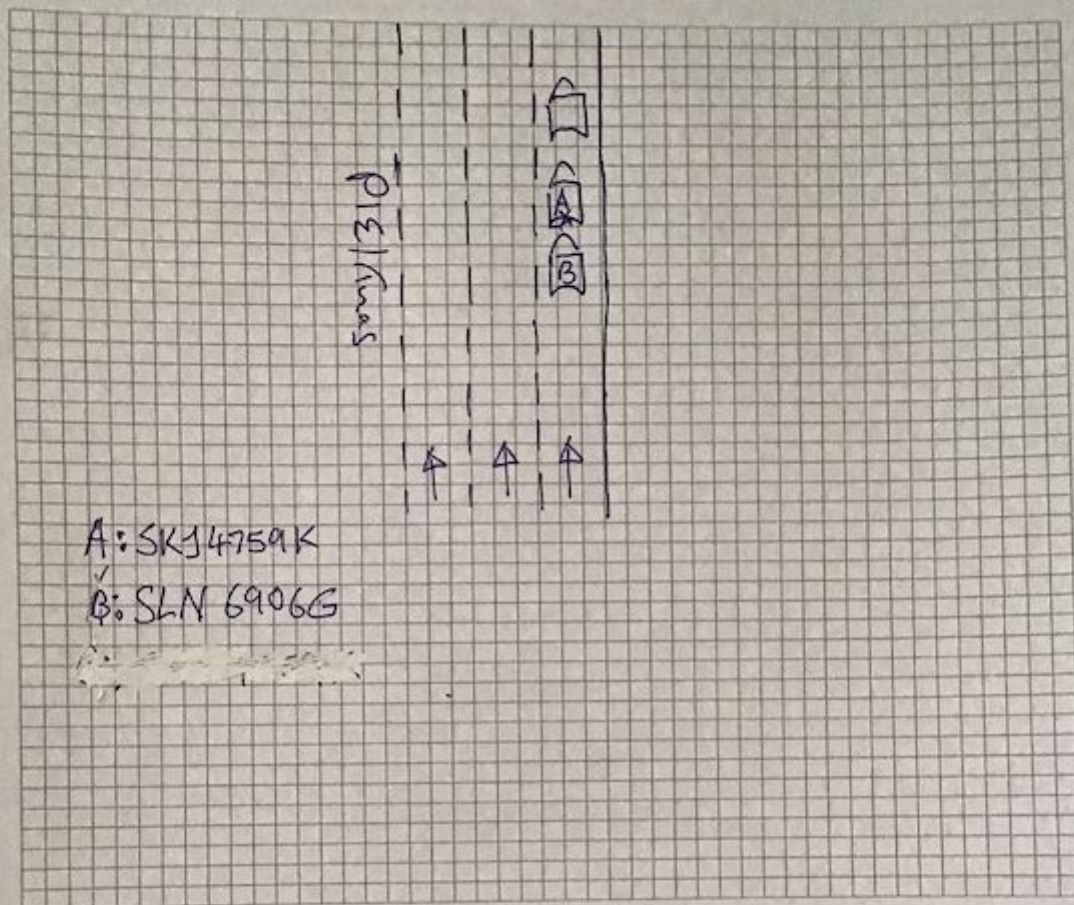
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD



















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: SA1D227I000M Vehicle Registration No: SKJ4759K

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 12/07/2022 Time of Accident: 07:45 (SGT)

Place of Accident: PIE/TUAS

Insurance Company: FWD Singapore Pte. Ltd.

(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. AMEND SKETCH PLAN

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.: _____
Date: 20072022



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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: PNPV2019-00004886-03 (Comprehensive - Prestige Plan)

Car plate number: SKJ4759K

Your name (As the policyholder): Lim Jew Kiat

Coverage start date: 04/04/2022

Coverage end date: 03/04/2023

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.

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

Issued on: 19/02/2022

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** if any details
in this Certificate of Insurance need to be changed.