

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	09/09/2022 10:13 (SGT)
Reported by	Both
Date of Accident	09/09/2022 06:59 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Upper Thomson Road Interception with Yio Chu Kang Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7935Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SU HWEE TIMOTHY
NRIC No	S8727075J
Email Address	timgoh0@gmail.com
Mobile Phone No	(Phone) +65-93450788
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Nc750xa
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	Motorcycle
Transmission	Manual
CC	750

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2020-00001734-02

DRIVER

Name of Driver	GOH SU HWEE TIMOTHY
NRIC No	S8727075J
Date Of Birth	10/09/1987
Occupation	Indoor

Date Of Driving Pass	16/07/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93450788
Alt. Phone Number	-
Email Address	timgoh0@gmail.com
Address	BLK 825 YISHUN STREET 81
Address complement	304-572
Postcode	760825
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 - 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

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	YQ4395Z
Vehicle Manufacturer	Isuzu
Vehicle Model	Reward
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	RAMANATHAN NATARAJ KUMAR
Passport No/FIN	G8481956K

Contact Number	(Phone) +65-86470581
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	DENT
Details of property damaged in accident	FRONT OF VEHICLE
No. Of Passenger (Including Driver)	10

Describe Circumstance of the Accident

FBP 7935Z stopped at a red light at T junction
between Upper Thomson Road and Yio Chu Kang Road at 0659
YQ 4395Z collided into FBP 7935Z while stopped at
indicator line at red light

YQ 4395Z was operated by F1W 6848/956K
FBP 7935Z was operated by SF727075J

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] 0900/ 9/9/2022

Policyholder's Signature / Date & Time

93450788

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

[Signature]
Gan Lay Peng

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

0399I

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

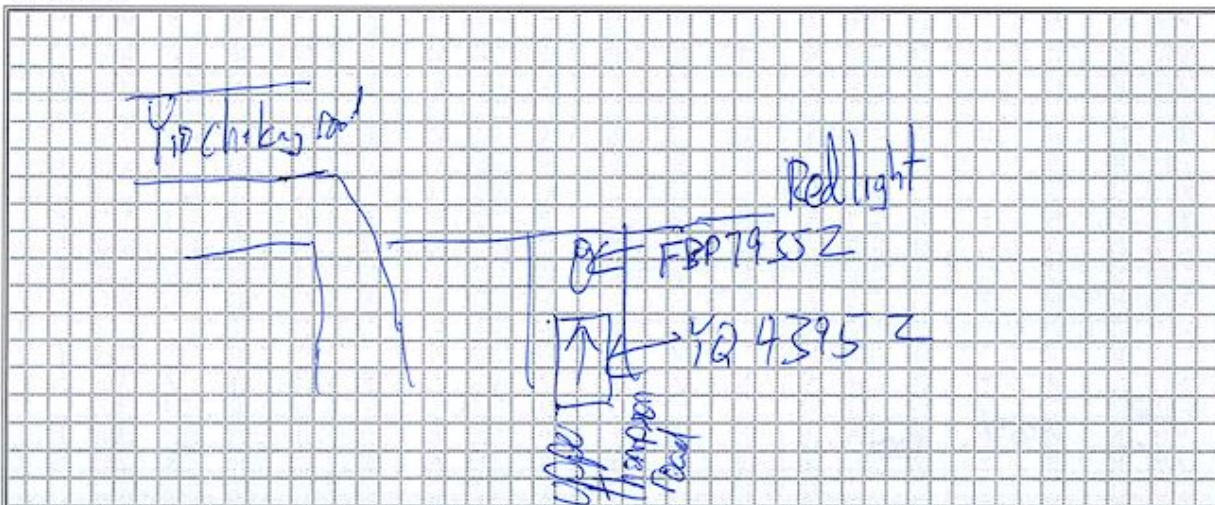
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 0950/9/1/2022
Policyholder's Signature / Date & Time

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

[Signature] Gan Lay Peng
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 0399 I

Sketch Plan























































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: SB0F22990001 Vehicle Registration No: FBP7935 Z

Name (as shown in NRIC): Goh Su Hwee Timothy NRIC/FIN/Passport No: S075J

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 9/9/22 Time of Accident: 06:59

Place of Accident: Upper Thomson Road Interception with Yio Chu Kang Rd

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:

Edit name of Registered Owner to Goh Su Hwee Timothy.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Gan Lay Peng
NRIC/FIN No.: 0398 I
Date: 12/9/22