





## 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	14/10/2022 15:15 (SGT)
Reported by	Both
Date of Accident	13/10/2022 13:15 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	CARPARK NUMBER (GEEC8)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK85P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH SIEW GEOK
NRIC No	SXXXX521G
Email Address	c.soh@cmcmarkets.com
Mobile Phone No	(Phone) +65-98392591
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00014375-03

### DRIVER

Name of Driver	SOH SIEW GEOK
NRIC No	SXXXX521G
Date Of Birth	10/08/1972
Occupation	Indoor

Date Of Driving Pass	12/08/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98392591
Alt. Phone Number	-
Email Address	c.soh@cmcmarkets.com
Address	96F LORONG J TELOK KURAU
Address complement	-
Postcode	425924
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?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkonng Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE 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	SCZ2399P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

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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.

X  14/10/22 12.27pm

Policyholder's Signature / Date & Time

X  14/10/22 12.27pm

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

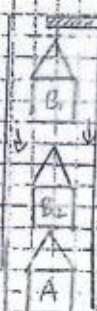
Witnessed by Reporting Centre Personnel

### Sketch Plan

SIMR AVENUE CARPARK NUMBER GEECS

A = SGK 85P

B = SCZ 2399P



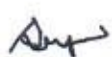



**Describe Circumstances of the Accident**

On 13.10.2022 about 1315pm, I was travelling along SIMS AVENUE  
CARPARK NUMBER GEECS. Suddenly vehicle B reversed and hit my car front  
portion.

**Declaration**

We declare the foregoing particulars are true in every respect.

X  14/10/22 12.27pm  
Policyholder's Signature / Date &  
Time

X  14/10/22 12.27pm  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

**CONFIDENTIAL**

**ANNEX E**

**NOTICE OF REPORTING**

This is to confirm that Soh Siew Geok (Su Xiuyu), NRIC: S7227521G , HP: 9839 2591 has reported to the Police a non-injury traffic accident which occurred along Sims Avenue Carpark number GEEC8 on 13/10/2022 between 1315hrs to 1330hrs involving the following vehicles :-

- i) **SGK85P**
- ii) **SCZ2399P**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSS Tiong Yee Seng  
Date: 13/10/2022  
Time: 1935hrs  
Station Diary ref: 10  
Police Post/Unit: Kampong Kembangan NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



Kg Kampong Kembangan NPP  
13/10/2022 1935hrs  
S7227521G  
9839 2591

**CONFIDENTIAL**



Date of Accident : 13-10-2022 Accident Time : 1315 pm (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : SIMS AVENUE CARPARK NUMBER GEECS

Vehicle No (Car Plate No) : SEK 8SP Make/Model: MERCEDES BENZ

Insurance Company : FWD Policy No: PNPV2019-00014375-03

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : SOH SIEW GEOK (72275216)

Owner Contact No : 9839 2591 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

Driver Name / IC No : As Above

Driver's Date of Birth : 10-08-1972 Driver's License Pass Date: 12 AUG 1996

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : 96A LORONG J TELOK KURAU SINGAPORE 425924

Driver's Contact No : 1) 9839 2591 2) \_\_\_\_\_

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : C.SOH@cmcmarkets.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 person (driver)

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : NO

**Other Party Driver's Particular (if any)**

VEH B : SCZ 2399P (TOKIO MARINE) Name & Contact No: \_\_\_\_\_

VEH C : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

VEH D : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

VEH E : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

\*NEW - Passenger's Name & Gender:

*Signature*

X





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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: PNPV2019-00014375-03 (Comprehensive - Executive Plan)

Car plate number: SGK85P

Your name (As the policyholder): SOH SIEW GEOK

Coverage start date: 01/10/2022

Coverage end date: 30/09/2023

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:

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

Issued on: 25/08/2022

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.