

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	16/01/2023 12:21 (SGT)
Reported by	Both
Date of Accident	14/01/2023 10:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY AFTER AND MI KIO AVE 5 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH7513H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SELYN POH SHI EN
NRIC No	SXXXX841E
Email Address	selynpoh92@hotmail.com
Mobile Phone No	(Phone) +65-84994308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004607

DRIVER

Name of Driver	SELYN POH SHI EN
NRIC No	SXXXX841E
Date Of Birth	05/05/1993
Occupation	Indoor

Date Of Driving Pass 07/11/2022
 Driving experience 2 MONTHS
 Gender Female
 Mobile Number (Phone) +65-84994308
 Alt. Phone Number -
 Email Address selynpoh92@hotmail.com
 Address 49 TERANG BULAN AVENUE
 Address complement -
 Postcode 5455572
 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 Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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) 2
 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 SE CHIU
 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

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 GBC2348U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Passport No/FIN	GXXXX654U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFJ7882B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX578D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SELYN POH SHI EN
Gender	Female
Phone No	(Phone) +65-84994308
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNH7513H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WONG SE CHIU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNH7513H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 :

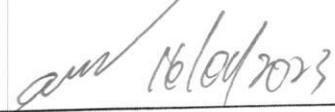
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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



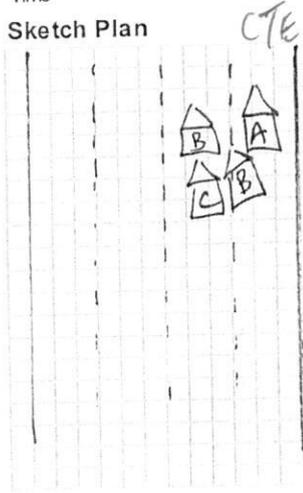
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



CTE TOWARDS CITY AFTER BANK NW KW AVA 5 FEET

A: SNG 7513H
B: SFD 7882B
C: GBC 2348U

Describe Circumstances of the Accident

On 14/01/2023 at about 1030hrs I was driving on CTE toward City after Ong Mo Kio Ave 5 Exit. I was driving on lane 1. My front car slow down and I follow suit. Suddenly I felt an impact from my rear of my veh. I came down and found out Veh B SFJ 7882B hit my left rear of my veh. There was 3 cars involved with the accident. Veh C GBC 2384u hit Veh B when Veh B hit my car and swip to the left lane.

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

 16/01/2023
Witnessed by Reporting Centre Personnel

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Date of Accident : 14/01/2023 Accident Time: 10:30 (24-HR-Format)

Accident Place : CTE towards City Ater Ang mo Kio^{Ave 5} Exit

Vehicle. No. (Car Plate No.) : SNH 7513H Make/Model: Mazda 3 5Door Hatchback 1.5

Insurance Company : FWD Policy No: PNPV2022-00004607

Owner or Company Name /IC No. : Selyn Poh Shi EN S9315841E

Owner or Company Contact No. : 84994308 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Selyn Poh Shi EN

DRIVER'S Date Of Birth : 05-05-1993 DRIVER'S License Pass Date 07 NOV 2022

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : 49 Terang Bulan Ave S455572

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : selynpoh92@hotmail.com

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

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 2

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>GBC 23484</u> (C) (NTU)	Vehicle. No: <u>SFJ 7882B</u> (B) (OR6)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>G77926544</u>	IC No. Driver/Contact: <u>S6908578D</u>

* NEW - Passenger's name & gender:

(1) Wong Se Chiu - (F)

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: PNPV2022-00004607 (Comprehensive - Executive Plan)
Car plate number: SNH7513H
Your name (As the policyholder): Selyn Poh Shi En
Coverage start date: 24/11/2022
Coverage end date: 23/11/2023
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: 28/11/2022



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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	841E
Vehicle Details	
Vehicle No.:	SNH7513H
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	P520330544
Chassis No.:	JM6BM44A8G0324588
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,229.00
Original Registration Date:	29 Jan 2016
First Registration Date:	29 Jan 2016
Transfer Count:	1
Actual ARF Paid:	\$13,229.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2026
PARF Rebate Amount:	\$7,937.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,301.00
COE Rebate Amount:	\$15,197.00
Total Rebate Amount:	\$23,134.00

The information contained herein is correct as at 16 Jan 2023

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