

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 First Submission	31/07/2023 14:21 (SGT)
Reported by	Actual Driver
Date of Accident	30/07/2023 08:50 (SGT)
Exact Location of Accident	Elias Rd & Pasir Ris Dr 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1440P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG PEK YU
NRIC No	SXXXX491D
Email Address	PEKYU@LIVE.COM
Mobile Phone No	(Phone) +65-94776364
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1400

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00003417-04

DRIVER

Name of Driver	CHIA MENG WEI
NRIC No	SXXXX722J
Date Of Birth	04/11/1988
Occupation	Indoor

Date Of Driving Pass	28/04/2008
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94776364
Alt. Phone Number	-
Email Address	RCHIAMW@GMAIL.COM
Address	29J ELIAS TERRACE 29J D'ELIAS
Address complement	-
Postcode	519854
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	Side Swipe
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)	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	ANGELA SHEN XIAOROU
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

I WAS STATIONARY AT THE TRAFFIC LIGHT AS IT WAS RED LIGHT, AT THE MIDDLE LANE. A GO-AHEAD BUS CAME FROM BEHIND TO THE LANE TO MY RIGHT AND KNOCKED MY RIGHT SIDE MIRROR, CAUSING DAMAGE.

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	SBS6554E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HIEW MENG KWAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

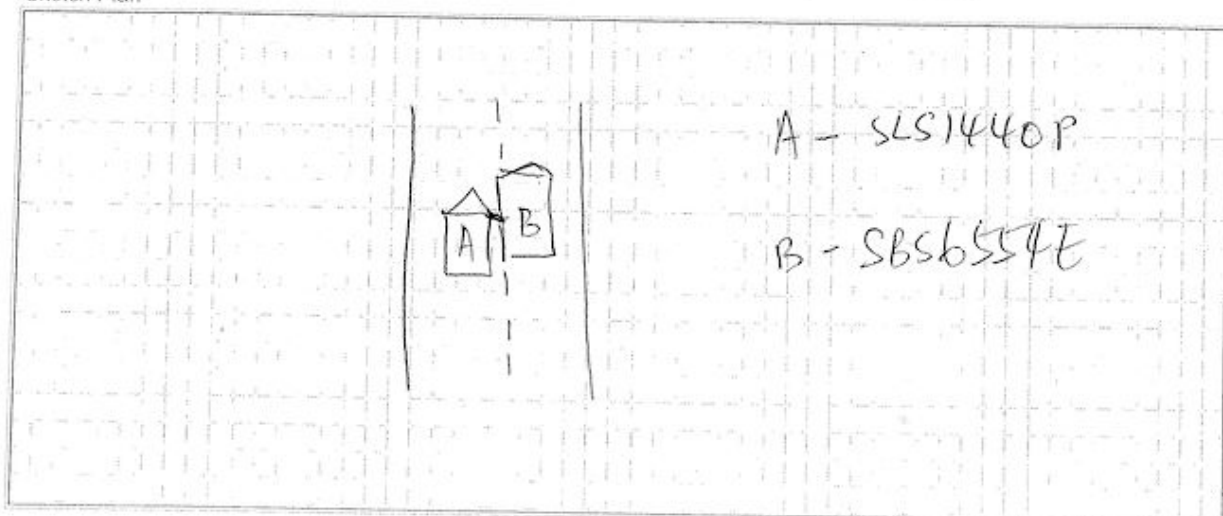
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was stationary at the traffic light as it was red light,
 at the middle lane. A Go-Ahead bus came from behind to
 the 1st lane to my right and knocked my ~~right~~ side
 mirror, causing damage.

Declaration

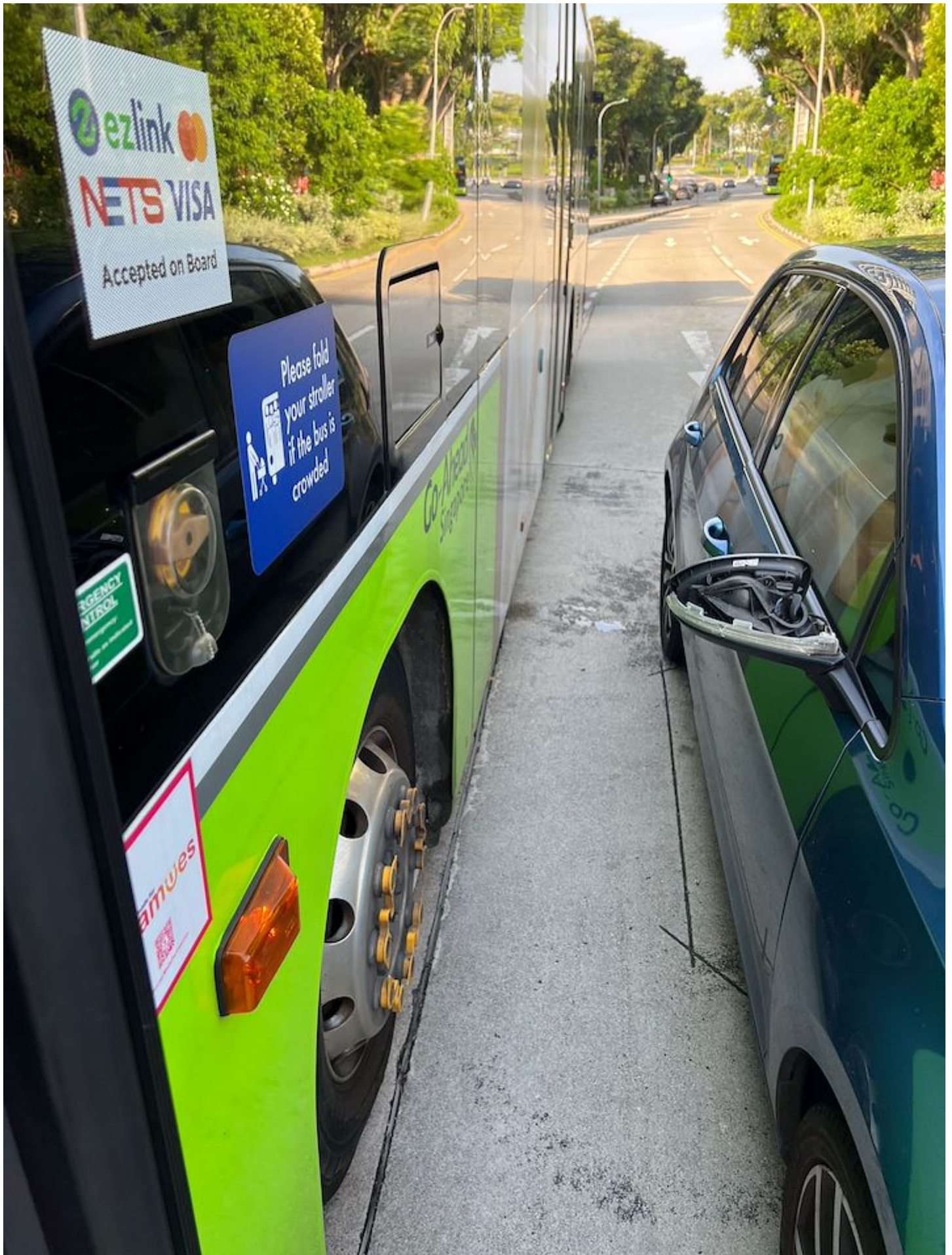
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)

























Call for Roadside
Emergency Assistance

Your Executive Car Insurance Summary

Please call +65-6822-2072 for FWD Emergency Assistance
if your car breaks down or is involved in an accident.

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

Policy number : PNPV2019-00003417-04

About this policy

Premium paid	: S\$871.96	Coverage start date	: 11/03/2023
(Inclusive of GST)		Coverage end date	: 10/03/2024
Who is insured to drive:	: You and any Authorised Driver		
Plan type	: Executive		

About you (As the policyholder)

Your name	: Ong Pek Yu		
Address	: 29J Elias Terrace 29J D'Elias Singapore 519854		
Email	: pekyu@live.com		
NRIC/FIN	: S1426491D	Date of birth	: 26/02/1960
Marital status	: Married	Gender	: Female
Current no claims discount	: 50%	Mobile number	: 91198525
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: VOLKSWAGEN GOLF 1.4
Year of first registration	: 2017
Car plate number	: SLS1440P
Issued on:	: 19/01/2023

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.