#### 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 Report	04/06/2018 12:09
Date Of Accident	03/06/2018 14:00
Exact Location Of Accident	TAMAN JURONG CARPARK(SUPERBOWL)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN362P
Insured/Policyholder	
Name Of Registered Owner	SIMPLEDOM
Co Reg No	53338741L
Email Address	SIMPLEDOM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81254888
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	KIA
Model	NIRO HYBRID-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000009
Cover Note Number	
Driver	

Name of Driver **CHENG YOUWEN** NRIC No S8134133H Date Of Birth 16/10/1961 Occupation **INDOOR** 09/07/2003 **Date Of Driving Pass Driving Experience** 14 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-81254888 Fax Number **Contact Number** 

**EMail Address** SIMPLEDOM@GMAIL.COM Address BLK 468 JURONG WEST STREET 41 #02-461

Postcode 640468

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

NO

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? YES

Remarks/ Reasons: SUBMIT TO FWD DIRECTLY

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP5080E

Vehicle Make/Model/Colour MITSUBISHI LORRY

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

## Sketch Plan #3 Pg. 1

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8134133H

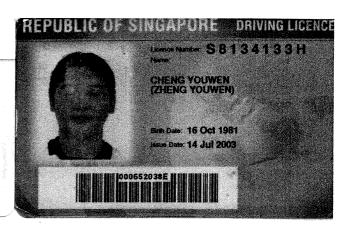


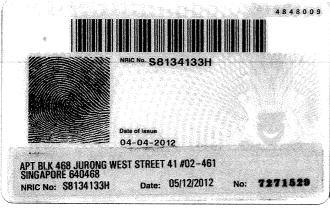
CHENG YOUWEN (ZHENG YOUWEN)

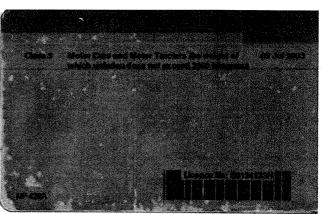
郑 face

Race
CHINESE
Date of birth
16-10-1981
Country of birth
SINGAPORE

Sex M 581**3413**3H









#### 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: PNCV2018-00000009

Car plate number: SLN362P

Coverage start date: 20/04/2018 Coverage end date: 19/04/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Cheng Youwen NRIC/FIN: S8134133H

Address: 468 Jurong West Street 41 02-461 Singapore 640468

Email: simpledom@gmail.com Mobile Number: 81254888

Date of Birth: 16/10/1981 Gender: Male

Marital status: Married Certificate of Merit: Yes

Current no claims discount: 50% Years of driving experience: Three or more

Company Name: SIMPLEDOM ACRA Number: 53338741L

About your car and policy

Car make and model: KIA NIRO 1.6

Year of first registration: 2017

Plan type: Comprehensive Standard Excess: \$\$2,000

NCD protector: Not Applicable Your preferred workshop: Yes

Overseas Booster: Yes Premium paid (Inclusive of GST): \$\$1,128.20

Finance company: Goldbell Financial

### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

VEHICLE NO: ACCIDENT DATE: 3/6/18

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- 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 lodgment 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:

- 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)
  - (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
- (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE

CLAIM LATER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature Date & Time:

53338741L

Driver's Signature

(If driver is not the policyholder) Pare & Tones 4/1/2018 12:17 PM

CHARN'S CUSTOMCRAFT Reporting Centre Personnel's Signature

Mamb

NRIC/FIN No .:

## Accident Sketch Plan Pg. 1

SLN 3628

SKETCH PLAN	
LORRY SIN 3629	
DESCRIBE CIRCUMSTANCES OF THE AC	CIDENT
nearer to the right side, and the right side. When I return on my car on the left wide	ind the video of the incident, when the chiver of the later has been his vehicle, it further
OWN DAMAGE ( ) 3RD PARTY	CCLAIM ( ) REPORTING ONLY ( ) OWN WORKSHOP ( )
DECLARATION  /We declare the pregoing particulars are true  // 53338741L  // Olicyholder's Separature  priver'  (If driv	



