

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 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 Report	07/12/2019 13:35
Date Of Accident	06/12/2019 20:00
Exact Location Of Accident	JOO CHIAT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR1836X
Insured/Policyholder	
Name Of Registered Owner	SINGH DALJIT
NRIC No	S0039514E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96311881
Alternative Phone No	OFFICE-96311881

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00002781
Cover Note Number	

Driver

Name of Driver	SINGH KULMEET
NRIC No	S2206341C
Date Of Birth	20/05/1959
Occupation	INDOOR
Date Of Driving Pass	12/10/1983
Driving Experience	36 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91181251
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	24 GOODMAN ROAD
Postcode	1543
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : DALJIT SINGH GENDER: : MALE
Passenger 2	NAME: : DEEPII SINGH GENDER: : FEMALE
Passenger 3	NAME: : MANPREET KAUR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MY VEHICLE WAS STATIONARY WITH REAR RH DOOR OPEN. SUDDENLY, VEHICLE B DROVE PAST AND HIT MY VEHICLE DOOR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7873C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
- (d) 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.

✓

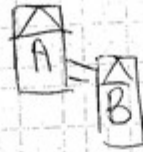
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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SKETCH PLAN



(A) - SER 1836X
(B) - SER 7873C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY WITH REAR RIGHT DOOR
OPEN, SUDDENLY VEHICLE B DROVE PAST AND
HIT ONTO MY VEHICLE DOOR.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2206341C



Name
SINGH KULMEET

Race
SIKH

Date of Birth
20-05-1959

Sex
F

Country of Birth
INDIA

0931813



NRIC No. S2206341C

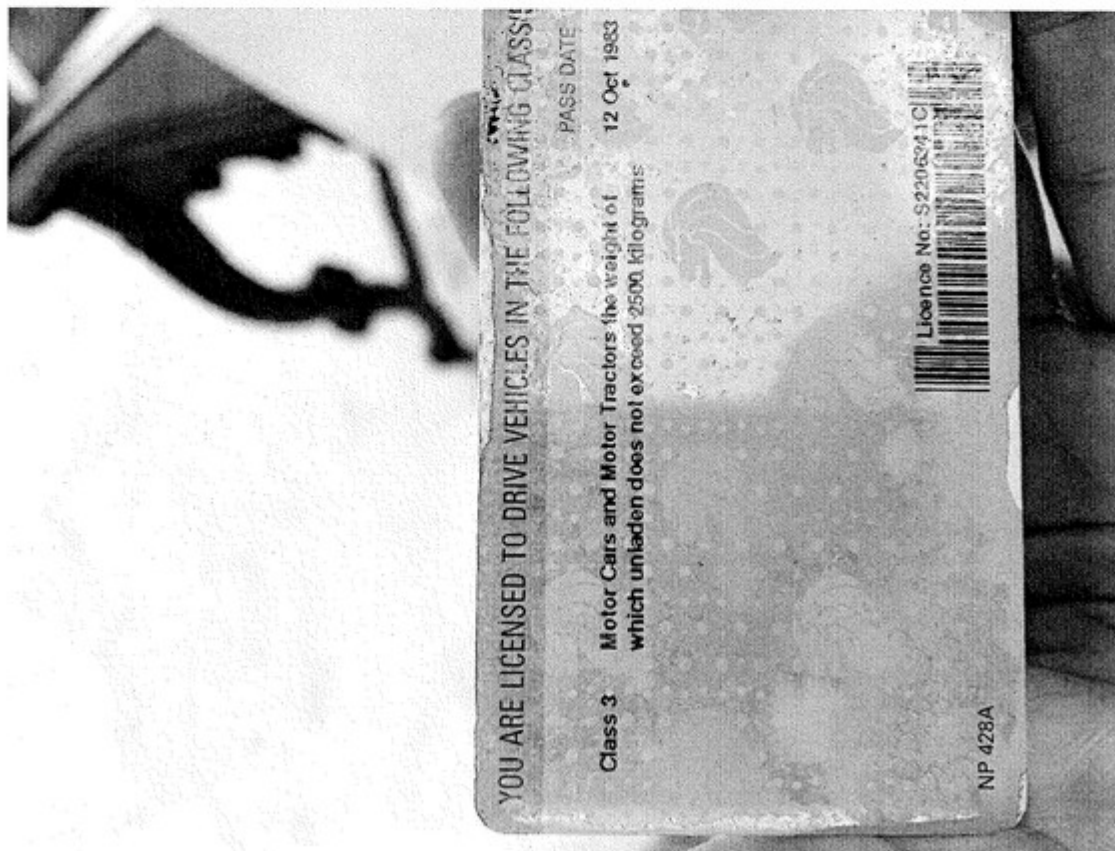
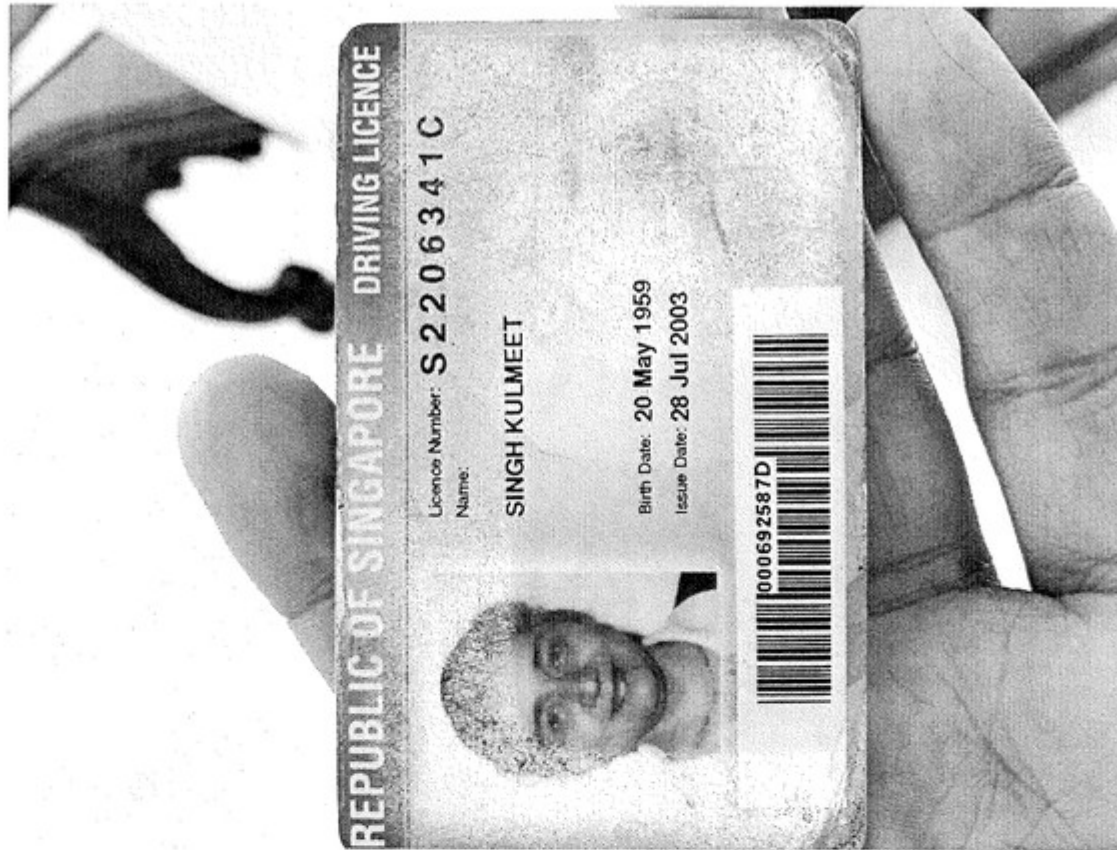


Blood Group
B+

Date of Issue
03-05-1993

Address
24 GOODMAN ROAD
SINGAPORE 1543

Driving License





YOUR EXECUTIVE CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00002781

About this policy

Premium paid : S\$911.53 Coverage start date : 01/02/2019
(Inclusive of GST) Coverage end date : 31/01/2020
Who is insured to drive: : You and any Authorised Driver
Plan Type : EXECUTIVE

About you (As the policyholder)

Your name : Singh Daljit
Address : 24 Goodman Road Singapore 438987
Email : deepti@alkemal.com.sg
NRIC/FIN : S0039514E Date of birth : 14/06/1951
Marital status : Married Gender : Male
Current no claims discount : 50% Mobile Number : 91590304
Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : MERCEDES BENZ E200 1.8
Year of first registration : 2007
Car plate number : SGR1836X
Issued on: : 30/01/2019

Abhishek Bhatia
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.

Accident Photo



Accident Photo



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