#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

<ol> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/04/2020 17:31
Date Of Accident	02/04/2020 15:30
Exact Location Of Accident	FENGSHAN CC BEDOK NORTH ST. 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK216U
Insured/Policyholder	
Name Of Registered Owner	PANG KAI HENG
NRIC No	S1287638F
Email Address	BERNARDPANG22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96187601
Alternative Phone No	OTHERS-96187601
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT AWD S/R FACELIFT
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
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	PNPV2020-00000748
Cover Note Number	03/01/2020 - 02/01/2021
Driver	
Name of Driver	PANG KAI HENG
NRIC No	S1287638F
Date Of Birth	09/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1980
Driving Experience	39 YEARS AND 10 MONTHS

Mobile Number Fax Number

Gender

OTHERS-96187601 Contact Number

**EMail Address** BERNARDPANG22@GMAIL.COM

MALE

(LOCAL) +65-96187601

55 TAMPINES AVE 1 #07-04 Address

Postcode 529773

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

Type Of Accident **COLLIDED INTO PARKED VEHICLE** 

Weather Conditions **DRIZZLING** Road Surface WET

#### 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

0 Number of Passengers (Including Driver)

#### **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**

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

### 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 WC1885T

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

Date of accident: 3/4 2020 Time: 3:30 PM Location: Fengshan C.C. Bedok North St
My Vehicle A: SUC 216 U Vehicle B: WC 1885 T Vehicle C:
Suc 216 11  Asylity E Poad  BR 5101 F
WC 18857 Truck
Construction SITE
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Da 2.4.20. I parked my car of the Side
of my congruetion gite at the entrance reaving a chace of 5 m phus for vehicles to Rill
and while two ing out, accidentally but
diagram above. Car as shown in the
happened around 3.30 pm
That is all I have to report.
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only
Remarks: Please forward a copy of my efile accident report to:  My workshop: Guan Him Motor Wook surp  Email address: & myself: Email address: Guanhin motor @ Jahro. Com
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.
VecLARATION  We declare the foregoing particulars are true in every respect.
olicyholder's Signature late & Time:  7 4 20  Date & Time: 7 4 20  Date

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- (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:
  - 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:
  - 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.:



#### 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: PNPV2020-00000748 (Comprehensive - Classic Plan)

Car plate number: SLK216U

Your name (As the policyholder): Pang Kai Heng

Coverage start date: 03/01/2020 Coverage end date: 02/01/2021

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: DBS Bank Ltd

Shrifia

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

Issued on: 23/12/2019

Abhishek Bhatia 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.



Jep: 9618 7601 Email. bernardpang22@gnail.com



USE FOR ACCIDENT

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES IR TING ONLY

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

16-09-2019

55 TAMPINES AVENUE 1 5 SINGAPORE 529773

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