



MKFS20024909 / Kan Fook Sing Motor Workshop - Defu  
ENTRY DATE & TIME: 25/02/2020 15:15  
SUBMITTED BY: Margaret Lee

## 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 information may 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 insurer.
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 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 being made of the report.

**ACCIDENT STATEMENT**

Date Of Report	25/02/2020 15:15
Date Of Accident	25/02/2020 14:20
Exact Location Of Accident	331 UPP PAYA LEBAR
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SDM6011M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIA KAI LING
NRIC No	SXXXX331H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98763840
Alternative Phone No	OFFICE-98763840

**Vehicle Particulars**

Manufacturer	MERCEDES-BENZ
Model	C200

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

**Insurance Company**

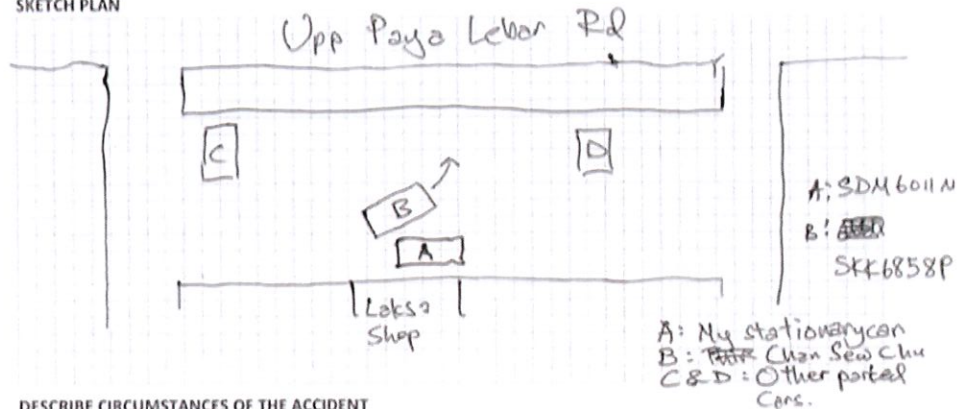
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015811-01
Cover Note Number	

**Driver**

Name of Driver	SIA KAI LING
NRIC No	SXXXX331H
Date Of Birth	11/06/1973
Occupation	INDOOR
Date Of Driving Pass	26/04/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98763840
Fax Number	
Contact Number	OFFICE-98763840
Email Address	NOEMAIL

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This occurred in the private carpark where "The Original Katong Laksa Since 1950s" is - 331 Upp Paya Lebar Rd S34949.

My car was parked outside the shop. And the third party's car was being reversed <sup>parallel</sup> to park while my car was stationary and unoccupied.

I was eating inside the Laksa shop when I heard a bang.

I rushed out to see that the third party's car had collided with mine.

The driver apologised numerous times and offered to settle privately, or through her leased car's insurance.

INSURER: FWD.

VEHICLE:

DOA:

CLAIM TYPE:

WORKSHOP:

Third Party: Chan Sew Chu

## 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: 28/2/2020

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