MALM20047889 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 26/05/2020 14:31 SUBMITTED BY: Zila

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number

Contact Number **EMail Address** 

- 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</u> and <u>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.

7. By the lodgement of this report to the histories, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available					
	ACCIDENT STATEMENT					
Date Of Report	26/05/2020 14:31					
Date Of Accident	24/05/2020 11:30					
Exact Location Of Accident	BLK 153 SERANGOON NROTH AVE 1 OSCP					
Country/State of Loss	SINGAPORE					
D	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKJ4872R					
Insured/Policyholder						
Name Of Registered Owner	TAN BENG HENG JIMMY					
NRIC No	S1534704Z					
Email Address	JIMMYTAN10@HOTMAIL.COM					
Mobile Phone No	(LOCAL) +65-98228890					
Alternative Phone No	OTHERS-98228890					
Vehicle Particulars						
Manufacturer	VOLKSWAGEN					
Model	JETTA-1.4 TSI (A)					
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	PNPV2018-00011653					
Cover Note Number	09/10/2019 - 08/10/2020					
Driver						
Name of Driver	TAN BENG HENG JIMMY					
NRIC No	S1534704Z					
Date Of Birth	11/12/1962					
Occupation	INDOOR					
Date Of Driving Pass	11/01/1988					
Driving Experience	32 YEARS AND 4 MONTHS					
Gender	MALE					
Mobile Number	(LOCAL) +65-98228890					

OTHERS-98228890

JIMMYTAN10@HOTMAIL.COM

Address 9D LEITH ROAD

Postcode 547883

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 PROPERTY** 

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : LING PUAY HWA

GENDER: : FEMALE

#### **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?

NO

NO

#### **Circumstances of Accident**

### REFER TO THE 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 **GBA7947T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

TAY GHAP GOO Name of Driver NRIC/Passport Number S0492924A Contact Number 93987919

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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.
- 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.
- 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! 26500

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

Reporting Contresponnel's Signature

Name:

NRIC/FIN No.:

Date of accident: 24/52 My Vehicle A: 3 F3 487 SKETCH PLAN					Open Cor	Pe.L	
Date of accident: 24/50	Ö Time:	11:30 am	Location: B	k 153	Seronpoon	Worth	Aue I
My Vehicle A: SKJ 487	DR Vehic	le B:G\g	T749T41	Vehic	cle C:		_
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Claim OD/TP at Ah Lim M	otor Cl	aim OD/TP a	t other worksh	пор Г	Reporting On	lv	7
Remarks : Please forward a cop						,	
My workshop : Email address :							
& myself : Email address :							
Note: Please take note that you	ur insurer have	14 days timefr	ame for you to	submit ov	vn damage claim ı	ınder	
you own policy. Kindly check w	ith your own in	surer for more	e information.				
I/We declare the foregoing particulars	are true in every	respect.			AH		
1	,	,		(			
Policyholder's Signature	Driver's Signatur			eporting Ce	nt o s Sign	ature	
Date & Timbe: 26   5 00	(If driver is not to Date & Time:	he policyholder)		ame: RIC/FIN No.			
					AN LUCA MAC	TOR COMPANY	



Veh B: Tay Chap Goo S0492924A Tel: 93987919

Ah Lim Motor Company 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Auto Point Singapore 569047 Tel: 6483 1244

DATE: 24 may 2020 11:30am Sun (call log 11:35am)

LOCATION: in front of blk 153 serangoon north ave 1 open car park

Weather: sunny

REPORT ON 26 MAY 2020 10:30PM (DUE TO 25 may being hari raya day holiday)

VEHICLE B

Tay Chap Goo S0492924A

Tel: 93987919

vehicle GBA7947T beige mini van

VEHICLE A

Tan Beng Heng, Jimmy S1534704Z Tel 98228890 Veh SKJ4872R Blue VW Jetta

On 24 May 2020, 11:30am, Vehicle A was positioned to exit the carpark lot and waiting a vehicle C move on. VEHICLE B was positioned about 2m away from Vehicle C. When Vehicle C started to move off, VEHICLE B followed suite. VEHICLE A honed for about 1sec on noticing Vehicle B moving in tandem with Vehicle C since it was positioned to hit Vehicle A but it was too late to stop. Slight damage sustained by the VEHICLE B on its front left side bumper and damage was sustained on Vehicle A of its front right side. Witnesses: Both Vehicle A's pessenger (Ling Puay I-lwa Tel 96684881) and Vehicle B's lady passenger witnessed the entire event.

Veh B: Tay Chap Goo S0492924A Tel: 93987919



#### 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: PNPV2018-00011653-01 (Comprehensive - Classic Plan)

Car plate number: SKJ4872R

Your name (As the policyholder): TAN BENG HENG JIMMY

Coverage start date: 09/10/2019 Coverage end date: 08/10/2020

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.

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

Issued on: 21/08/2019

Ships

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.



## YOUR CLASSIC 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

PNPV2018-00011653-01

About this policy

Premium paid

\$\$632.47

Coverage start date Coverage end date

09/10/2019 08/10/2020

(Inclusive of GST)

Who is insured to drive:

You and any Authorised Driver

Policy Type

CLASSIC

About you (As the policyholder)

Your name

TAN BENG HENG JIMMY

Address

9D Leith Road Singapore 547883

Email

jlmmytan10@hotmail.com

NRIC/FIN

S1534704Z

Date of birth

11/12/1962

Three or more

Marital status

Married

Gender

Male

Current no claims discount Years of driving experience :

50%

Mobile Number

Certificate of merit

98228890 Yes

About your car

Car make and model

**VOLKSWAGEN JETTA 1.4** 

Year of first registration

Car plate number

SKJ4872R

Issued on:

21/08/2019

Abhishek Bhatia Chief Executive Officer **FWD Singapore Pte Ltd** 

Ships

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.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1534704Z





TAN BENG HENG JIMMY



陈明兴 Race CHINESE Date of birth

11-12-1962

\$15347042

STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY

email: jimmyton 100 hotmail.com

Livy Puay HNX (3)

98228890. DIC M wyny. to video. 274x -

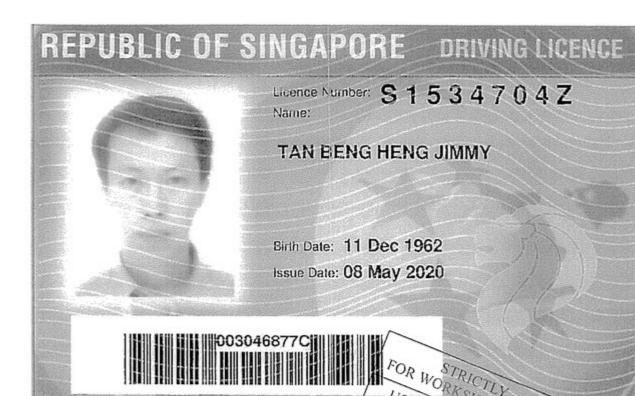
5841887



20-12-2017

9D LEITH ROAD SINGAPORE 547883

FOR WORKSHOP USAGE USE FOR CIDENT REPORTING ONLY



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 3 Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

16 Apr 2009 11 Jan 1988

Licence No:S1534704Z

NP 428A





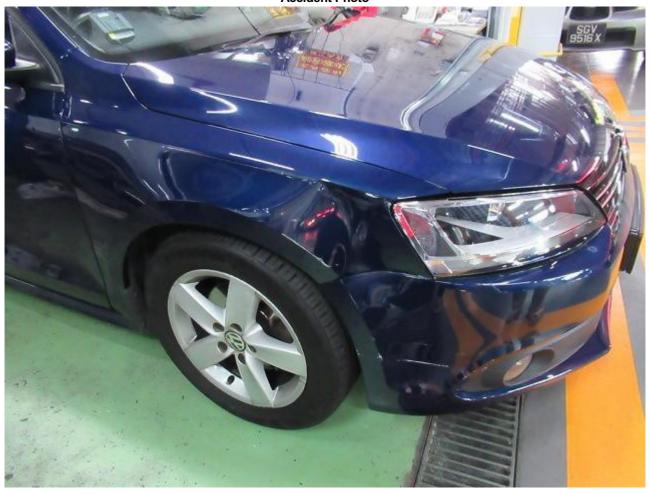


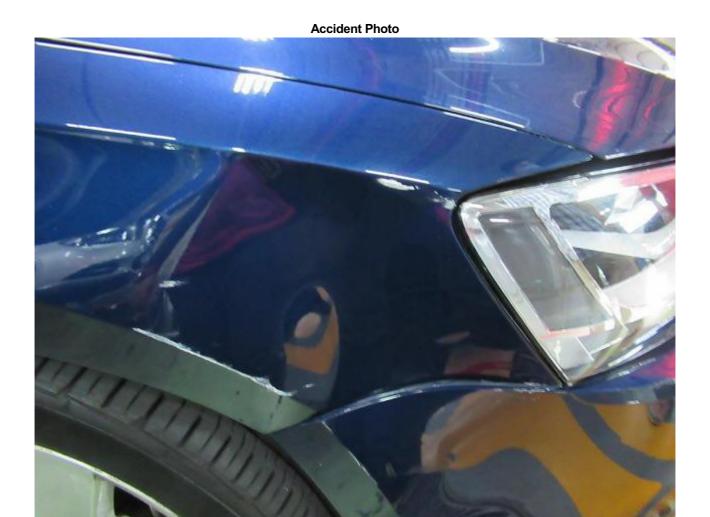
**Accident Photo** 











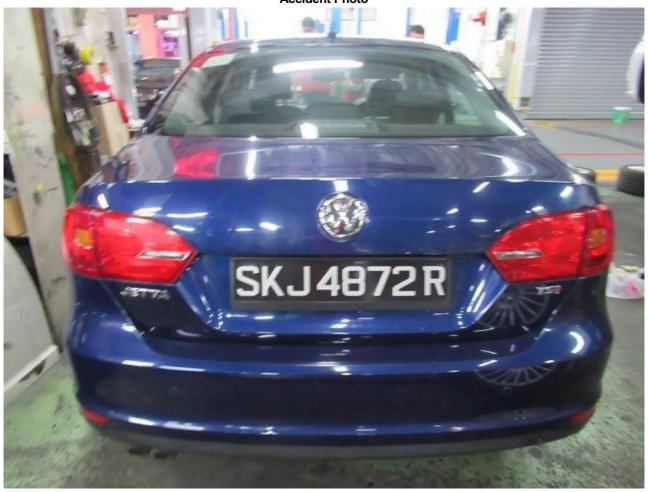
**Accident Photo** 

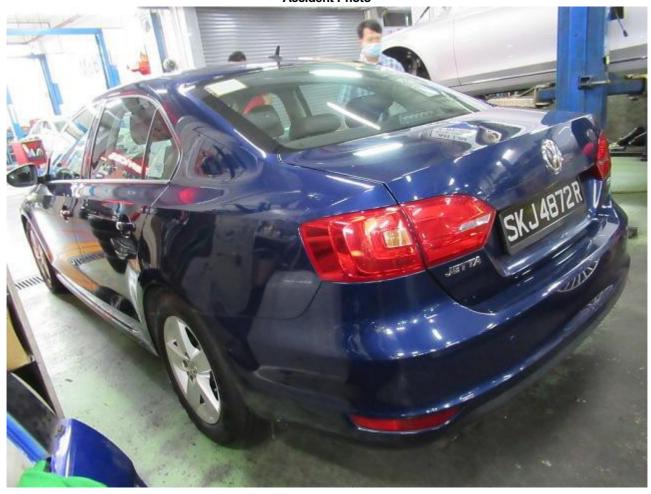


**Accident Photo** 



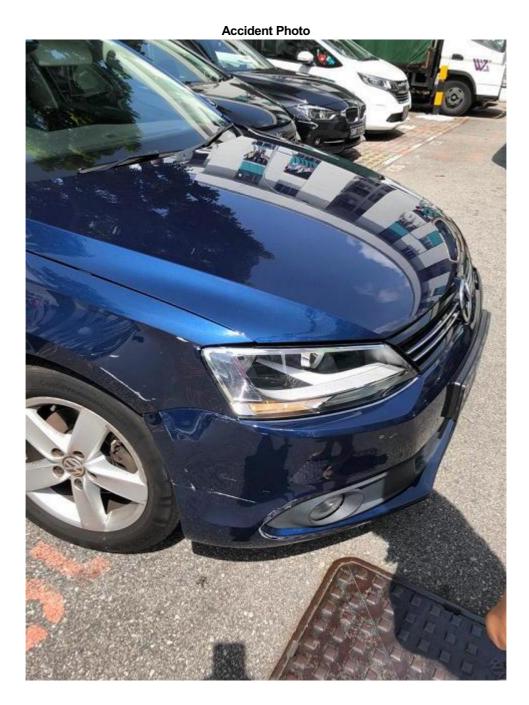












**Driving License** 



**Driving License** 



**Driving License** 









