

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	08/06/2020 13:08
Date Of Accident	07/06/2020 11:15
Exact Location Of Accident	IN FRONT OF BLK 157 ANG MO KIO AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6302P
Insured/Policyholder	
Name Of Registered Owner	MICHEAL LIM MENG HAI
NRIC No	S1454536J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94552888
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00006577
Cover Note Number	05/06/2020 TO 04/06/2021

Driver

Name of Driver	MICHEAL LIM MENG HAI
NRIC No	S1454536J
Date Of Birth	25/04/1960
Occupation	INDOOR
Date Of Driving Pass	27/05/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94552888
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	166 LENTOR LOOP #08-05 LOOP
Postcode	789098
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	SIDE SWIPE
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)	1

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 SKETCH PLAN.

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	SJQ3456R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH LAI SENG
NRIC/Passport Number	S0819028C
Contact Number	82760819
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.

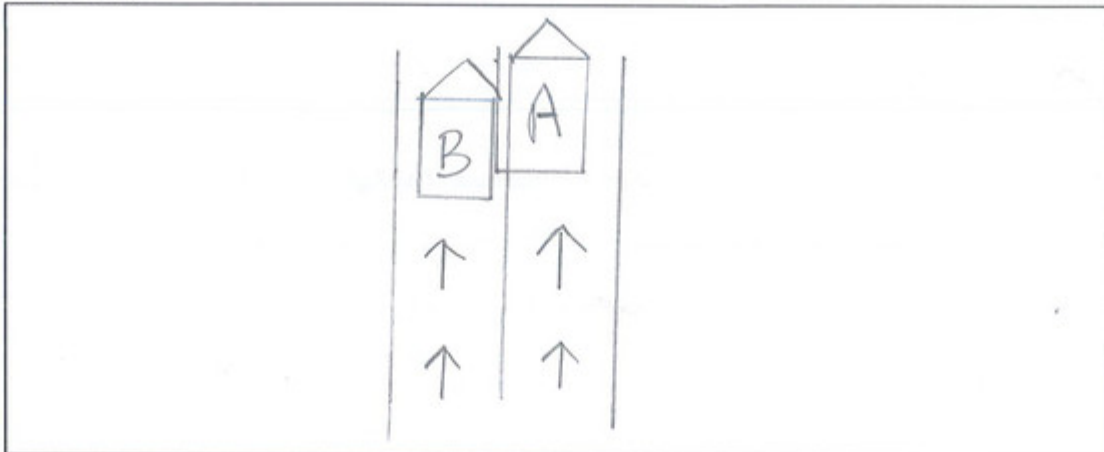

Policyholder's Signature
Date & Time:

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




Reporting Centre Personnel's Signature
Name: *grat*
NRIC/FIN No.: *08/06/2020*

Date of accident: 7/6/2020 Time: 11:14 a.m. Location: In Front of B1C157 Ang Mo Kio Ave 4.
 My Vehicle A: SJF6302P Vehicle B: SJQ 3456R Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/6/2020 at about 11:14am I was driving along Ang Mo Kio Ave in front of B1C157. I signalled left ~~and~~ before I changed lane. Vehicle B did not give way, sped up and hit the left side of my car.

☐ 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 :
 Email address :
 & myself :
 Email address :

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.

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:



Name: gao
 NRIC/FIN No.: 08/06/2020



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: PNPV2020-00006577 (Comprehensive - Classic Plan)

Car plate number: SJF6302P

Your name (As the policyholder): Michael Lim Meng Hai

Coverage start date: 05/06/2020

Coverage end date: 04/06/2021

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:

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

Issued on: 27/05/2020

Khor Kee Eng
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.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1454536J**

Name: **MICHAEL LIM MENG HAI**

Birth Date: **25 Apr 1960**

Issue Date: **26 Feb 2003**

0002347370



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1454536J

Name: **MICHAEL LIM MENG HAI**

Race: **CHINESE**

Date of birth: **25-04-1960**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S1454536J




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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **27 Mar 1960**

Licence No: **S1454536J**

NP 428A

586375

0002347370

MENC No: **S1454536J**

Date of issue: **01-02-2018**

Address: **168 LENTOR LOOP
#08-05
SINGAPORE 769098**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1454536J**
 Name: **MICHAEL LIM MENG HAI**

Birth Date **25 Apr 1960**
 Issue Date **26 Feb 2003**

0002347370



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1454536J



Name
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Race
CHINESE

Date of birth
25-04-1960

Country/Place of birth
SINGAPORE

Sex
M

S1454536J

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

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PASS DATE **27 Mar 1960**

Licence No. S1454536J

NP 428A

586375



MNIC No. **S1454536J**



Date of issue
01-02-2018

Address

**168 LENTOR LOOP
 #08-05
 SINGAPORE 769098**

Accident Photo



Accident Photo



Accident Photo



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