MALM20052304 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 18/06/2020 10:40 SUBMITTED BY: Eileen Chua

#### 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	18/06/2020 10:40	
Date Of Accident	17/06/2020 08:05	
Exact Location Of Accident	CTE NEAR EXIT 1A (JLN BUKIT MERAH)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH4858E	
Insured/Policyholder		
Name Of Registered Owner	ZHANG YONGKANG, NICHOLAS	
NRIC No	S8506678A	
Email Address	NICHOLAS.ZYK@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-81815851	
Alternative Phone No	OTHERS-81815857	
Vehicle Particulars		
Manufacturer	HONDA	
Model	FIT 1.3G 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	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	FWD SINGAPORE PTE. LTD.	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	PNPV2019-00012719	
Cover Note Number	11/08/2019 - 10/08/2020	
Driver		
Name of Driver	ZHANG YONGKANG, NICHOLAS	
NRIC No	S8506678A	
Date Of Birth	19/03/1985	
Occupation	INDOOR	
Date Of Driving Pass	23/08/2004	
Driving Experience	15 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81815851	

OTHERS-81815857

NICHOLAS.ZYK@GMAIL.COM

BLK 333A YISHUN STREET 31 #10-201 Address

Postcode

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 **COLLISION - HEAD TO REAR** 

Weather Conditions AFTER RAIN

Road Surface WET

#### 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?

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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 SJP5205R

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE Vehicle Category

Name of Driver MR NG

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**

Vehicle A: <u>53 H4855</u> TCH PLAN	SE Vehicle B: SJP 520	Vehicle C:
CTE		Exit 1A
A		
-		
1		
SCRIBE CIRCUMSTANCES O	THE ACCIDENT	
There was her	ary traffic on CTE	none Buk. + Merch Flyover.
		ged lane from lane 1 to 60-70 km/h. The car
		I I follow soit. However,
my wheels le	ick and my vehicle	couldn't stop in time.
The car A:	slightly burged into	Car B. Car B driver
		there was no other effered minor scratches and
		Car B exchanged contact
	left in a hurry.	
Viel B:	Nr Ng	
700		
My workshop : Email address :	Motor Claim OD/TP at oth copy of my efile accident report to:	ner workshop Reporting Only
& myself : Email address :		
Note: Please take note that you own policy. Kindly check	your insurer have 14 days timeframe with your own insurer for more info	for you to submit own damage claim under ormation.
CLARATION	are are true in automate	MO
/e declare the foregoing particul:	rs are true in every respect.	
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
18-06-20	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.:
		AH DIM MOTOR COMPANY

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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: 18-06-20

1000 hrs

MANA

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

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: PNPV2019-00012719 (Third Party Fire And Theft)

Car plate number: SJH4858E

Your name (As the policyholder): Zhang Yongkang Nicholas

Coverage start date: 11/08/2019 Coverage end date: 10/08/2020

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.

Finance company:

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

Issued on: 27/07/2019

Shitis

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.



p. 8181 5827 1 Nicholas. Zyk @gmail.com



USE FOR ACCIDENT

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING BLASSES RTING ONLY

23 Aug 2004

™ S8506678A

13-05-2015

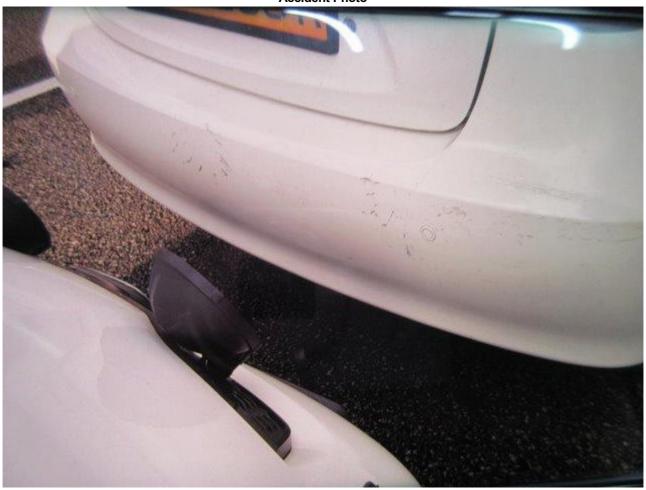
APT BLK 333A YISHUN STREET 31

#10-201 SINGAPORE 761333

After Pai My: No Ca. No Trev. 1. .

5468000





**Accident Photo** 



**Accident Photo** 























