SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number
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 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.
- 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 afterward.

	ACCIDENT STATEMENT
Date Of Report	24/08/2020 15:19
Date Of Accident	22/08/2020 15:30
Exact Location Of Accident	HILLINGTON GREEN CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF3860C
Insured/Policyholder	
Name Of Registered Owner	PNG SZE YAN , BERNIE
NRIC No	SXXXX400D
Email Address	BERNIE.PNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962611
Alternative Phone No	OFFICE-96962611
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	PNPV2019-00009581-01
Cover Note Number	NA
Driver	
Name of Driver	PNG SZE YAN , BERNIE
NRIC No	SXXXX400D
Date Of Birth	30/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2004
Driving Experience	16 YEARS AND 0 MONTHS

MALE

(LOCAL) +65-96962611

BERNIE.PNG@GMAIL.COM

OFFICE-96962611

Address

NA

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

105

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

PASSENGER 1

GENDER:

: FEMALE

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

I SKF3860C was exiting out from my unit at Hillington green condo, as my vehicle was stationary at the guard house while waiting for the 3rd party SFD7733E to exit suddenly the 3rd party started to make a reverse back. I immediately sound my horn to alert the 3rd party however the 3rd party continue to make a reverse and collided onto my front right side of my vehicle. I manage to take some photos and exchange particulars with the 3rd party and I also had an in car camera footage. No injuries was involved at the scene.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

UPLOADED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFD7733E

Vehicle Make/Model/Colour

LAND ROVER / DISCOVERY SPORT 2.0P 7 SEATER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WEE TECK JONG

NRIC/Passport Number

SXXXX903I

Contact Number

96381029

Address

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Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - (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 Signatul Date & Time:

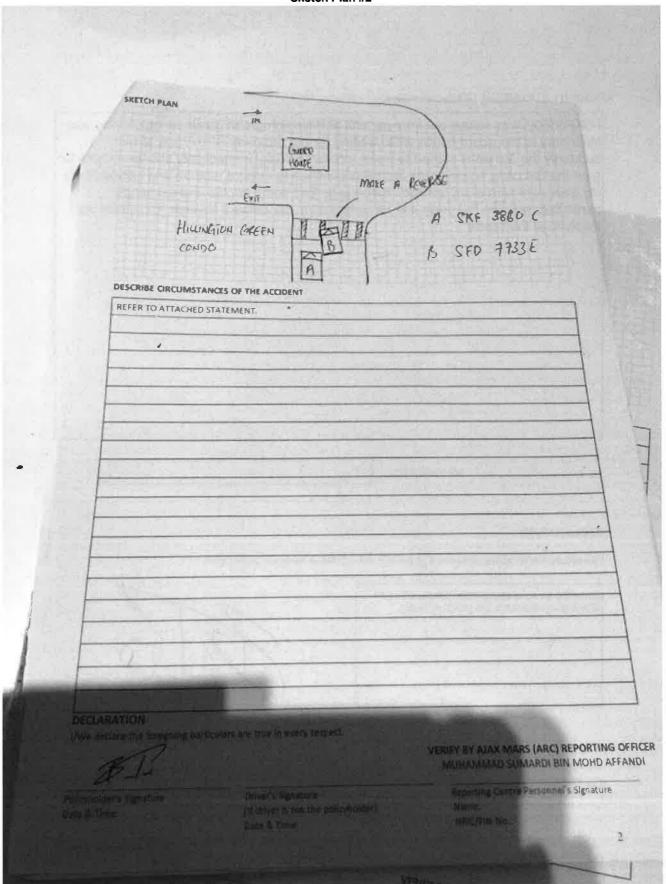
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

Sketch Plan #2



Sketch Plan #3 Pg. 1

ACCIDENT STATEMENT (2000 characters)

stationary at the guard house while waiti suddenly the 3rd party started to make a alert the 3rd party however the 3rd party my front right side of my vehicle. I manag	reverse back.I immediately sound my horn to continue to make a reverse and collided onto
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provide	led above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	25
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
24 August 2020 at 1:43 PM	24 August 2020 at 1:43 PM

CERTIFICATE OF INSURANCE



YOUR EXECUTIVE 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 \$4 hours or the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER

PNPV2019-00009581-01

About this policy

Premium paid

: \$\$746.55

Coverage start date : 24/05/2020

Coverage and date 23/05/2021

(Inclusive of GST)

Who is insured to drive: : You and any Authorised Driver

: EXECUTIVE

About you (As the policyholder)

Your name

: Png Sze Yan Bernie

Address

: 7 Boon Keng Road 01-132 City View @ Boon Keng Singapore 330007

Email

: bernie png@gmail.com

NRIC/FIN

: \$8212400D : Married

Date of birth

: 30/04/1962

Marital status

: Male

Gender

Current no claims discount : 50%

Mobile Number

96962611

Years of driving experience : Three or more

Certificate of marit : Yes

About your car

Car make and model VOLKSWAGEN GOLF 1.4

Year of first registration 2012

Car plate number

: SKF3860C

Issued on:

07/05/2020

Khor Kee Eng Chief Executive Officer FWD Singapore Pte Ltd Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at 165-6820 asset or email us to contact sudifical com if any details in this Car Insurance Summary seed to be changed.

PWD Sliggspare Ptp. Ltd. & Townsick Boulevand, d' 18-01 Suntac, Eower 4, Singapore (738906. Y (65) 6600 BBBE Company Segstiretion No. 200301737H | www.feel.com.td. Copyright © 20 M FVID Singapore Ptp. Ltd. All Rights Reserved.