MCCC20077357 / Charn's Customcraft - HQ
ENTRY DATE & TIME: 07/09/2020 17:08
SUBMITTED BY: Kerk Ker Seng

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 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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	07/09/2020 17:08
Date Of Accident	06/09/2020 17:30
Exact Location Of Accident	ALONG STIRLING ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB7080G
Insured/Policyholder	
Name Of Registered Owner	YAP ENG KHOON
NRIC No	SXXXX561E
Email Address	STEPHANIE6767@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93893787
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA-2.5 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00008113-01
Cover Note Number	
Driver	
Name of Driver	LIM EK KIAN
NRIC No	SXXXX684Z
Date Of Birth	05/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94378151
Fax Number	
Contact Number	
EMail Address	JIMMYLIM5757@GMAIL.COM

Address	BLK 148 MEI LING STREET #18-113
Postcode	140148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 INJURED PERSON 1

Name	LIM EK KIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB7080G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO: SKB 7080 G
ACCIDENT DATE: 06/09/2020 @ 1730

IMPORTANT NOTICE

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7. 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.

NOTE: DO NOTE THAT YOU MAY HAVE A **14-DAYS** TIMEFRAME FOR YOU TO SUBMIT AN OWN **DAMAGE CLAIM** UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 7/9/20 3.30 pm	CHARN'S CUSTOMCRAFT Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th Sept. 2020 Sunday @ about 5.30 pm, As I was driving the car ~~SD~~ SKB 7080 A, a Nissan Teana, back to my home at Mei Ling Street. Along the way at Commonwealth, I noticed there were ~~smoke~~ smell coming from the centre control box. As the smoke got heavier, I stopped my car along Stirling Road. To see what happened, suddenly, there was fire from the box, so I tried to some clothes and my mop to ~~dist~~ put off the fire. As it was raining heavily, I managed to soak the cloth and mop with rain water to put down the fire. After that, I realised that the console box was badly burnt and the car cannot moved as the gear ~~kan~~ could not engaged through the car can be started. Next, I called AA to towed to workshop and also reported to the insurance company RWD.

That's all.

Tunny Lim

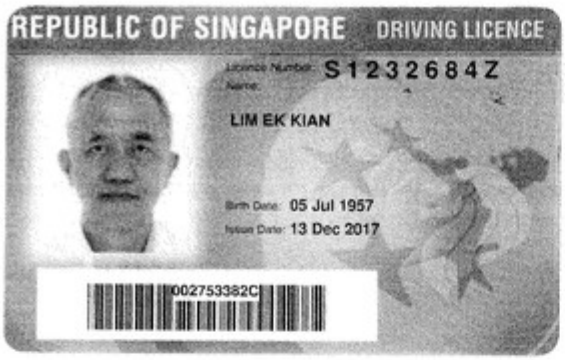
OWN DAMAGE (✓) 3RD PARTY CLAIM ( ) REPORTING ONLY ( ) OWN WORKSHOP ( )

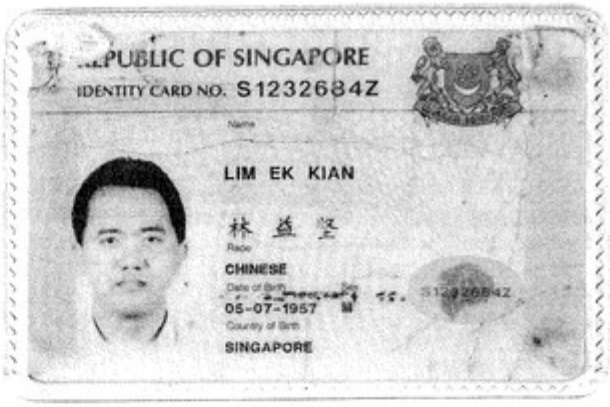
DECLARATION

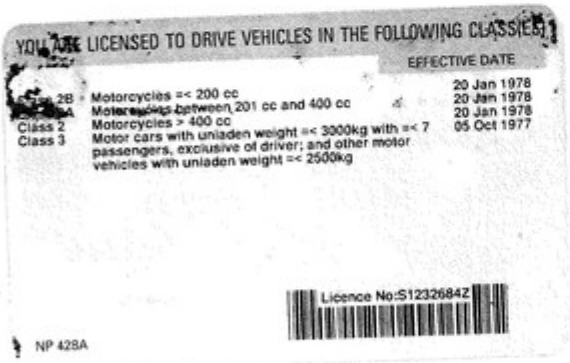
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 7/9/20 3.30 pm	CHARN'S CUSTOMCRAFT Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Identification Card







Letter of Authority

To Whom It May Concern

LETTER OF AUTHORITY

Accident Involving: SKB 7080G & — ON 06/09/2020

AT/ALONG Stirling Road

I, Yap Eng Khoon (NAME) owner/policyholder of vehicle no: SKB 7080G authorized Tan Ek Kian (NAME) of NRIC/FIN/PASSPORT NO. S1332684I to *submit the following below:

- ☐ Accident Report
- ☑ Own Damage Claim
- ☐ Third Party Claim
- ☐ Third Party Claim (own workshop)

Signature of Policyholder
(Company Stamp if applicable)

Yap Eng Khoon
NRIC/FIN/PASSPORT NO.

7 Sep 2020
Date

***PLEASE TICK ACCORDINGLY**

FWD

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: PNPV2019-00008113-01 (Comprehensive - Executive Plan)

Car plate number: SKB7080G

Your name (As the policyholder): YAP ENG KHOON

Coverage start date: 23/06/2020

Coverage end date: 22/06/2021

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:DBS Bank Ltd

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

Issued on: 04/05/2020

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.

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Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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