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CS/CTI21003124/Atf3

Veh No: SMY3 P24F Yr Regn: 2016 / 0(† Tytle: M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Mazda Cx5 - c.c 2/88. Colour B/acc A/C: Insured / Std / NI / NA sp.Reading 97433 T/Radio: Insured / Std / NI / NA nsured: Eng/No: Claims No. Claims No. Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil S/Rim / STD A/Rim or Tyre Size: F: 255/ 45R/5.	ASS, REC. BY:	ACCECNIMENT
Truck Trailer or		ASSIGNMENT SON/247/UF
Truck / Trailor or Make:	From: Date:	
Inspect Vehicle No: In Workshop Into In Worksh	Estimated Cost:	Type: M.Car)/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Colour Back ACC Insured / Std / NI / NA sp.Residing 7 / 43 TiRadio: Insured / Std / NI / NA sp.Residing 7 / 43 TiRadio: Insured / Std / NI / NA EngiNo: CNo: KE2 FW 22 3 Y * Cent. Conc. Googh Fair / Poor / Bunt Stearing words / Jammed / Leaked / Burnt or Brake: Month / Jammed / Leaked / Burnt or Make of Veh: Policy Condition	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
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EngNo: C.No: KE2 FW 12213 \(\)	at Workshop m/s	
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Collect's Record Modi: Nill STD AlRim or Tyre Size: F: 255 \ \ \frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Claims No.	Gen. Cond. Good Fair / Poor / Burnt
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Tyre Size: F: 255/45R15	(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
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Date / Time Action / Instruction	CA / REV / REP. / 24 HRS Vehicle: I	IN / OUT
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Report office.		

SP0U2138000F / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 08/03/2021 18:07 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (08/03/2021 18:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Submission 08/03/2021 18:07 (SGT) Date of Accident 08/03/2021 09:30 (SGT) **Exact Location of Accident** TPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY3424E

INSURED/POLICYHOLDER

Is company? No CHEONG CHI XIONG CAINE Name Of Registered Owner SXXXX808A NRIC No **Email Address** caine.cheong@gmail.com Mobile Phone No (Phone) +65-84844244 +65-91257989 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Cx-5 Model Variant 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?

Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

FWD Name of Insurance Company Comprehensive Type of Coverage Fleet Policy PNPV2018-00013005-02 Policy Number Cover Note Number

DRIVER

PANG YAN HAO Name of Driver SXXXX295B NRIC No 01/08/1988 Date Of Birth Occupation Indoor

Date Of Driving Pass 05/05/2014 Driving experience 6 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91257989 Alt. Phone Number Email Address AH_HAO01@HOTMAIL.COM Address BLK 435C BUKIT BATOK WEST AVENUE 5 #08-958 Address complement Postcode 653435 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLM8258K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address

Address complement

Postcode	
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM4026B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/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 admnistering, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

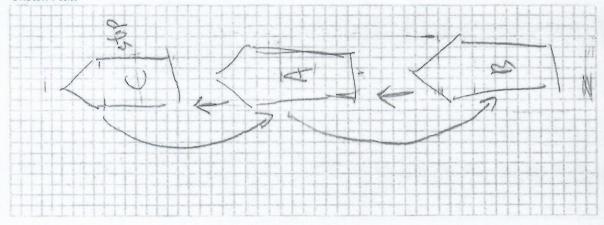
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Sketch Plan



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