

SC1P21390006 / Cham's CustomCraft  
ENTRY DATE & TIME: 09/03/2021 17:07 (SGT)  
SUBMITTED BY: Esther Kerk Ker Senf  
VERSION: 1 (09/03/2021 17:07 (SGT))

Your NCD will be affected due to late reporting

## 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 judgement 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	09/03/2021 17:07 (SGT)
Date of Accident	30/01/2021 14:17 (SGT)
Exact Location of Accident	Bukit Batok East Ave 5, Singapore
Additional Location Information	ALONG BUKIT BATOK EAST AVENUE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH4725A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI KAM WENG
NRIC No	SXXXX827Z
Email Address	ALVIN1822@HOTMAIL.COM
Mobile Phone No	(Phone) +65-86089858
Alternative Phone No	+65-86089858

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNMC2020-00004756
Cover Note Number	-

#### DRIVER

Name of Driver	JAVEN LAI GUAN XIN
NRIC No	TXXXX807G
Date Of Birth	19/09/2001
Occupation	Indoor

 Accident report SC1P21390006

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: F6H435A  
ACCIDENT DATE: 30/01/2021 04:17

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 truthful and accurate as possible. Any willful 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 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: 4/3/21

3:30 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/3/21

3:35 PM

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name

NRIC/IN No:

**SKETCH PLAN #2**

### SKETCH PLAN

*[Faint handwritten notes and a signature are visible on the page.]*

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report (Report No. W/0216214/T052)

I authorise claim's customer (C/F) to release my accident report to my referral workshop

Friendship Motor Co

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

### DECLARATION

✓We declare the foregoing particulars are true in every respect.

Policyholder's Signature *[Signature]*  
Date & Time: 5/13/21  
3:35 PM

are true in every respect.

*He*

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

Date & Time: 01/3/21

3, 355

CHARN'S CUSTOMCRAFT  
Requesting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NOC/IN No.: \_\_\_\_\_

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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	JAVEN LAI GUAN XIN
Address	BLK 2 MARSILING DRIVE #02-31
Address Complement	-
Post Code	730002
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH4725A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Date Of Driving Pass	27/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98864950
Alt. Phone Number	-
Email Address	JAVEN_LGX@HOTMAIL.COM
Address	BLK 2 MARSILING DRIVE #02-31
Address complement	-
Postcode	730002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT (REPORT NO.: L20210215/7052)

#### 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-