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SN0921B20005 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 02/11/2021 17:27 (SGT)
SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/11/2021 17:27 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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. policy liability.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

02/11/2021 17:27 (SGT) 01/11/2021 17:05 (SGT) 80 Marine Parade Rd, Singapore 449269 MULTISTOREY CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJF5127K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

Alternative Phone No

PUNNET AGARWAL SXXXX369F reporting@mycar.com (Phone) +65-92201736 +65-92201736

VEHICLE PARTICULARS

Manufacturer

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 Transmission

CC

BMW

523i

Private use

No - Claiming third party Private car

Auto 2497

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number FWD Singapore Pte. Ltd. Comprehensive

PNPV2018-00006258-03

DRIVER

Name of Driver NRIC No

DIVVA AGARWAL SXXXX640A



 Date Of Birth
 30/06/1983

 Occupation
 Indoor

 Date Of Driving Pass
 15/03/2008

Date Of Driving Pass 15/03/2008

Driving experience 13 YEARS AND 8 MONTHS

Gender Female

Mobile Number (Phone) +65-92201736

Middle Number (Phone) +65-9220175

Email Address reporting@mycar.com

Address Address complement 3 TANJUNG RHU ROAD #16-03

Postcode 436881

Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

No

Yes

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSKJ3165EVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-

Postcode			3
Insurance Company Name			
Nature Of Damage			
Details of property damaged in accident			
No. Of Passenger (Including Driver)			

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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' 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 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' 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

		May 62/11/20 D
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	•	

Sketch Plan

Vehide A: SIF5127K

Vehide B: SKJ316SE

Vehide B: SKJ316SE

Parkway parade Mall

Milistory carpark

Describe Circumstances of the Accident	
I WAS ENTERING PARKWAY PARADE SHOPPING MALL MULTISTORY CARPARK SEARCH FO	OR AVAILABLE CARPARK LOT.
I SAW AN EMPTY AVAILABLE CARPARK LOT (P2). I CHECK MY BLINDSPOT AND TURN ON M	IY REVERSE INDICATOR LIGHT. THEF
WAS NO ONCOMING VEHICLE PASS BY. I SLOWLY REVERSED ON THE AVAILABLE CARPAR	K LOT. WHILE I WAS SLOWLY
REVERSING, OUT OF SUDDEN I FELT AN IMPACT OF MY VEHICLE AND REALISED THAT VEH	HICLE B (SKJ3165E) FRONT PORTION
COLLIDED ONTO FRONT LEFT PORTION. AFTER AN IMPACT, OTHER PARTY DRIVER SHOU	TED AT ME
CONTINUOUSLY AND HE WAS VERY RUDE TO ME. HE REFUSES EXCHANGE PARTICULAR	RS WITH ME. THEN ANOTHER
GENTLEMEN WALK OVER, THE DRIVER OF VEHICLE B (SKJ3165E) SPOKE TO THIS GENTLE	EMEN IN CHINESE. THEN HE TOLD
THAT HE HAS THIS GENTLEMAN AS WITNESS AND FALSELY ACCUSED ME FOR THIS ACCII	DENT. SINCE THE TRAFFIC GOT
DISRUPTED, OTHER VEHICLES STARTED HONKING. I REQUESTED OTHER DRIVER TO MOVE	CAR ASIDE BUT HE REFUSED TO
THE SAME. TO PREVENT FURTHER DISCOMFORT TO OTHER VEHICLES, I MOVED MY CAR O	OUT AND DROVE OFF FROM THE
SCENE. OTHER DRIVER CONTINUED SHOUTING MAKE ME FRIGHTENED AND CAUSED SIGN	IFICANT MENTAL TRAUMA TO THE
POINT THAT I WANTED TO LEAVE SINGAPORE AND TRAVEL TO INDIA.	

Declaration

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

Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Time of Accident: 17: 05 (24-HR-FORMAT)
Vehicle No.: SJF5127K Vehicle Make & Model: BMW 523i
*Transmission : o Manual Auto *C.c : 2497
Exact location of Accident: PARKWAY PARADE MALL MULTISTORY CAPARK
Policyholder's Name: PUNNET AGARWAL NRIC/FIN/REG No.: S8063369F
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name:DIVYA AGARWAL NRIC/FIN/REG No.:S8382640A
*Driver's email address :REPORTING@MYCAR.SG
Driver's Contact No.: Company Contact No (If any):
Date of birth: 30/06/1983 Driving Pass Date: 15/03/2008
Driver's Address: 3 TANJUNG RHU ROAD, #16-03, SINGAPORE (436881)
Insurance Company:FWD
Policy No.: PNPV2018-00006258-03 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please <u>TICK</u> one only)
o Own Insurance Loother Vehicle (The one you want to claim against)/ o Reporting (For Record Purpose)
Tyce of Accident
o Chain Collision o Head To Rear o Side Swipe Other HEAD TO SIDE
Occupation (nature job) Andoor / o Outdoor *No. of Passengers / Including Driver):1
*Passenger Name: Gender: Male / Female
*Passenger Name: Gender: Male / Female
Neather condition & Road conditions? (On the day of accident)
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Vas there any video captured by your car Car camera? O Yes o No
Any Injuries: o Yes Lo No (If YES) Injured Person' Name:
njuries Sustain : Injured Person in Which Vehicle:
olice Report field: o Yes Ato (If YES) Which Police Station:
The Other Party (S) Details:
. Driver's Name / IC No: Vehicle No: Vehicle No:
Driver's Contact No: Insurance Company :
. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company :
Independent Witness (If Any): Contact No:
referred Workshop Name: AUTO SPRINT PTE LTD Contact No: 83447681



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: PNPV2018-00006258-03 (Comprehensive - Classic Plan)

Car plate number: SJF5127K

Your name (As the policyholder): PUNEET AGARWAL

Coverage start date: 30/05/2021 Coverage end date: 29/05/2022

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.

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

Issued on: 20/05/2021

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.