

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 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	29/11/2021 15:37 (SGT)
Date of Accident	26/11/2021 16:39 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	JUNCTION WITH GEYLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5127K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PUNNET AGARWAL
NRIC No	SXXXX369F
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-92201736
Alternative Phone No	+65-92201736

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2018-00006258-03
Cover Note Number	-

DRIVER

Name of Driver	DIVVA AGARWAL
NRIC No	SXXXX640A

Date Of Birth	30/06/1983
Occupation	Indoor
Date Of Driving Pass	15/03/2008
Driving experience	13 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92201736
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	3 TANJONG RHU ROAD #16-03
Address complement	-
Postcode	436881
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ2648L
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	SLU5985Y
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

IMPORTANT NOTICE

- Vehicle A: SJFS127K
Vehicle B: SMJ2648L
Vehicle C: SLU5985Y
Vehicle D: unknown

Describe Circumstances of the Accident

[illegible]

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)

Date of Accident: 26 / 11 / 2021 (dd/mm/yy) Time of Accident: 16 : 39 (24-HR-FORMAT)
Vehicle No.: SJF5127K Vehicle Make & Model: BMW 523i
*Transmission : ☐ Manual ☒ Auto *C.c : 2497
Exact location of Accident: SIMS WAY JUNCTION WITH GEYLANG ROAD
Policyholder's Name: PUNNET AGARWAL NRIC/FIN/REG No.: S8063369F
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: DIVVA AGARWAL NRIC/FIN/REG No.: S8382640A
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 92201736 Company Contact No (If any): _____
Date of birth: 30/06/1983 Driving Pass Date: 15/03/2008
Driver's Address: 3 TANJONG RHU ROAD, #16-03, SINGAPORE (436881)
Insurance Company: FWD
Policy No.: PNPV2018-00006258-03 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver: 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes ☒ No
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMJ2648L
Driver's Contact No: _____ Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: SLU5985Y
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: AUTO SPRINT PTE LTD Contact No: 83447681

Certificate of Insurance

Please call +65-6820-8888 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.