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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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

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

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

SJF5127K Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

BMW Manufacturer 520i 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

Auto 2497 CC

INSURANCE COMPANY

Cover Note Number

FWD Singapore Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy PNPV2018-00006258-03 Policy Number

DRIVER

DIVVA AGARWAL Name of Driver SXXXX640A NRIC No

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.sq 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 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) 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

Private car

Vehicle Category

Address complement

Name of Driver Contact Number Address

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

00 pt 00 pt 00 pt	
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	1=
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 Formmust 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
- 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
- (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), which may be sited outside of Singapore, for one or more of the above Purposes.

	,	Willelling	be siled outside of Si	ngapore, for c	one or more of the ab	ove Purposes.	
			Diry	-		aur 20	7/11/2021
Policyholder's Signa Time	ature / Date &	Driver's & Time	Signature (If driver is	not the policy		thessed by Reporti	ng Centre
Sketch Plan	SIMS	way	Jungan	wnt	GRYLANG	ROAD	
				A C A A A B A D		vehicle	A: SJFS127K B: SMJ2648L C: SLU5985Y D: UNKNOWN

Describe Circumstances of the Accident I WAS TRAVELLING ALONG SIMS WAY. FRONT VEHICLE STOPPED. I FOLLOW SUIT. OUT OF SUDDEN, I FELT AN IMPACT OF MY VEHICLE AND REALISED THAT MY VEHICLE WAS REAR ENDED BY VEHICLE B (SMJ2648L). MY VEHICLE SURGED FORWARD AND COLLIDED WITH FRONT VEHICLE. Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

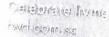
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 11 / 2021 (dd/mm/yy)	ime of Accident: 16 : 39	24-HR-FORMAT)
Vehicle No.: SJF5127K Vehicle Make & Model:	BMW 523i	
*Transmission : o Manual Auto *C.c:_	March Control of the	
Exact location of Accident: SIMS WAY JUNCTION WITH GEYLANG	ROAD	
Policyholder's Name: PUNNET AGARWAL	NRIC/FIN/REG No.:\$8063	369F
*Policyholder's email address : REPORTING@MYCAR.SG		
Driver's Name:DIVVA AGARWAL	_ NRIC/FIN/REG No.: \$8382	640A
*Driver's email address :REPORTING@MYCAR.SG		
Driver's Contact No.: 92201736	_ Company Contact No (If an	y):
Date of birth: 30/06/1983 Driving		
Driver's Address: 3 TANJONG RHU ROAD, #16-03, SINGAPORE (436	5881)	
Insurance Company:FWD		
Policy No.: PNPV2018-00006258-03 Type of Coverage	ge: Comprehesive / Third Party /T	hird Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only		
Owner (Spouse) / Children / Friend / Parents / Sibling / Relative / E	Employee / Hirer or Others sp	pecify:
What do you wish to claim? (Please TICK one only)		
o Own Insurance Lother Vehicle (The one you want to claim as	gainst)/ o Reporting (For Re	cord Purpose)
Tyce of Accident		,
Chain Collision o Head To Rear o Side Swipe o Other		
Occupation (nature job) #Indoor / o Outdoor *No. of	Passengers / Including Drive	r):1
*Passenger Name:	Gender: Ma	le / Female
*Passenger Name:		ale / Female
Weather condition & Road conditions? (On the day of accident)		
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzlin	g & Wet / Others:	
Was there any video captured by your car Car camera? O Yes	No	
Any Injuries: o Yes Ano (If YES) Injured Person' Name:		
njuries Sustain : Injured Per		
Police Report field: o Yes Lo No (If YES) Which Police Station:		
The Other Party (S)	Details:	
1. Driver's Name / IC No:	Vehicle No: SM.	J2648L
Driver's Contact No: Insur-		
2. Driver's Name / IC No (If Any):		
Driver's Contact No: Insur-		
*Independent Witness (If Any):		
Preferred Workshop Name: AUTO SPRINT PTE LTD		





Certificate of Insurance

Please call 405-35-25-26 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.