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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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

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Date Of Report

03/09/2018 12:45

Date Of Accident

01/09/2018 12:35

Exact Location Of Accident

AYE TOWARDS CITY BEFORE CLEMENTI ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKF6935B

Insured/Policyholder

Name Of Registered Owner

GAN CHOON MEI

NRIC No

S8576695C

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-97536303

Alternative Phone No

OTHERS-82231312

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA-1.6 D/AB 2WD 4DR (A)

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

time of accident

NO

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

FWD SINGAPORE PTE, LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

PNPV2018-00005473

Cover Note Number

Driver

Name of Driver

OOI KIM HAU

NRIC No S8561888A

Date Of Birth 07/10/1985 Occupation INDOOR 14/08/2010 Date Of Driving Pass

8 YEARS AND 0 MONTHS **Driving Experience**

Gender

MALE

Mobile Number

(LOCAL) +65-97536303

Fax Number

Contact Number

OTHERS-82231312

EMail Address

NOEMAIL

77 JURONG EAST STREET 13 Address

609653 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

2

: GAN CHOON MEI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

SDD6703Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SOH ENG KHOON Name of Driver

NRIC/Passport Number

90072814 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJK3520U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TENKU MOHAMMED FADLYIAN

NRIC/Passport Number

Contact Number

83959237

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

OOI KIM HAU

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKF6935B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

GAN CHOON MEI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKF6935B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to coptes 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:
 - 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:
 - 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.

Policyholder's Signature

Date & Time:

Jacob.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DECLARATION		
We declare the foregoing partic	culars are true in every respect.	
<r td="" ·<=""><td>April</td><td>ex/08/2018</td></r>	April	ex/08/2018
olicyholder's Signature ate & Time:	Driver's Signature	Reporting Centre Personnel's \$ignature
and the comment of the control of th	(If driver is not the policyholder) Date & Time:	Name: KOLLI WATTO

SINGAPORE ACCIDENT STATEMENT

3. Sep. 2018 11:38		A		No. 1418 P. 1
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SINGAPORE ACCII	JENI STATEWE	VI -		
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ACCIDENT DATE:	= 11/11/10	TIME;	1537	(hh:mm) 24 hrs Fo
LOCATION TITE	t forwards C	Lid bothing	e Clement	ld
VEHICLE NUMBER	CEE GO2	EB 1		10330 - 12323
INSURED NAME	Gan Chook	Mei		
NRIC/FIN , C 8	The state of the s	.,,,,,	CONTACT:	97536303
MAKE Him		ODEL Eta		11-20203
Are you claiming under				
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INSURANCE COMPAN	The second secon			
TYPE OF POLICY (COMPREHENSI	VE ()TH	IRD PARTY () TPFT
POLICY NUMBER:	PNPV 2018-00	005473		
NAME DRIVER :	Doi Fin H	Ku	() SAME AS INSURE
	Control A			
	S62, 616884		CONTACT:	82231312
DATE OF BIRTH:	7 10 85			
DRIVING PASS DATE				
OCCUPATION: () INDOOR' (OUTDOOR		
GENDER: (/)MALE () FEMALE		
EMAIL ADDRESS: ADDRESS OF DRIVER	: 12 h m do	C 0 F-3 K	# 8 13 1	(/) NO EMA
ADDRESS OF DRIVER	(609653)	word Eur	1 2/12 4	11-03
Number Of Passenger I		10011 +	1 00/ =	5
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Was driver an employee	of the Insured's Com	any? () YI	(Gan Choo	n tiei)
If No, Relationship Of			10 110	
() Owner () Spor) Rolative () Children () Sibling () Oth
Does The Driver Own A	the same of the sa) NO) Storing () Oth
If Yes, Vehicle Registrati	THE R. P. LEWIS CO., LANSING, SHIPPING, SHIPPI	- Committee of the Comm		
Insurance Company Of D		DOME FOR		
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Was Any Foreign Vehic	le Involved In This) YES () NO
Was Anybody Injured l	the same of the sa	(V) YES	()NO	
If YES, Injured details	OIDRIVER (OOK		OI PASSENGER (GAN CHOON ME
Convey By Ambulance:	()YES () NO		100
Was There Any Video Co	apture By Car Camera	17 () YES	(V)NO	
Was There Accident Re	ported To The Police	e? () YES	(V) NO ITY	es Attach Police Rep
Police Report Number (if any)			
Details Of 3rd Party	Na	ne/NRIC	No. of the contract of the con	Contact
Veh B SDD 64	034	Son Eng	Khoon	90072814
Veh C STK 35	20 U T		immad Fadli	11an 83959
Veh D				
Veh E				
Veh F				
Veh G			100-100 17-127 (C	

- THE SAMBARORE

IDENTITY CARD NO. S8561888A





Name

OOI KIM HAU

黄锦

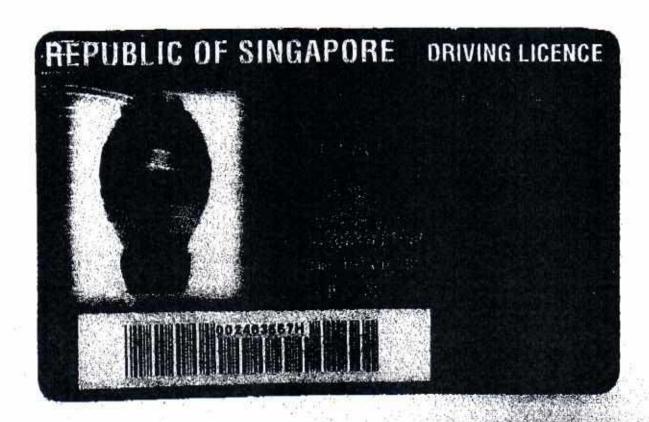
CHINESE Date of birth

07-10-1985

Country/Place of birth

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\$85**8188**8A





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: PNPV2018-00005473 (Comprehensive - Classic Plan)

Car plate number: 5KF693SB

Your name (As the policyholder): Gan Choon Mei

Coverage start date: 27/06/2018 Coverage end date: 26/06/2019

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 compiles with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:DBS Bank Ltd

Shite

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

Issued on: 19/04/2018

Abhishek Bhatia Chief Executive Officer

FWO Singapore Pte Ltd

Please immediately inform us at +65-6920-8988 or email us at contact-sp@fwd.com if any details in this Certificate of insurance need to be changed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	6695C
Vehicle No.:	SKF6935B
Vehicle to be Exported:	Yes
ntended Deregistration Date:	03 Sep 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	G4FGCU575501
Chassis No.:	KMHDH41CMCU565880
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$14,226.00
Original Registration Date:	27 Jun 2012
irst Registration Date:	27 Jun 2012
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$14,226.00
PARF Eligibility:	Yes
ARF Eligibility Expiry Date:	26 Jun 2022
PARF Rebate Amount: ntended COE Rebate Details	\$9,246.00
OE Expiry Date:	26 Jun 2022
OE Category:	A - Car (1600cc & below)
OE Period(Years):	10
QP Paid:	\$58,001.00
OE Rebate Amount:	\$22,120.00
otal Rebate Amount:	\$31,366.00

The information contained herein is correct as at 03 Sep 2018

OK



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500200 / GST Rep. No.: M400017735 .

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKIN Original Report No : NRIC/FIN/Passport No Name(as shownin NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel Policyholder / Driver's Signature Name: Date: NRIC/FIN N

Date: