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 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 Report	24/12/2018 15:01	
Date Of Accident	24/12/2018 11:15	
Exact Location Of Accident	JUNCTION IN FRONT OF ICA BLDG KALLANG RD	
Country/State of Loss	SINGAPORE	

DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFD345M	
Insured/Policyholder		
Name Of Registered Owner	LAU HIM YENG	
NRIC No	S1734982A	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96891211	
Alternative Phone No	HOME-96891211	
Vehicle Particulars		
Manufacturer	FORD	

Model

KUGA TREND 1.5 GTDS A/T AWD

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

FWD SINGAPORE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number PNPV2018-00013098

Cover Note Number

Driver

Name of Driver LAU HIM YENG NRIC No S1734982A Date Of Birth 27/12/1966 Occupation **INDOOR** Date Of Driving Pass 09/03/1995

Driving Experience 23 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96891211

Fax Number

HOME-96891211 Contact Number

EMail Address NOEMAIL

894 UPPER BUKIT TIMAH ROAD #01-26 SINGAPORE 678188 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

2

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: : PARENT

GENDER: : FEMALE

Passenger 2 NAME: : PARENT

> GENDER: : MALE

Passenger 3 NAME: : HELPER

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Was there any audio recorded?

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES KIV Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS8483G Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver TAN HOW WEE NRIC/Passport Number S7637282I

Contact Number 96612530

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



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: PNPV2018-00013098 (Comprehensive - Classic Plan)

Car plate number: SFD345M

Your name (As the policyholder): Thomas Lau

Coverage start date: 26/10/2018 Coverage end date: 25/10/2019

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 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: 03/10/2018

Shrie

Abhishek Bhatia 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.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1734982A



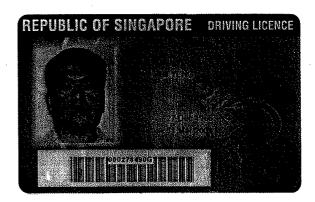


LAU HIM YENG

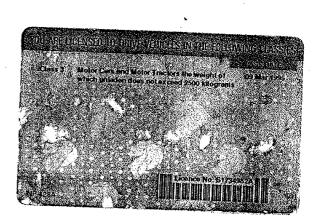
刘欣荣

CHINESE
Date of Birth
27-12-1966
Country of Birth
SINGAPORE









SKETCH PLAN	
a) SF	D 345 M
Kallang Rd.	S 2 4 2 3 4
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was waiting to make a last kallong Road, next to the when the car in front of min fellow and was hit by an approximation car bit the left Islae of my side courtain.	
Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence. DECLARATION	- Reporting Only - Claim OD - Claim TP - Claim OD/ TP at other workshop
I/WE declare the foregoing particulars are true in every respect.	

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Sketch Plan Pg. 4

SKETCH PLAN

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- 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:
 - 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.

Porcyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Transfer Fee Enquiry

> Back to OneMotoring

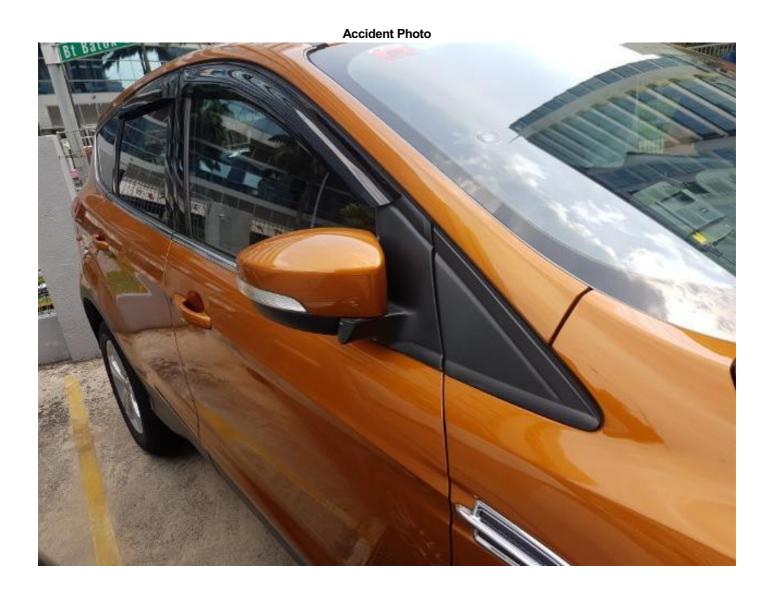
Page 1 of 1

Vehicle Details			
Vehicle No.:	SFD345M	* * * * * * * * * * * * * * * * * * * *	
Vehicle Type:	P10 - Passenger Motor Car		
Vehicle Attachment 1:	No Attachment		*
Vehicle Scheme :	Normal	the state of the s	the state of the s
Vehicle Make :	FORD		
Vehicle Model:	KUGA TREND 1.5 GTDI A/T AWD	the second control of	the state of the secondary .
Chassis No. :	WF0AXXWPMAFK18941		
Propellant:	Petrol	e ette en en en en en en ette ette ette	The state of the s
Engine No.:	FK18941		the second contract of the second contract.
Engine Capacity:	1498 cc		
Maximum Power Output:	134.0 kW (179 bhp)		
Maximum Laden Weight:	2200 kg	and the control of th	and a major of the state of the same state of the state o
Unladen Weight:	1611 kg		
Year Of Manufacture :	2015		
Original Registration Date:	26 Oct 2015		The state of the s
Lifespan Expiry Date :			
COE Category:	B - Car above 1600cc or 97kW (130bhp)		
Quota Premium :	\$58,190.00		
COE Expiry Date :	25 Oct 2025	to the terminate of a wasterness and a second control of the contr	Commence of the commence of th
Road Tax Expiry Date:	25 Oct 2019		
PARF Eligibility Expiry Date :	25 Oct 2025	entrological designation of the control of the cont	· · · · · · · · · · · · · · · · · · ·
Inspection Due Date :	25 Oct 2020		
Intended Transfer Date :	25 Dec 2018		
CO2 Emission :	171.00 (g/km)		
CEV/VES Rebate Utilised	17 100 (B/KIII)		and a control of the
Amount:			
CO Emission :	<u> </u>		
HC Emission :			er er Staten ann de er ei an de er ei an de er en de er en er
NOx Emission :	-		
PM Emission :	•		
ate renewal fee(s) will be impose	d if road tax / lay up has expired. Please use Enq	Dad Tapa	
Road tax, including Over Payment	(if any) of a vehicle will follow the archite to	une koad Tax Payable for fee(s) payal	ole.
Amount Payable	(if any), of a vehicle will follow the vehicle to the	e new registered owner when its owne	rship is being transferred.
	Amount Before GST	GST Amount	Amount After GST
Proceedings and Professional Control of the Control	(S\$)	(5\$)	(S\$
ransfer Fee :	25,00	the control of the co	25.00
otal Amount Payable :		***************************************	23.00

OK Print





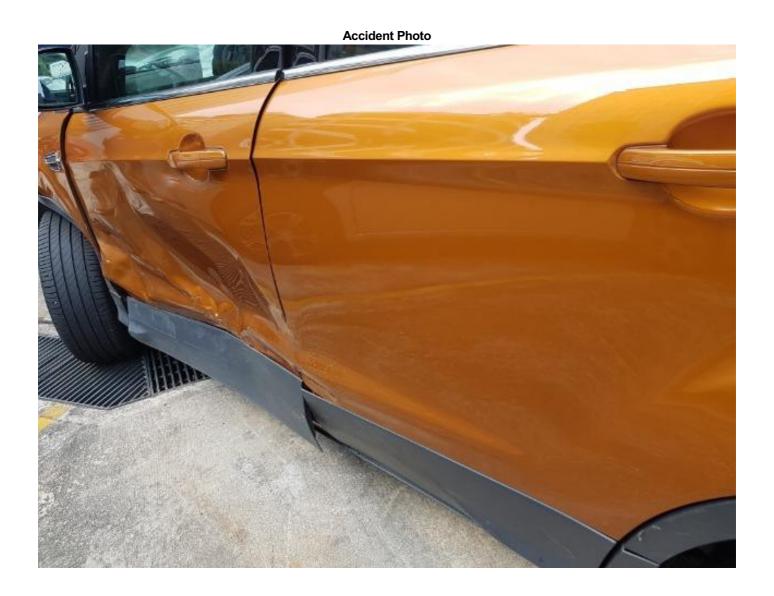


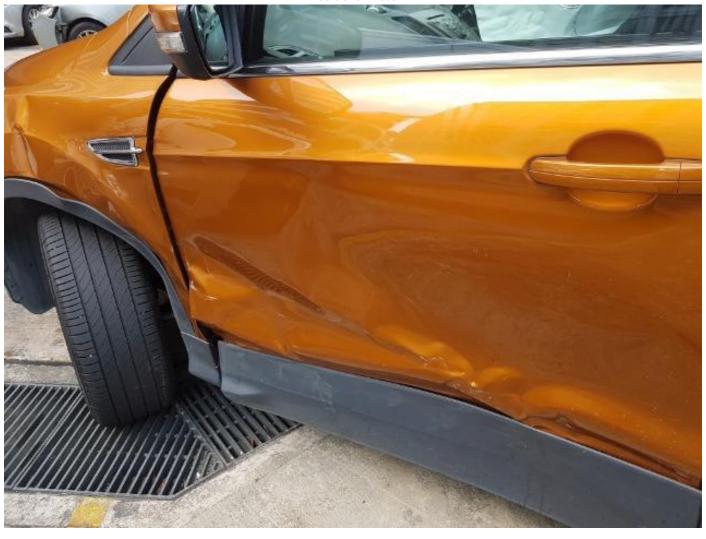










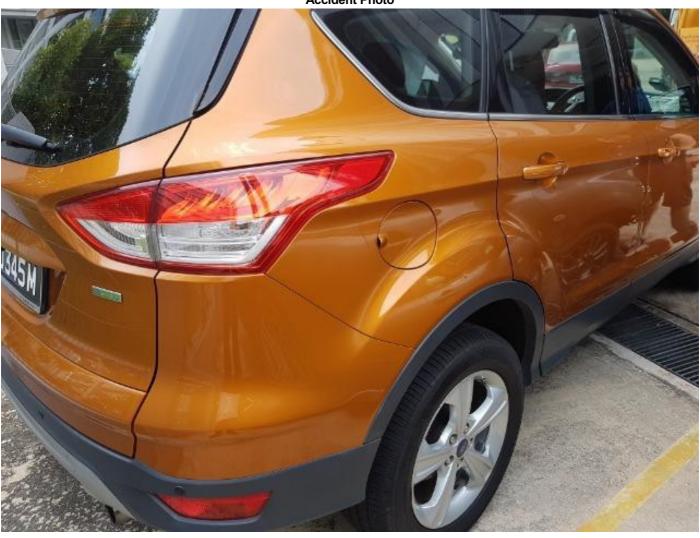




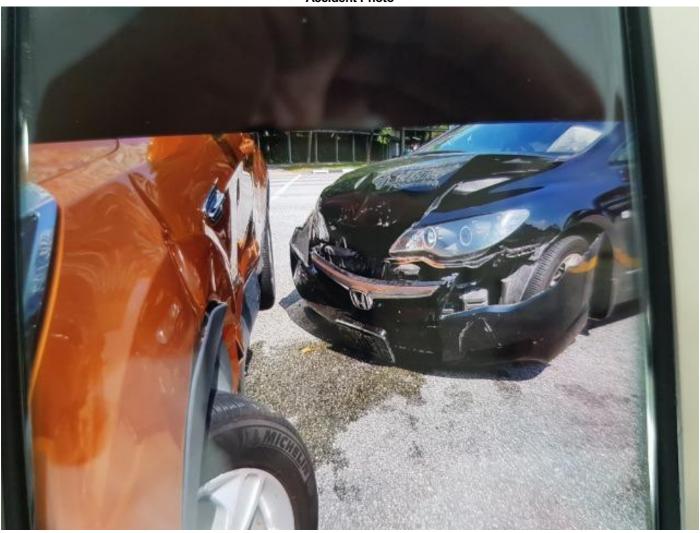


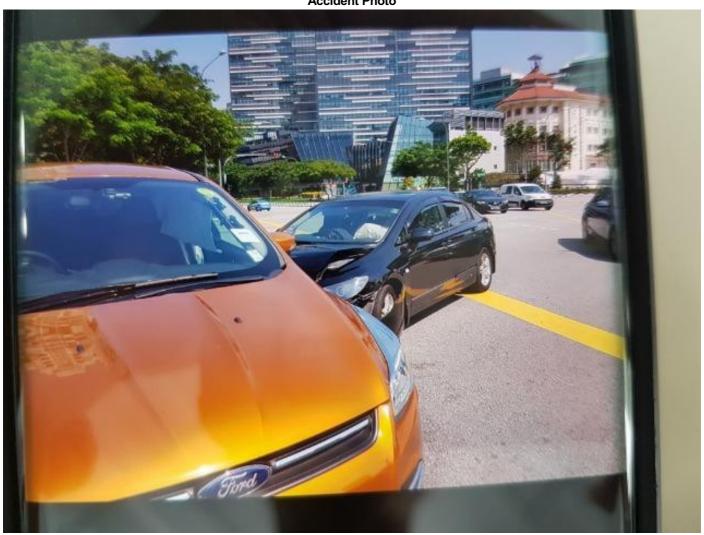












Identification Card



Identification Card

