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Confirmed by : (Dates.	Timer)
Insured/Driver Liability: (%) [1	Note-Est Status (W	O): N: 0-20	%; P: 21-79%. P: 80-1	00%]
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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.

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 06/03/2020 12:08
Date Of Accident 05/03/2020 15:45

Exact Location Of Accident PUNGGOL FIELD TOWARDS PUNGGOL CENTRAL

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP5767L

Insured/Policyholder

Name Of Registered Owner LOCK MEI WON NRIC No SXXXX426B

 Email Address
 NICKGOH1980@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-86600027

 Alternative Phone No
 OTHERS-86600027

Vehicle Particulars

Manufacturer HONDA Model SHUTTLE

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?

If No, Please state action to be taken REPORTING ONLY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNPV2019-00009185

Cover Note Number

Driver

Name of Driver GOH JONG WOEI (WU ZHONGWEI)

 NRIC No
 SXXXX635J

 Date Of Birth
 02/10/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 06/05/2017

Driving Experience 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86600027

Fax Number

Contact Number OTHERS-86600027

EMail Address NICKGOH1980@GMAIL.COM

Address

BLK 289A PUNGGOL PLACE

#13-893

Postcode

821289

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

Road Surface

CLEAR DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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

SMP4646Y

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

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 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. 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
- 7. 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:

- 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
- 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:
 - (i) 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:

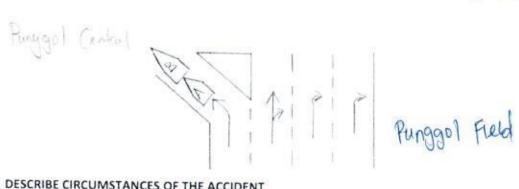
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name NRIC/FIN No.

A: SLP 5767L B: SMP4646Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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CLARATION							705-84				

I/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:

NRIC/FIN No.:

Date of Accident	OS OS 20 Accident Time: 1545 (24-HR-FORMAT)
Accident Place	Punggal Field toward Punggal Central
Vehicle Reg. No (Car plate No.)	: SLP5767L Vehicle Make/Model: Honda Shuttle
Insurance Company	: FWD Policy No. PNPV2019-00009185
Name of Registered Owner	Company Individual Lock Mei Wan
ID of Registered Owner	: Co Reg No: 580/2426B Owner's NRIC No: 58082426B
DRIVER'S Name	Co Contact No: Owner's Contact No: 86600027 Cook Jong Wood (Who Zhongwei) DRIVER'S NRIC No: 58030635 J
DRIVER'S Date of Birth	: 02 10 1920 DRIVER'S License Pass Date 06 May 2017
Relationship bet. Owner & Driver	Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: BIK 289A Punggal Place #13-893 5(821287)
DRIVER'S Contact No./ Alt No.	:1) 86600027 2)
DRIVER'S Occupation	ANDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: nickgoh1980@gmailcom
Weather & Road Surface	CEAR & DRY RAINING & WET LAFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was	ice? YES \ NO
Other	Party Driver's Particulars (if any)
Vehicle Reg No. SMP4646 Y	Vehicle Reg No
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Name DRIVER:	Name DRIVER
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add



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: PNPV2019-00009185 (Comprehensive - Prestige Plan)

Car plate number: SLP5767L

Your name (As the policyholder): Lock Mei Wan

Coverage start date: 09/06/2019 Coverage end date: 08/06/2020

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.

Finance company:

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

Issued on: 17/05/2019

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.