NATIONAL Assessment Centre	- LIGHT PILLERY	wel 1 Jan'03] .				
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	KH4191 H	. INC(.)/Non-INC()		
Dwner / Driver: (Net 4 in 1992 - 19		Tal:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	41-211/0
Insured/Driver Liability: (%) [1	Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P:	80-100%]	
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 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.
- 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

18/06/2020 16:40

Date Of Accident

18/06/2020 13:20

Exact Location Of Accident

ALONG MOUNT VERNON RD/BARTLEY RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA2251U

Insured/Policyholder

Name Of Registered Owner

NEO BOON KEONG

NRIC No

SXXXX486F

Email Address

PATRICKNEO@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-87575784

Alternative Phone No

OTHERS-87575784

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 Policy Number NO PNPV2019-00008759-01

Cover Note Number

Driver

Name of Driver

NEO BOON KEONG

NRIC No Date Of Birth SXXXX486F 25/06/1976

Occupation

INDOOR

Date Of Driving Pass

21/02/2000

Driving Experience

20 YEARS AND 3 MONTHS

MALE

Mobile Number

(LOCAL) +65-87575784

Fax Number

Contact Number

OTHERS-87575784

EMail Address

PATRICKNEO@HOTMAIL.COM

Page 1 of 13

BLK 139 POTONG PASIR AVENUE 3 Address

#12-132 350139

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRIZZLING WET Road Surface

Other Information

Postcode

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?

Was any injured conveyed to hospital by ambulance?

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: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

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

YES

YES

2

NO

NO

YES

NO

3

Circumstances of Accident PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Remarks/ Reasons:

WITH WORKSHOP

SKH4191H

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver **JENNY**

NRIC/Passport Number

83388119 Contact Number

Address

Page 2 of 13

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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.

0

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
		
Barth	y Road E	
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A		
A	1	101 0 500000
	£ 8	Veh A: SMA22514
	St. Vernon	Ven 8: SKH4191H
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4	1 West	
DESCRIBE CIRCUMSTANCES	a management in desirant was	
On above d	ate & time, I was d	riving my vehicle A (SMA22514)
	,	3 3
tomolina aliana	nount vision Road on	single lane. Somewhere at
THE CHILD STEELS	100011 VB NOT 1015 OF	Strene wire . Sontantie e
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the junction of	Boytley Road, I wante	d to made my left turn to
Bartley Road. E	let of sudden, we had	e B (SKH41914) came from
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	A CONTRACTOR OF THE CONTRACTOR	
DECLARATION	ieulaer aen trua in augustuschet	
ywe declare the foregoing part	iculars are true in every respect.	0
2		Lym 8/06/20
200	2000	
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Date & Time:

Reshin	SMA 22510 Model/Make Hyundai Hantra
ate of Accident	18 6 2020
ime of Accident	(300 HRS
ocation of Accident	Along Mount Vernon Rund / Bartley Rund
xact purpose use during accid	lent Privateuse
Name of Owner	New Boonkeons
elephone No.	H/P: 87575784 Home: Office:
VRIC	57619486F
Address	BLK 139 Potong Pasir Avenue 3 # 12-132 S(350139)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	FWD
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	10-PZF80000-PIOCV9MG
Name of Driver	As Above If No,
NRIC	Any Passengers : 2
Date of birth	25/6/1976 1(m) 1(F)
Occupation	Outdoor / Indoor
Driving License Pass Date	21 2 2000
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other Drizzling
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	The state of the s
Police Report	No, If Yes, Where?
Vehicle B No.	SKH 4191H Any Passengers:
Name of Driver	Jenny Contact No.: 8338 8(19
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	patrickneo@ notmail com
PARTICULAR WORKSHOP	TWINCON Automotive Ptc Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	The state of the s



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: PNPV2019-00008759-01 (Comprehensive - Classic Plan)

Car plate number: SMA2251U

Your name (As the policyholder): Neo Boon Keong

Coverage start date: 31/05/2020 Coverage end date: 30/05/2021

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: Maybank Singapore

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

Issued on: 05/05/2020

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.