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TP Insurer:	Ass't Report by	Owner/Wksiz				
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TP Enniquellars: (Veh No:	77914	. INC(.)/Non-INC	().		
Owner / Driver: (Tel:			
AND THE PERSON OF THE PERSON O	lod: ()	Cover Type: (-	<u> </u>	
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Insured/Driver Liability: (%) [1	Note-Est Status (W	O): N: 0-20	0%; P: 21-799	6. P: 80-100	(6)	
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1) Apply for Transport Allowance ()/C	Courtesy Car ()			·		
2) QC Check / Post Repuir Inspection	(·)				7.	
3) Upload Resurvey Photo [Repuir Cost> \$3	000] ()		· ·			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

- 1. 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.
- 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.

 by the buggement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available			
AN AND REPORT OF THE PROPERTY	ACCIDENT STATEMENT			
Date Of Report	04/11/2020 12:03			
Date Of Accident	03/11/2020 18:00			
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI EXIT			
Country/State of Loss	SINGAPORE			
ALL STATE OF THE PARTY OF THE P	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJQ1557X			
Insured/Policyholder				
Name Of Registered Owner	LIM KIAN HWA			
NRIC No	SXXXX129E			
Email Address	WILSONLIMKH@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-91695048			
Alternative Phone No	OTHERS-91695048			
Vehicle Particulars				
Manufacturer	SUZUKI			
Model	SX4			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE			
Are you claiming under your own insurance policy for repair to your vehicle?	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	PNPV2020-00002648			
Cover Note Number				
Driver				
Name of Driver	LIM KIAN HWA			
NRIC No	SXXXX129E			
Date Of Birth	16/11/1969			
Occupation	INDOOR			
Date Of Driving Pass	25/01/1997			
Driving Experience	23 YEARS AND 9 MONTHS			
Gender	MALE			

(LOCAL) +65-91695048

OTHERS G18G50AR

Address

BLK 337C TAH CHING ROAD

#4-01

Postcode

613337

OWNER

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

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

SGJ1791H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY PAIN

SJQ1557X

YES

NO

SKETCH PLAN

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.
- 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.
- 5. 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 aforesald.
- 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:

Driver's Signature

(If driver is not the policyholder)

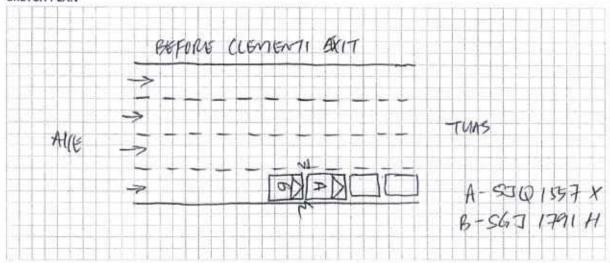
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALUNG AYE TOWNED THAS ON THE EXTREME
RIGHT LANE OF A 4 LANE ROAD, EXPRESSIMEN. SOMEMERE BEFORE
CLEMENTI EXIT, WHICH INFRONT OF ME SUNGO DOWN AND STUPPED
PINE TO HEAVY TRAFFIC FLOW. AS SUCH, I ALGO APPRINTED PRATICE AND
MANAGE TO STOPPED AMPUTTY. AFTISH A FEW SECOND, I FEUT A
STRUNG IMPACT FROM THE REAR PARTION OF MY WHILLE . AFTER
THE ACCIDENT, I AUGUTED AM PLOTUSE THAT VILLE (B) DRIVE
FROM THE AGAR AND COMINGO DIRECTLY OND THE REAR PERHON
of my verice. A- SOQ 1557 X
B-567 17914

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

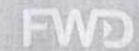
Driver's Signature (If driver is not the policyholder)

Date & Time:

GUARMO SHIRCHWING DOOL YEE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03 NOV 2000	TIME:	18:0	Ö	(hh:r	nm) 24 hrs Format
LOCATION: AYE TUMARO THAS BEFOR	RE C	ctine	N71 5X	27	
///- 10 0 - 11 - 1					
VEHICLE NUMBER: SIQ 1559 X					
INSURED NAME: LIM KIAN HWA			200 00 00 00 00 00 00		
NRIC/FIN: 56973129E	CONTAC	T:	91695	OYB	
MAKE: SUZUFI	MODEL	2x2:			
Are you claiming under your own insurance policy for					
() Yes, If No, Pls Select: () Third Party () Reportin	ng Only			
INSURANCE COMPANY: FWD					
TYPE OF POLICY ()COMPREHENSIVE ()TI	HIRD PAI	RTY ()TPFT		
POLICY NUMBER: PNPV 2020-000016	48				
NAME DRIVER:				(~	SAME AS INSURED
A. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.					
NRIC / FIN:	CONTAC	CT:			
DATE OF BIRTH: 16 NOV 1969					
DRIVING PASS DATE: 25 JAN 1997					
OCCUPATION: (VINDOOR () OUTDOOR					
GENDER: (MALE () FEMALE					
EMAIL ADDRESS: WILSON IN Chagnail- (on	N				() NO EMAIL
ADDRESS OF DRIVER: BLE 337C TAH CH	4ING	COAD	#04-	01 5/6/3	3337)
ADDRESS OF DIGITAL /DFT >3 TO THE					
Number Of Passenger Include Driver: DRIVER	ones				
Number of russenger mediae 211.01	- /	1			
Was driver an employee of the Insured's Company? () YES	3 (-	JNO		
If No, Relationship Of The Driver With The Insure	ed		3		
() Owner () Spouse ()Friend ()Relativ	e ()Children	()Sibling	()Others
Does The Driver Own Any Other Vehicle? : () Yes	(-	No			
If Yes, Vehicle Registration Number Of Driver's Own	Vehicle:				
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: () Clear () Raining	() Dr	izzling	() Oth	er	
Road Surface : () Dry () Wet	()0	ther			
Was Any Foreign Vehicle Involved In This Acciden	it? () YES	(-)	NO	
Was Anybody Injured In The Accident? ()YES	S () NO			
If YES, Injured details: LIM CIAN HNA	(BOD	1)	100		
Harry Harry		MSC:			
Convey By Ambulance: () YES () NO		0 (ANO		
Was There Any Video Capture By Car Camera? () YE		NO IE	Inc Attach Dal	lice Report
Was There Accident Reported To The Police? () YE	s (c	/ NO II	es Attach Po	nce Report
Police Report Number (if any)		No of	Dave (in all.	leivor)	Contact
Details Of 3rd Party Name/NRIC		No.of	Paxs (incl'o		Contact
Veh B SGJ 1791 H		()	/ Not Sure		
Veh C		()	/ Not Sure	***	
Veh D		()	/ Not Sure		
Veh E Veh F		()	/ Not Sure		
EMPERATORS:					



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: PNPV2020-00002648 (Comprehensive - Executive Plan)

Car plate number: SJQ1557X

Your name (As the policyholder): LIM KIAN HWA

Coverage start date: 27/04/2020 Coverage end date: 26/04/2021

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:

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

Issued on: 18/02/2020

Shite

Abhishek Bhatla Chief Executive Officer

FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact sg of end com if any details in this Certificate of Insurance need to be changed.