

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 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. 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 Submission 05/01/2021 13:56 (SGT)
Date of Accident 05/01/2021 07:20 (SGT)
Exact Location of Accident Edgefield Plains, Singapore
Additional Location Information EDGEFIELD PLAINS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH7062C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HE WEIQING DAWN
NRIC No SXXXX941J
Email Address SGN1973D@GMAIL.COM
Mobile Phone No (Phone) +65-90909556
Alternative Phone No +65-96980277

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model TOURAN 1.4 TSI AT 1T32B4
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00000672-01
Cover Note Number 08/01/2020 - 07/01/2021

DRIVER

Name of Driver FONG CHE KIN, KENRICK
NRIC No SXXXX581D
Date Of Birth 18/01/1979
Occupation Indoor

Date Of Driving Pass	11/07/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96980277
Alt. Phone Number	-
Email Address	STORMKEAL@HOTMAIL.COM
Address	BLK 615A EDGEFIELD PLAINS #16-331
Address complement	-
Postcode	821615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAWN HE
Gender	Female

PASSENGER 2

Name	KYLIVIAN FONG
Gender	Female

PASSENGER 3

Name	KYVEN FONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

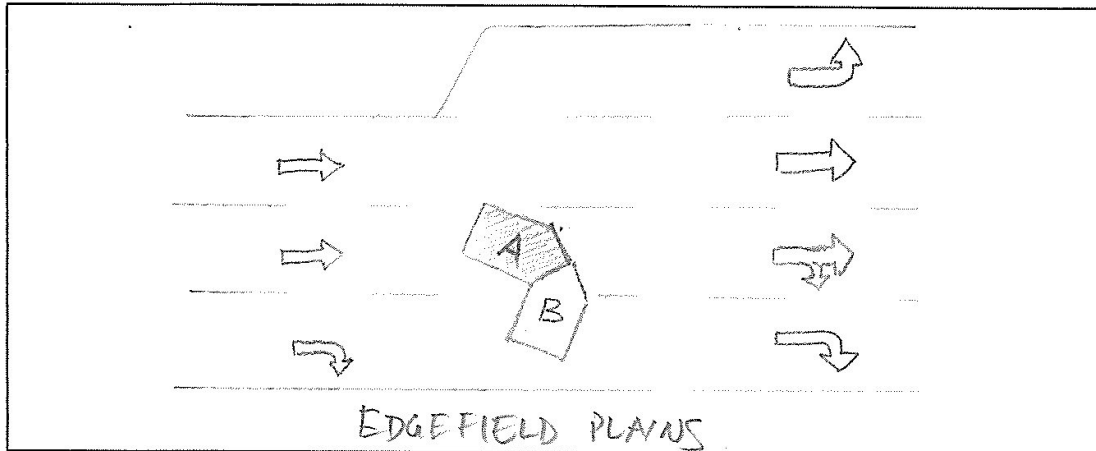
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM8815B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO HWEE HWEE
NRIC No	SXXXX314C
Contact Number	(Phone) +65-98788815
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of accident: 05 JAN 2021 Time: 0720 HRS Location: EDGEFIELD PLAINS
 My Vehicle A: SKH 7062 C Vehicle B: SJM 8815 B Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. ACCIDENT OCCURED AT 0720HRS / 05 JAN 2021 ALONG EDGEFIELD PLAINS
2. TURNING OUT OF ESTATE, IT OPENS INTO TWO LANES. MY CAR TOOK THE LEFT LANE FIRST.
3. WITH SIGNAL LIGHT ON INDICATING TO MOVE INTO RIGHT LANE. THERE IS ANOTHER CAR WITH LEFT SIGNAL IN THE INNER MOST RIGHT, WANTING TO MOVE OUT INTO MY LANE.
4. MY CAR ~~KEPT~~ SLOWED DOWN A LITTLE $\frac{1}{2}$ WHEN I NOTICED THIS CAR SHOWED NO FURTHER ACTION TO LEAVE ITS LANE. I CONTINUED MY DRIVE DOWN MY LANE.
5. THERE WAS NIL INDICATION THAT VEHICLE B (SJM 8815B) HAD ANY INTENTIONS ~~ADDITION~~ TO SWITCH LANE.
6. UPON NOTICING VEHICLE B ABRUPT TURNING OUT ~~OUT~~ FROM THE INNER MOST RIGHT TURNING LANE, I APPLIED THE BRAKE BUT TOO LATE TO AVOID THE COLLISION.

Veh B: N20 Hwee Hwee / 57610314C
 Up: 9878 8815

☒ Claim OD/TP at Ah Lim Motor ☐ Claim CD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 05/01/2021

1021 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 05 JAN 2021

0951 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

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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:
 - (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

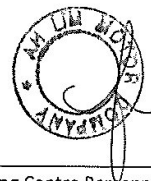
Date & Time: 05/01/2021
1021

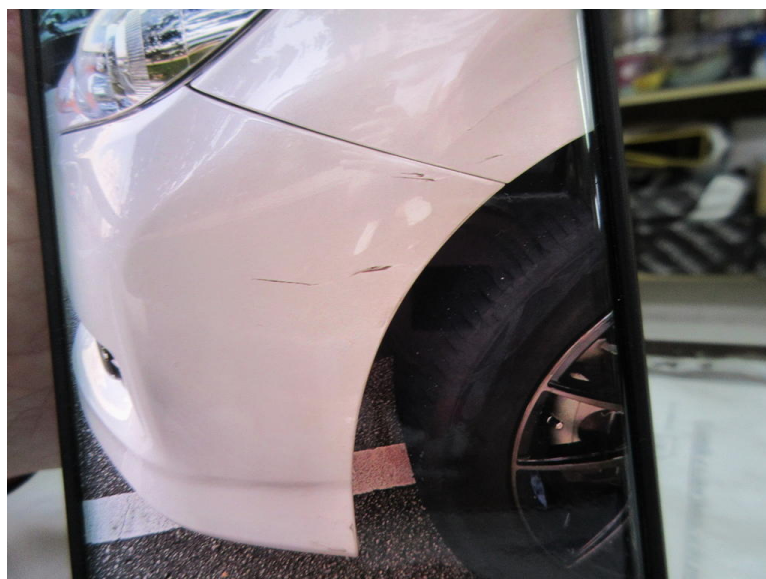
Driver's Signature

(If driver is not the policyholder)
Date & Time: 05 JAN 2021
0951 HRS.

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



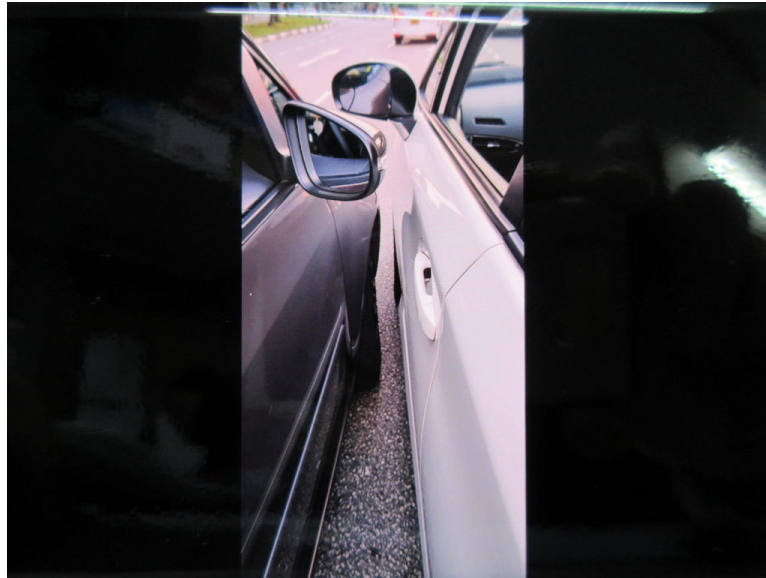


























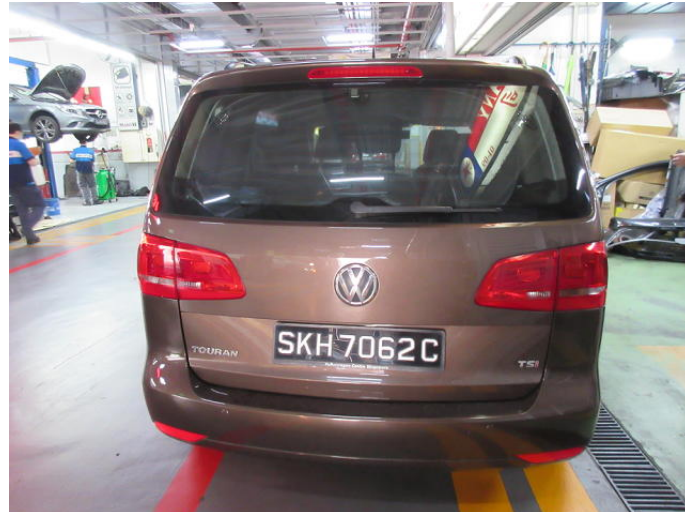












**CERTIFICATE OF INSURANCE**

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: PNPV2019-00000672-01 (Comprehensive - Classic Plan)

Car plate number: SKH7062C

Your name (As the policyholder): HE WEIQING DAWN

Coverage start date: 08/01/2020

Coverage end date: 07/01/2021

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.

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

Issued on: 30/12/2019

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.