

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 14/01/2021 09:29 (SGT)
Date of Accident 13/01/2021 07:00 (SGT)
Exact Location of Accident Simei Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFC8494T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD SAID RAHIM
NRIC No SXXXX505F
Email Address MDSAID@GMAIL.COM
Mobile Phone No (Phone) +65-94799902
Alternative Phone No +65-94799902

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 PNPV2019-00001898-01
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD SAID RAHIM
NRIC No SXXXX505F
Date Of Birth 15/01/1974

Date Of Driving Pass	15/01/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-94799902
Alt. Phone Number	+65-94799902
Email Address	MDSAID@GMAIL.COM
Address	BLK 23 TAMPINES ST 34 #07-13
Address complement	-
Postcode	529233
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 STATEMENT.

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	SJU3881A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAH WAH KWEE
NRIC No	SXXXX272J
Contact Number	(Phone) +65-91903920
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

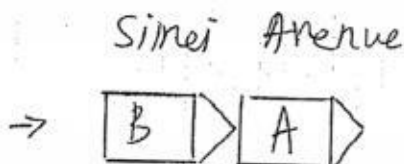


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SFC8494T
(B) STU3881A

Describe Circumstances of the Accident

I was travelling along Simei Avenue. Suddenly I felt an impact from behind. Vehicle B collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Chadson

Policyholder's Signature / Date &
Time

Chad Smith

Driver's Signature (If driver is not the policyholder) / Date & Time

Handwritten signature: *[Signature]*

Witnessed by Reporting Centre
Personnel



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: PNPV2019-00001898-01 (Comprehensive - Classic Plan)

Car plate number: SFC8494T

Car chassis number: ACR500080033

Engine number: 2AZC490196

Your name (As the policyholder): Mohammad Said Rahim

Coverage start date: 12/01/2020

Coverage end date: 26/05/2021

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: Lakeview Credit Pte Ltd

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

Issued on: 11/11/2020

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.

Date of Accident : 13/1/2021 Accident Time: 07:00 hrs. (24-HR-FORMAT)
 Accident Place : Simei Avenue
 Vehicle Reg. No (Car plate No.) : SFC8494T Vehicle Make/Model: TOYOTA ESTIMA
 Insurance Company : FWD Policy No. PNP2019-00001898
 Name of Registered Owner : Company / Individual MUHAMMAD SAID BIN RAHM. -01.
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: S7402505F
 : Co Contact No: — Owner's Contact No: 94799902
 DRIVER'S Name : As Owner DRIVER'S NRIC No: S7402505F
 DRIVER'S Date of Birth : 15/1/1974 DRIVER'S License Pass Date: 15/1/2003
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner
 DRIVER'S Address : AP1 Blk 23 Tampines St 34 #07-13 (S) S 9233
 DRIVER'S Contact No./ Alt No. : 1) 94799902 2) —
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : mdsaid@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 driver only
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: (B) SJU3881A Vehicle Reg No: _____
 Vehicle Make/Model: T. WISH Vehicle Make Model: _____
 Name DRIVER: Seah Wah Kwee Name DRIVER: _____
 IC No. DRIVER: S7830272J IC No. DRIVER: _____
 DRIVER'S Contact & add: 91903920 DRIVER'S Contact & add: _____