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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.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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

- olicy liability.

 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 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 Submission	05/02/2021 09:50 (SGT)
Date of Accident	04/02/2021 10:20 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	30 30 NO. 100
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN5114T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No AHMAD FADZLIN BIN JALANI SXXXX341Z ASHLEY9567@YAHOO.COM (Phone) +65-87955513 +65-87955513
VEHICLE PARTICULARS	

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
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	PNPV2020-00012109
Cover Note Number	-

DRIVER

Name of Driver	AHMAD FADZLIN BIN JALANI
NRIC No	SXXXX341Z
Date Of Birth	13/09/1985
Occupation	Indoor
Cocapation	macor

Date Of Driving Pass	03/10/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87955513
Alt. Phone Number	+65-87955513
Email Address	ASHLEY9567@YAHOO.COM
Address	BLK 655 SENJA RD #03-278
Address complement	-
Postcode	670655
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	NO
Vehicle Negistration Number of Other Vehicle Owned by Enver	=
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callisian Chango/gross lane
** ** *** *** *** *** *** *** *** ***	Collision - Change/cross lane
Trouble Containent	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	AYA KENZA BINTE AHMAD FADZLIN
Gender	Female
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
That there any dadie received.	110
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLH6361J
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Private car

Private car

Vehicle Category

Name of Driver
Contact Number

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD FADZLIN BIN JALANI
Address	3
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKN5114T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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>.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/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

Choa Chu kang Road towards Bukit Panjang Road

VehicleA: SKN5114T

vohides: SLH 6361T

Describe Circumstances of the Accident	
Accident Date: 04/02/2021 Time: 10.20 A.	۸.
I WAS TRAVELLING ALONG CHOO CHU KANG R	DAD HEADING TOWARDS BUKIT
FANSANG ROAD AT LANE 3 . I WAS DRIVING	STRAIGHT. SUDDENLY, I FELT
AN IMPACT ON MY RIGHT SIDE. THE VEHICLE	, SLH 6361J, WAS ON THE FIRST
LANE AND HE CHANGED INTO MY LANE WITH	OUT SIGNALLING AND HIT MY
PASSENGER RIGHT-HAND DOOR, SKN 5714T, 1	UE EXCHANGED PARTICULARS.
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Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

(A)

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

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Witnessed by Reporting Centre Personnel

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SNO9 > 125 0005 Vehicle Registration No: SKN5114T Name(as shownin NRIC): Ahmad Fadzlin Bin Jalani NRIC/FIN/Passport No: S8531341Z (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : Blk 655 Sonja Road #03->78 ____Singapore(670655) Address Mobile No.: 8795 55/3 Contact (Tel) : ___ashley 9567 @yahoo. com Email Address _Time of Accident : _____ losohra Date of Accident Choa Chukang Road towards Bukit Panjang Road Place of Accident : FWD Insurance Company: __ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date:

NRIC/FINNo.:

Date:



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: PNPV2020-00012109 (Comprehensive - Executive Plan)

Car plate number: SKN5114T

Your name (As the policyholder): Ahmad Fadzlin Bin Jalani

Coverage start date: 23/12/2020 Coverage end date: 22/12/2021

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: AUTOTRUST CREDIT PTE LTD

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

Issued on: 22/12/2020

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	: 04 02 2021 Accident Time: 1030 ht (24-HR-FORMAT)
Accident Place	: Choa Chu kang Road towards Butit Parijang Road
Vehicle Reg. No (Car plate No.	SKN5114T Vehicle Make/Model: marda 3
Insurance Company	FWD Policy No. PNPV2020-00012109
Name of Registered Owner	: Company / Individual Ahmad Fadzlin Bin Jalani
ID of Registered Owner	: Co Reg No: Owner's NRIC No: _ \$\\$5313412
	: Co Contact No: Owner's Contact No: _87955613
DRIVER'S Name	: Ahmad Fadzlin Bin Jahni DRIVER'S NRIC No: S85313412
DRIVER'S Date of Birth	: 13 Sep 1985 DRIVER'S License Pass Date 03 Oct 2018
Relationship bet. Owner & Dri	ver : Spouse \ Parents \Children\ Sibling \ Employee\ Others: owner
DRIVER'S Address	: APT BIK 655 Senja Road #03-278 Singapore 670655
DRIVER'S Contact No./ Alt N	
DRIVER'S Occupation	; INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	ashlaya567@yahoo.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Clain Other Party \ Claim Own Insurance
	police? YES \ NO Any Injuries YES / NO Injured Name: Ahmad Fadalin Bin Jahr
	Injured Name:
QIH I	Other Party Driver's Particulars (if any)
Wehiele Make Model:	
Name DRIVER:	And the state of t
IG No. DRIVER:	Families (Marie a) Sand
DRIVER'S Centact & add	
Part de la	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle Make Model:	
Name DRIVER	
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DRIVER'S Contact & and	DPIVER'S Contact & wid.