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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

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

05/03/2021 11:29 (SGT) Date of Submission 04/03/2021 18:25 (SGT) Date of Accident Kim Keat Link, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

#### DETAILS OF OWN VEHICLE

SMC6172C Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? LIM YONG MENG Name Of Registered Owner SXXXX117A NRIC No LIDES22000@YAHOO.COM.SG **Email Address** (Phone) +65-97765310 Mobile Phone No +65-97765310 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Noah Model Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Commercial vehicle Vehicle Category

INSURANCE COMPANY

**FWD** Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy PNPV2020-00006464 Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM YONG MENG SXXXX117A 23/07/1973 Indoor



01/11/1996 Date Of Driving Pass 24 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-97765310 Mobile Number +65-97765310 Alt. Phone Number LIDES22000@YAHOO.COM.SG **Email Address** 1 LEICESTER RD #16-03 Address Address complement 358828 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? 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 No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJX2537K Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number

Address

Postcode

Address complement

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

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

LIM YONG MENG
BODY
SMC6172C
Yes
No

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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. 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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.

AG.		HA.
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

h Plan	June	of	Kim Keat Link tods PIE	A-SML6177L B-SJX2537K

E	at the junction of Kim Keat Link and was awaiting for the traffic light to turn green before
was	at the junction of kim keat link and was awaiting for the trainenghe to take green before
proce	ed to move off. While I was waiting, I suddenly felt a huge impact on the rear portion of
my ve	hicle. When I got down of my vehicle, I realized that vehicle B had collided onto the rear
	on of my vehicle.
Heren.	

#### Declaration

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

H



### 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: PNPV2020-00006464 (Comprehensive - Prestige Plan)

Car plate number: SMC6172C

Your name (As the policyholder): Lim Yong Meng

Coverage start date: 12/07/2020 Coverage end date: 11/07/2021

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: 22/05/2020

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-91 or email us at contact sg@lwd.com if any details in this Certificate of Insurance need to be changed.

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. 4
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	4 Mar 2021	(HH:MM)
Time of accident	Junction of Kim Klat Link towards PIE	
<b>Exact location of accident</b>	Junction of Kim Light Link Humands FIE	

	DI	ETAILS OF	/EHICLE		
Vehicle registration number	SMC617)				
Vehicle make and model	TOUGHA N	oah		11	880
Type of vehicle	Saloon  Lorry	MPV ≠ Bus □	CRV D	rcycle 🗆	Others:
Vehicle category	Private 7	Comme	rcial 🗆	Motorcy	cle 🗆
Purpose of using at said time					3
Are you claiming under your own insurance company?	Yes □ Third part c	No Ø laim Ø	if no, plea Reportin	ase select: g only $\square$	

	INSURANCE IN	FORMATION	
Insurance company	FWD		
Policy number		This is the fire & thoft of	TP only
Type of policy	Comprehensive	Third party fire & theft	11 Omy =

	INSURED / POLICY HOLDER	Male 🗆	Female
Name	Lim Yong Ming	IVIAIE L	1 Ciliaic D
NRIC / Fin / Passport number	S732617A		
Contact	0177611510	0/258870)	
Address	1 LUCUSTUR ROad #16-03	2(210010)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)  Male	Female
Name	Male	1 emaic L
NRIC / Fin / Passport number		
Contact		
Address		
Email address	2ides 27000@yanoo.com.sg	
Date of birth	23 July 1973	
Occupation	Indoor Outdoor	
Driving date pass	01 NOV 1996	

			OF THE ACCIDENT	
as driver an employee of	Yes 🗆	No	driver and incured	1.
ne insured's company?		tionship of the	driver and insured	
ccident captured by camera?		Noti	Others	
Veather condition	Clear	Raining	Others:	
load surface	Dry	Wet 🗆		(Inclusive of driver)
No of passenger				(11)
				STATE OF THE PARTY
		PASSENGI	ER 1	
Name				
Gender	Male 🗆	Female		
		PASSENG	ER 2	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENG	ER 3	
Name			1	
Gender	Male 🗆	Female 🗆		
Gender				
	Charles of the last of the las	PASSENC	ER 4	
N-mi				
Name	Male 🗆	Female		
Gender	1110			
	CHARLES AND A	PASSEN	GER 5	
	No. of Concession, Name of Street, or other Persons, or other Pers			
Name	Male 🗆	Female 🗆		
Gender	Iviale D	10	- Endelheim	1
		PASSEN	GER 6	
Market Company		PASSE	O.L.	
Name	Male 🗆	Female		
Gender	Iviale 🗆	remare b		
		OTHER INFO	RMATION	
	Yes	No 🗆		
Was anybody injured?		No 🗆		
Was other vehicle damaged	Yes	140 🗆		
		AUS OF BOLICE	STATION ACTION	
STATE OF THE PARTY	-	No.	If yes inlease state	which police station.
Reported to police?	Yes 🗆	No.	ii yes, piease state	
Police station name				
		1	rcc 1	AND THE RESIDENCE OF THE PARTY OF
图 使多数分离的重要	1000	WITN	ESS 1	
Name				
PERSONAL PROPERTY AND ASSESSMENT OF THE PERSON OF THE PERS	THE REAL PROPERTY.	WITN	IESS 2	
Name				
Name				

	THERE PARTY VEHICLE 1
A RESIDENCE OF STREET	THIRD PARTY VEHICLE 1
ehicle registration number	SJX2n37K
ehicle make model	
lame	
IRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
/ehicle registration number	
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CONTRACTOR OF THE PARTY OF THE	THIRD PARTY VEHICLE 4
it it is a sisteration number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
	THIRD PART VEHICLE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY VEHICLE 6
NAME OF TAXABLE PARTY.	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

MANAGEMENT OF THE PARTY OF THE		INJURED PERSO	DN 1		
	Zim U	Jong Ming			
ame	Nick	n Back			
juries sustained					
/hich vehicle person in?	SMCP				
Vere seat belts worn?	Yes	No D			
Vas injured conveyed to	Yes 🗆	No/a			
ospital by ambulance?					
			0112	THE PERSON NAMED IN	AUTO-
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		INJURED PERS	ON Z		
lame					
njuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
nospital by ambulance?					
iospital by allibutation				127	
	SALVE DE	INJURED PERS	50N 3		
	1	The state of the s			
Name					
Injuries sustained	1				
Which vehicle person in?		No 🗆			
Were seat belts worn?	Yes 🗆	1			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?		1			
				NAME OF TAXABLE PARTY.	
AND THE PERSON OF THE PERSON O		INJURED PER	SON 4		
Name					
Injuries sustained					
Which vehicle person in?				21.76	
Were seat beits worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No □			
hospital by ambulance?					
nospital by ambalance.					
CHICAGO IN CONTRACTOR OF THE PARTY OF THE PA	U DOLL BUILD	INJURED PE	RSON 5		
Name of the Owner, where					
Name					
Injuries sustained					
Which vehicle person in?	Yes□	No □			
Were seat belts worn?	Yes 🗆				
Was injured conveyed to	ves 🗆	140			
hospital by ambulance?					
NAVA-			DCON C	THE RESIDENCE IN	TO SERV
THE WAY STATES		INJURED PE	KSON 6		
Name		The state of the s			
Injuries sustained			- 100 700 700		
Which vehicle person in?					
Which vehicle person in?	Yes	No 🗆			
Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆				