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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate Information provided must be as truthful and accurate as possible. Any willul misrepresentation of the policy liability on the part of the insurance companies.
 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.
 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 15/03/2021 15:33 (SGT) Date of Accident 13/03/2021 18:40 (SGT) Exact Location of Accident Clemenceau Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN1075Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ONG LAY KOON NRIC No SXXXX821G **Email Address** ALSTONLIM1998@GMAIL.COM Mobile Phone No (Phone) +65-90303098 Alternative Phone No +65-90303098

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Scirocco Variant Exact purpose for which vehicle was being used at time of 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 Policy Number PNPV2020-00011447 Cover Note Number

DRIVER

Name of Driver ALSTON LIM KAI XIANG NRIC No SXXXX238D Date Of Birth 23/04/1998 Occupation Indoor

Date Of Driving Pass 29/07/2017 Driving experience 3 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-93376289 Alt. Phone Number Email Address ALSTONLIM1998@GMAIL.COM Address BLK 646 JURONG WEST ST 61 #05-134 Address complement Postcode 640646 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male PASSENGER 2 Name 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? Yes Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number

SLS7446J

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Catagon	-
Name of Driver	Private car
Contact Number	j=
Address	94
Address complement	9
Insurance Company Name	*
Nature Of Damage	7.5
Details of property damaged in accident	53
No. Of Passenger (Including Driver)	-
5 - (morading Dilver)	

SKETCH PLAN

IMPORTANT NOTICE

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

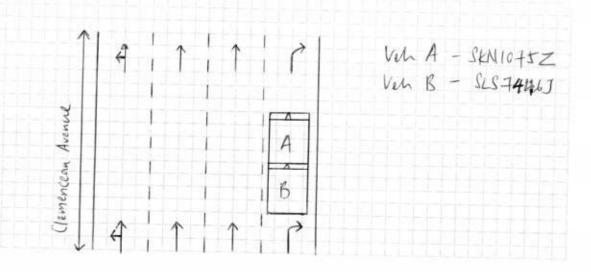
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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 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



On the	es of the Accident e stated date & time, I was travelling along Clemen	
1	1906, I was travelling along Clemen	ceay
Avenue. Suddenle	1. I felt an impact from my year. I went down of my	
	my rear. I went down of my	vehile
and realised that	Vehicle beat continued to the	
	Vehicle bearing carplate number SLS79461 had collided outo	ши
ear. We exchange	particulars and left the scene.	1
and the first	particulars and left the siene.	

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

de la

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: PNPV2020-00011447 (Comprehensive - Executive Plan)

Car plate number: SKN10752

Your name [As the policyholder]: ONG LAY KOON

Coverage start date: 05/11/2020 Coverage end date: 04/11/2021

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: 05/11/2020

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.sg@/wd.com if any details in this Certificate of Insurance need to be changed.



Date of Accident	: 13 3 21 Accident Time: 18:40 (24-HR-Format)
Accident Place	: After Clemen ceau exit (CTE/AYE)
Vehicle No. (Car Plate No.)	: SITU 1075Z Make/Model: VOlts Wagen Scirocco 1
Insurance Company	: FWD Policy No: PNPV2020-000114
Owner or Company Name /IC No.	: Ong Lay koon 573438216
Owner or Company Contact No.	: 90303018 Owner's Hp 90203098 Company Tel
DRIVER'S Name / IC No.	: Ong lay koon (3134382161 Alston Lim Kai Xi
DRIVER'S Date Of Birth	: 27 - 11-1973 DRIVER'S License Pass Date 29/04/13 51813238
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address	: Blk 646 # 05 - 124 Jurong West st 61
DRIVER'S Contact No./ Alt No.	:1) 9837 6289 2)
DRIVER'S Occupation : IND	OOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: A18+Onlim 1998 @ smail. com Alstonl: m 1998
Weather & Road Surface	: CLEAR & DRK \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	orting Only Claim Oil D
Number of Passengers (Including Dri	ver): 2 03 - 11
Was there any video Captured by car Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	camera: YES\ NO being used at time of accident: Private use \ Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle, No: SLS 7446 J	Vehicle. No:
Vehicle Make \Model:	
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW – Passenger's name & gender: