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TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
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Preferred Wksp / INC Assign Wksp / QW: (GBB 8176 P IN	C(,)/Non-INC().	
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Owner / Driver: (eriod: () Cover Type: (),
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SN0921480008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/04/2021 15:28 (SGT) SUBMITTED BY: Liew Shan Hui

VERSION: 1 (08/04/2021 15:28 (SGT))



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
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

08/04/2021 15:28 (SGT) 07/04/2021 14:42 (SGT) New Market Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF6417G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

No LIM KOK SOON SXXXX142F LIONELSJW@GMAIL.COM (Phone) +65-96961657 +65-96961657

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private use

BMW

428i

No - Claiming third party Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number FWD Singapore Pte. Ltd. Comprehensive No

PNPV2020-00011894

DRIVER

CC

Name of Driver NRIC No

LIONEL SONG JUN WEI SXXXX602I



30/06/1994 Date Of Birth Indoor Occupation 15/07/2013 Date Of Driving Pass 7 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-91917370 Mobile Number Alt. Phone Number LIONELSJW@GMAIL.COM Email Address BLK 320A ANCHORVALE DR #08-44 Address Address complement 541320 Postcode No Is the driver the policyholder? Other If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface 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 1 Number of Passengers (Including Driver) 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) Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

GBB8176P

Commercial

Commercial vehicle

Commercial vehicle

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

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.
- 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
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

avelock A: SMF 6417 G B: GBB 8176P New Market Rd

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Declaration

VVVe 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

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 was least to a claim

POLICY NUMBER: PNPVZ020-00011894 (Comprehensive - Executive Plan)

Car plate number: SMF6417G

Your name (As the policyholder): Lim Kok Soon

Coverage start date: 11/12/2020 verage end date: 10/12/2021

Vered geographical area. Singapore, West Malaysia and Southern Trailand

no is insured to drive :

HYour and

b) Ameone 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 Poucy and complies with in conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your control

We confirm that this Policy compiles with the Motor Vehicles (Third Party Ricks and Compensioned But to have 1800)

issued on: 07/12/2020

Khor Kee Eng Chief Executive Officer FWO Singapore Pte ttd Please immediately inform us at 151-6200 6604 or email us at contact is lifted com if any details in this Certificate of insurance need to be changed

of Capture (Lone) discussions (Surgeon Reportation

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 consult to the details of the accident to the accident to
- Please report correctly on the details of the accident to speed up the claim process.
- 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 companies to repudiate policy 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.
 Any false reporting may be referred to the traffic police department for investigation.

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Date of accident	L. Company of the Com	(DD/MM/YY)			
Time of accident		(HH:MM)			
Exact location of accident	Along	NLW	Market	ROOA	

	DETAILS OF VEHICLE
Vehicle registration number	SMF6417 G
Vehicle make and model	BMW 428i
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION	2017年1月1日 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日
Insurance company	China Taiping		
Policy number	1 0		
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

国际的国际	INSURED / POLICY HOLDER	Male	Female
Name	Lim Kok Soon	IVIAIE	remaic L
NRIC / Fin / Passport number	56904142 F		
Contact	9696 1657	0.00	0.1
Address	BIK 2030 Compassvale Road # 14-49	\$(544 2	03)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Lionel Song Jun Wei Male of Female						
NRIC / Fin / Passport number	\$9423602 I						
Contact	9191 7370 Anchorvale Drive # 08-44 S(541 3>0)						
Address	BIK 3>0A Anchorvale Drive #08-44 S(541 3>0)						
Email address	lionelsjw @ gmail. com 30/06/1994						
Date of birth	30/06/1994						
Occupation	Indoor D Outdoor D						
Driving date pass	15/07/20/3						

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the insured's company?	If no, rela	tionship of the	driver and insured:	Boss
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Was injured conveyed to	Yes 🗆	No 🗆			