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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

2. 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

Information provided must be as truthful and accurate as possible. Any willium inserpresentation of without any 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

20/09/2021 15:50 (SGT) 18/09/2021 17:30 (SGT) Lentor Ave, Singapore TOWARDS SLE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1050R	
INSURED/POLICYHOLDER		
Is company?	No.	

Is company?	No
Name Of Registered Owner	(2) 1080
NPIC No.	LAI YOKE CHING
NRIC No	SXXXX524E
Email Address	rogerktm525@yahoo.com.sg
Mobile Phone No	
A D	(Phone) +65-96913889
Alternative Phone No	+65-96913889

VEHICLE PARTICULARS

Manufacturer

NA-J-I	Mercedes
Model	A180
Variant	
Exact purpose for which vehicle was being used at time of accident	- Drivete ves
Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	FWD Singapore Pte. Ltd. Comprehensive No PNPV2019-00010627-02
Cover Note Number	-

DRIVER

Name of Driver	LAI YOKE CHING
NRIC No	SXXXX524E

Date Of Birth 01/04/1971 Occupation Indoor Date Of Driving Pass 10/01/1989 Driving experience 32 YEARS AND 8 MONTHS Gender (Phone) +65-96913889 Mobile Number +65-96913889 Alt. Phone Number Email Address rogerktm525@yahoo.com.sg BLK 785 YISHUN AVENUE 2 #07-1509 Address Address complement 760785 Postcode 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name SISTER 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH OWNER Reasons for not uploading a video of the accident Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** SJQ7631A Vehicle Registration Number Vehicle Manufacturer Kia

Forte

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	M. PRESANTH
NRIC No	SXXXX325H
Contact Number	(Phone) +65-96516042
Address	(1 110116) 103-303 10042
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No Of Passanger (Including Driver)	-
No. Of Passenger (including Driver)	-

SKETCH PLAN

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 <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)

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' 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.

m	20/9/2021	11.15am
Policyho	older's Signature /	

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) SDU 1050 R B) SJQ 7631A

escribe Circui	mstances of the Accident
18 Sep DE	021, 1730 hrs.
Was bord	swerved to my lane. It hit my left side mirror (shatte 3 panels on the left (for including the 2 left doors).
and lane	and I have the like the suddenty a car on the
and H.	Swerved to my lane. It hit my left side mirror (shatte
and The	3 panels on the left (an including the 2 left doors).
	Y Y

Declaration

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: 18 1.9. 12021 (DD/MM/YYY), TIME: 17. 30 (HHMM
LOCATION: LENTOR AVE
1. DETAILS OF VEHICLE
DINSURANCE COMPANY: FWD INSURANCE
CIPOLICY NUMBER: PNPV2019-00010627-02
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT
OJMAKE & MODEL: MB. A180
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
IF NO PIENCE CTATE MUIDE BARY OF THE COURSE
2. INSURED / POLICY HOLDER
A)NAME: LA) YOKE CHING. (MALE! FEMALE)
b)NRIC/FIN/PASSPORT: S7110524E CONTACT: 96913889
C)ADDRESS: 785 YISHUN AVE 2 #07-1509 5 (760 785)
* CONTINUE TO 3 A SE DRIVER A SO POUGY UGLETO
Who of prissings DRIVER
(Including driver) all NAME: LAI YOKE CHING MALE / FEMALE)
HINDICATING STREET STRE
CIADDRESS: 785 TISHUN AVE 2
#07-1509 S(760785)
"d) DATE OF BIRTH: (01 / 04/ 1971)(DD/MM/YYYY)
e)OCCUPATION; (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 10 JAN 1989 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS
b) ROAD SURFACE: (DRY / WEF / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POUCE (YES! NO) 1
IF YES, PLEASE STATE WHICH POLICE STATION:
No of passenger a) VEHICLE NUMBER: SJQ 7631A MODEL: KIA FORTE
(Including elviver) b) DRIVER'S NAME: M. PRESANTH
" I al LIDIO MILLIO ACCORDANT. SAULA 12 6 H COLITANT. U.66 6044
(.4) 9. THIRD PARTY VEHICLE
My of passanger d) VEHICLE NUMBER: MODEL:
ONIVERS NAME:
(Including debrer) NRIC/FIN/PASSPORT: CONTACT:
email = Rogal
Charle Colonic

email = Rogar VIDEO YAL WING OUDER



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: PNPV2019-00010627-02 (Comprehensive - Executive Plan)

Car plate number: SDU1050R

Your name (As the policyholder): Lai Yoke Ching

Coverage start date: 01/07/2021 Coverage end date: 30/06/2022

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: DBS Bank Ltd

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

Issued on: 30/05/2021

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.