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SINGAPORE ACCIDENT STATEMENT

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 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	13/10/2021 16:25 (SGT) 13/10/2021 09:10 (SGT) SLE, Singapore TOWARDS BKE (WOODLANDS) LAMP POST 607 Singapore
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DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3537J
INSURED/POLICYHOLDER	

Is company?	No
Name Of Registered Owner	LEONG YING KIT
NRIC No	SXXXX243G
Email Address	joesh79@yahoo.com
Mobile Phone No	(Phone) +65-98429679
Alternative Phone No	+65-98429679

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	FWD Singapore Pte. Ltd. Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00003004-01
Cover Note Number	-

DRIVER

Name of Driver	LEONG YING KIT
NRIC No	SXXXX243G

Date Of Birth	07/11/1979
Occupation	Outdoor
Date Of Driving Pass	03/03/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98429679
Alt. Phone Number	+65-98429679
Email Address	joesh79@yahoo.com
Address	BLK 357C ADMIRALTY DRIVE #11-122
Address complement	-
Postcode	753357
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	•
insurance company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Tuna of April 21	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
The Company of the Co	
OTHER INFORMATION	
Was any foreign vehicle involved in the angle to	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	5.E.
CIDCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are considered whether well 11 to the second	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
	· · · · · · · · · · · · · · · · · · ·
Vehicle Registration Number	SMQ9527U
Vehicle Manufacturer	+
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	¥
Vehicle Category	Private car
Name of Driver	- IIVate cal
Contact Number	-
Contact Number Address	-
Contact Number	-

	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 Gender Phone No Address	LEONG YING KIT Male (Phone) +65-98429679
The state of the s	-
Address Complement	-
Post Code	3
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJD3537J
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.
- 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)

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' 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 &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

SLE towards 8KE (woodlands) Lamp Post 607

vehicle A: SJ03537J vehicles: SMR9527V

Describe Circumstances of the Accident

On the	State	d date	k ti	me, I	, vehicle	ECCS)A	537J) V	uas tra	velling	Straig	ht at	the	state	'd
location	ōŋ	Lane 1.	AS	the -	front re	hicle slo	wed dow	n and	came	to a	stop ,	I fo	Howe	d suit.
Second	later,	I feli	^t an	impact	· from	the rea	ar portion	of a	ny ve	hicle.	I ali	hted	Q	realised
ehicle.	B (SI	no 9527	4)	collided	d onto	the r	par port	ion of	my	vehicle	caus	ing	dan	rages.
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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

Witnessed by Reporting Centre

Personnel

July

,	Date of Accident	13 10 2021 Accident Time: MIONK (24-HR-FORMAT)
	Aceident Place	: SLE towards BLEE (Woodlands) Lamp Post 607
	Vehicle Reg. No (Car plate No.)	SJD3537J Vehicle Make/Model: Toyota Vios
	lństivańce Company	FWD Polley No. PNPV 2020-0003004-01
	Name of Registered Owner	Company/Individual Leong Ying Kit
	ID of Registered Owner	: Co Reg No: - Owner's NRIC No: C79232436
	and the state of t	: Co Contact No! Owner's Contact No: 9845 9679
	DRIVER'S Name	Leong Ying Kit DRIVER'S NRIG No. 579332436
*	DRIVER'S Date of Birth	07 Nov 1979 DRAVER'S License Pass Date 13 Mar 2005
	Relationship bet. Owner & Driver	Spottse Parents Children Sibling Employee Others: Owner
	DRIVER'S Addiess	APT Blk 357(Admiralty Drive #11-122 S (753357)
	DRIVER'S Contact No JAIL No	(1) 98429679 2) -
	DRIVER'S Occupation	: IMDOOR NOUTDOOK (eg. working inside or outside of priote)
ji.	Email Address	joesh79 @ yahoc. com
	- Weather & Road Surface	CLEAR & DRY RAINING & WET WAFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (including Was the accident reported to the Was there any video Captured by	police2 YES \ NO Passenger Name: Gender: M/F v car camera; YES \ NO Any Injuries: YES / NO Injuried Name: Lowing Ving Ving Ving Ving Ving Ving Ving V
	Exact purpose for Which yeblole	Injured Name:
		Other Party Driver's Particulars (il any)
***	Yahicta Reg No: Smod	507U Vehicle Reg No:
	- Kehiele MakelModel:	Vehicle Make Madet:
	News DRIVER:	Name DRIVER:
- 1.	- IGNO DRIVER.	IC No. DRIVER:
	DRIVER'S Contact & add	DRIVER'S Contact & add:
A		Other Party Driver's Particulars (if any)
2	Vehicle Reg No	Vehicle Reg No:
	Vehiele Males Model	Vahiole Make Model
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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: PNPV2020-00003004-01 (Comprehensive - Classic Plan)

Car plate number: SJD3537J

Your name (As the policyholder): LEONG YING KIT

Coverage start date: 19/03/2021 Coverage end date: 18/03/2022

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: Maybank Singapore

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

Issued on: 04/03/2021

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.