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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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 Actual 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.

 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,

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/10/2022 15:15 (SGT) Both 13/10/2022 13:15 (SGT) Sims Ave. Singapore CARPARK NUMBER (GEEC8) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGK85P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

SOH SIEW GEOK

SXXXX521G

c.soh@cmcmarkets.com (Phone) +65-98392591

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

CC

Mercedes

C180

Private use

No - Claiming third party

Private car

Auto

1595

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2019-00014375-03

DRIVER

Name of Driver

NRIC No.

Date Of Birth

Occupation

SOH SIEW GEOK SXXXX521G 10/08/1972

Indoor

Accident report SN0922AE0008

Page 1 of 18

Date Of Driving Pass 12/08/1996 Driving experience 26 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-98392591 Alt. Phone Number Email Address c.soh@cmcmarkets.com Address 96F LORONG J TELOK KURAU Address complement Postcode 425924 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 Collision - Head to Rear Type of Accident Clear Weather Conditions 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 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Kampong Kembangan Neighbourhood Police Post Police Station Name (Phone) +65-18007489999 Police Station Phone No (Fax) +65-67454676 Alt. Police Station Phone No. Blk 112 Lengkong Tiga #01-215 Singapore 410112 Police Station Address No Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCZ2399P
Vehicle Manufacturer Vehicle Model Vehicle Variant -

Vehicle Colour	12#17
Vehicle Category	Private car
Name of Driver	
Contact Number	4
Address	
Address complement	141
Postcode	
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	A-2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	77=2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be sempleted by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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.

X 14/10/22 12.27pr Policyholder's Signature / Date & Time		rer's Signature (if driver	14/10/22 12.27pm is not the policyholder) / Date	Date Witnessed by Reporting Centre Personnel			
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VVVe declare the foregoing particulars are true in every respect.

14/10/22 12.27pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>Soh Siew Geok (Su Xiuyu)</u>, <u>NRIC:</u> <u>S7227521G</u>, <u>HP: 9839 2591</u> has reported to the Police a non-injury traffic accident which occurred along <u>Sims Avenue Carpark number GEEC8</u> on <u>13/10/2022</u> between <u>1315hrs to 1330hrs</u> involving the following vehicles:-

- i) SGK85P
- ii) SCZ2399P
- 2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSS Tiong Yee Seng

Date: <u>13/10/2022</u> Time: <u>1935hrs</u>

Station Diary ref: 10

Police Post/Unit: Kampong Kembangan NPP

Original -Duplicate - to be issued to informant to be submitted to Traffic Police

CONFIDENTIAL

Date of Accident	. 13 -10 3011 Accident Time : (315 fr. (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	SIMS AVENUE CARPARK NUMBER GEECS
Vehicle No (Car Plate No)	SEIK 85P Make/Model: MERCEDES BENZ
Insurance Company	: FWD Policy No: PNPV2019-00014375-03
Fleet Policy	: YES (VO
Type of Coverage	: Comprehensive)/ Third Party / Third Party Fire & Theft
Name of Owner / IC No	: SOH SIEW GEOK (\$72275216)
Owner Contact No	: 9839 2591 Owner's Hp Company Tel
Driver Name / IC No	: As Above
Driver's Date of Birth	: 10-08-1972Driver's License Pass Date: 12 Aug 1996
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Ocuner
Driver's Address	967 LORONG J TELOK KURALI SINGAPORE 425924
Driver's Contact No	(1) 9839 2591 2)
Driver's Occupation	: NDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: C. SOH @ CMC markets. Com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: I person (olriver)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES (NO) : Private Use / Private Hire / Work Purpose : NO
VEH B: SCZ 2399 P (MAR) VEH C: VEH D:	Name & Contact No: Name & Contact No:
VEH E :	Name & Contact No:

*NEW - Passenger's Name & Gender:

Day



Celebrate living fwd.com.sg

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: PNPV2019-00014375-03 (Comprehensive - Executive Plan)

Car plate number: SGK85P

Your name (As the policyholder): SOH SIEW GEOK

Coverage start date: 01/10/2022 Coverage end date: 30/09/2023

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:

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

Issued on: 25/08/2022

Carl

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.