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

31/10/2022 11:10 (SGT) Both 28/10/2022 17:00 (SGT) Jln Bahar, Singapore EXIT TOWARDS TUAS Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM7489E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

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

HO WEI CHIEH (HE WEICHIEH)

SXXXX153E

oscar_ho1981@hotmail.com (Phone) +65-97966691

-

Private use

Mercedes C180

No - Claiming third party

Private car

Auto

1595

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2022-00003758

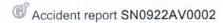
DRIVER

Name of Driver NRIC No

Date Of Birth Occupation HO WEI CHIEH (HE WEICHIEH)

SXXXX153E 27/09/1981

Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/08/2000 22 YEARS AND 2 MONTHS Male (Phone) +65-97966691 - oscar_ho1981@hotmail.com 103 HILLVIEW RISE #05-12 - 667982 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender	No 3 Yes No Yes 4 No LINDA NG Female HO XUAN HUI, CHARLOTTE Female HO ZHENG XUAN, CAVAN Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -	
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG746B
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
	<u>-</u>
Vehicle Category	Private car
Name of Driver	
Contact Number	-
Address	- T
Address complement	-
Postcode	_
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC6783D	
Vehicle Manufacturer	co-sw-owahadaux •	
Vehicle Model		
Vehicle Variant		
Vehicle Colour		
Vehicle Category	Commercial vehicle	
Name of Driver		
Contact Number	-	
Address		
Address complement	·	
Postcode	0.000000000000000000000000000000000000	
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	HO WEI CHIEH (HE WEICHIEH)
Gender	Male
Phone No	(Phone) +65-97966691
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM7489E
Were seat belts worn?	
	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	LINDA NG
Gender	Female
Phone No	_
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM7489E
Were seat belts worn?	Yes
THE CONTROLL	162

Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person Gender Phone No Address Address Complement	Female -
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	2
INJURED 4	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Male -

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 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.
- 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 of 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' 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/c: (including their law yers/law firms)					eir third party service providers or agents more of the above Purposes.
	<i>y</i>				31/10/2022
Policyholder's Signature / Date & Time	& Time			the policyholder)	Personnel
Sketch Plan	JALAN	BAHAR	EXIT	TOWARDS	luns.
					(B) ST6 746B (C) PC6783D
					(B) SJ6 746B
g					© PC6783D

Describe Circumstances of the Accident
On 28.10.2022 at about 17whis from travelling along John Battare
exit formards thas. The traffic was on moderate more. Athead of me, there's
a relicle slow down and I follow suit. All of a sudden, I feet an inpact
from the var. Then I realised a vehicle SJ6 746B had collided on to my
vear. Potal 3 relicles involve in the accident.

Declaration

IWe 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



Date of Accident	: 28 10-2022 Accident Time: 1000 (24-HR-Format)
Accident Place	: Jalan Bahar Exit Youardo Tudo
Vehicle. No. (Car Plate No.)	: SMM 7489E Make/Model: Muradia Bunz (180 Aranta)
Insurace Company	: FWO Policy No: PNW 2022 -0000 3751
Owner or Company Name /IC	10. : HOWO ariet (He Wochiet) - (\$8129153E)
Owner or Company Contact No	.:Owner's Hp 97966691 Company Te
DRIVER'S Name / IC No.	: Same as above
DRIVER'S Date Of Birth	: 27.09.108] DRIVER'S License Pass Date 15.09.200
Relationship of Owner & Drive	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DRIVER'S Address	: 103 Hillyew RISE *05-12 5(667982)
DRIVER'S Contact No./ Alt N	· :1) 2) 9796 6691
DRIVER'S Occupation	: INDOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ascar_ho 1981(a) hotmail.com
Weather & Road Surface	: CLEAR &DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Includi	g Driver): A Pax
Was there any video Captured	y car camera: YES \NO was being used at the time of accident: Private use \ Work purpose
Ot	er Party Driver's Particular (if any)
Vehicle. No: 57461	(Chlina) Vehicle. No: PC 6783D
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's nam	e & gender:
(1) Linda No (1)	
(3) Ho Xuan Hui, cho (3) Ho Zhens Xuan	·Lottl (F)
3 th Zhens Xuan	cavan (m)



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: PNPV2022-00003758 (Comprehensive - Classic Plan)

Car plate number: SMM74898

Your name (As the policyholder): Ho Wei Chieh

Coverage start date: 08/10/2022 Coverage end date: 07/10/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive: You

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:OC8C Bank Limited

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

Issued on: 09/09/2022

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	153E
Vehicle No.:	SMM7489E
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	27491030339442
Chassis No.:	WDD2050402R054017
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$35,392.00
Original Registration Date:	02 Apr 2015
First Registration Date:	02 Apr 2015
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$31,549.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Apr 2025
PARF Rebate Amount: Intended COE Rebate Details	\$18,929.00
COE Expiry Date:	01 Apr 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$70,890.00
COE Rebate Amount:	\$16,370.00
Total Rebate Amount:	\$35,299.00

The information contained herein is correct as at 28 Oct 2022