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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

3. Information provided must be as truthful and accurate as possible. Any which misrepresentation of the 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

21/11/2022 13:02 (SGT) Date of Submission Reported by 18/11/2022 17:35 (SGT) Date of Accident **Exact Location of Accident** PIE, Singapore (CHANGI) BEFORE BKE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLA9612C Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LIM HENG KA (LIN XINGJIA) Name Of Registered Owner NRIC No SXXXX946B **Email Address** kelvin@imcarpenter.com.sg (Phone) +65-96733289 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer A180 Model Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle? Private car Vehicle Category

Auto Transmission 1595 CC

INSURANCE COMPANY

FWD Singapore Pte. Ltd. Name of Insurance Company PNPV2019-00004484-03 Policy Number / Cover Note Number

DRIVER

LIM HENG KA (LIN XINGJIA) Name of Driver SXXXX946B NRIC No 30/08/1985 Date Of Birth Indoor Occupation

Date Of Driving Pass 03/07/2006 Driving experience 16 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-96733289 Alt. Phone Number **Email Address** kelvin@imcarpenter.com.sg BLK 60A TELOK BLANGAH STREET 31 #19-239 Address Address complement 101090 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 Chain Collision 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 TAN YAN RONG Name Female Gender 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 Reasons for not uploading a video of the accident WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMK733G
Vehicle Manufacturer Vehicle Model -



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	-
Postcode	_
Insurance Company Name	- 77
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	ED3282C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	·
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	:-:
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBQ3477A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	÷
Vehicle Category	Motorcycle
Name of Driver	
Contact Number	-
Address	
Address complement	-
Postcode	-0
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' lawyers/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' 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/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/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 (Name as in NRIC/ID card)

Sketch Plan Δ A 1 B Vehicle D

Describe Circumstance of the Accident 1 W45 travelling along PIE (change) before BKE. Front vehicle s	topped I follow suit.
out of sudden, I tell an impact of my vehicle and realised that	my vehicle was rear
ended by vehicle B (SME7336).	
There were 4 vehicles involved in this occident.	

Declaration

I/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 (Name as in NRIC/ID card)



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 11 / 2 (dd/mm/yy) Time of Accident: 17 : 35 (24-HR-FORMAT)
Vehicle No.: SLA9612 C Vehicle Make & Model: Marcedes A180
*Transmission : o Manual Auto
Exact location of Accident: PIE (changi) before BKE
Policyholder's Name: Lim Heng Ka Clin tingjia) NRIC/FIN/REG No.: 58528946B
*Policyholder's email address: Kel Williamcar penter - com.sg
Driver's Name: As above NRIC/FIN/REG No.:
*Driver's email address :
Driver's Contact No.: 96733289 Company Contact No (If any):
Date of birth: 30 8 1985 Driving Pass Date: 317 1206
Driver's Address: 904 Telok Blongah Road street 31, 19-29, 101090
Insurance Company:FWD
Policy No.: PNPV2019 - 00004484-03 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please <u>TICK</u> one only)
o Own Insurance / g'Other Vehicle (<i>The one you want to claim against</i>)/ o Reporting (<i>For Record Purpose</i>)
Tyce of Accident
Chain Collision o Head To Rear o Side Swipe o Other
Occupation (nature job) Indoor / o Outdoor *No. of Passengers / Including Driver): 7.
*Passenger Name: Tan Yan Rong Gender: Male / Female
*Passenger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
o Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? &Yes / o No With TP
Any Injuries: Yes / o No (If YES) Injured Person' Name:
Injuries Sustain : Injured Person in Which Vehicle:
Police Report field: o Yes / No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: Vehicle No: SMIC 7335
Driver's Contact No: 96(73370 Insurance Company:
2. Driver's Name / IC No (If Any): Vehicle No: ED 328 C
Driver's Contact No: 91685080 Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

White No: FBQ3477A



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: PNPV2019-00004484-03 (Comprehensive - Executive Plan)

Car plate number: SLA9612C

Your name (As the policyholder): LIM HENG KA

Coverage start date: 23/03/2022 Coverage end date: 22/03/2023

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.

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

Issued on: 17/03/2022

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.