NATIONAL ASSESSMENT		74		1-2-	
NATIONAL Assessment Centre	e Services. wet	PYOPILAHM ISOMEL	92		
Date In: 10/4/19-16:44	Jeb description	Date &T	ime Completed	Doi	ie py
Res No: MA FUDI 4006582/24	SAS e-filing				
Vch No: 57x 51404	E-mail (within Shrs, /	AIC 2hrs)			
D.O.A : 1/4/19- 02:00	i-Motor Claim Fo	orm .			
OD (TP) Reporting Only	i-Motor W/O (wit	hin: OD 2hrs, TP 4hrs)			
Toporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
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Preferred Wksp / INC Assign Wksp / QW: (Tel:		ıx:	-
TP Particulars: Veh No: 1501	22	INC()/Non			
Owner / Driver: (40	Tel:	110(),	,	
Policy No: () Peri	iod: () Cover Ty	pe: (
Confirmed by : (Da		Time:		
Insured/Driver Liability: (%) [N	lote-Est. Status (WO):	N: 0-20%; P: 21	-79%. P: 80-10	0%]	
		NO()			
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> 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.

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white works to be the	ACCIDENT STATEMENT
Date Of Report	12/04/2019 16:44
Date Of Accident	11/04/2019 02:00
Exact Location Of Accident	ALONG CAVENAGH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX5190G
Insured/Policyholder	
Name Of Registered Owner	ANG ENG KIAT
NRIC No	S1355731D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97211849
Alternative Phone No	OFFICE-97211849
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015131
Cover Note Number	
Driver	
Name of Driver	ANG YOONG KHOON, MARCUS (WANG RONGKUN)
NRIC No	S9724561D
Date Of Birth	21/07/1997
Occupation	INDOOR
Date Of Driving Pass	15/06/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96247210
Fax Number	

OFFICE-96247210

NOEMAIL

Address BLK 105 PASIR RIS STREET 12

#11-83

Postcode 510105

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

34

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JSU1270 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

-

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Details of Police Action

Was the accident reported to the police?

YES

Police Station Name

If Yes,Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/7009.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JSU1270

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1					
Name	ANG YOONG KHOON, MARCUS (WANG RONGKUN)				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SJX5190G				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					
Postcode					

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repusitate 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.
- 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.
- By the lodgment 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 aforesald.
- 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

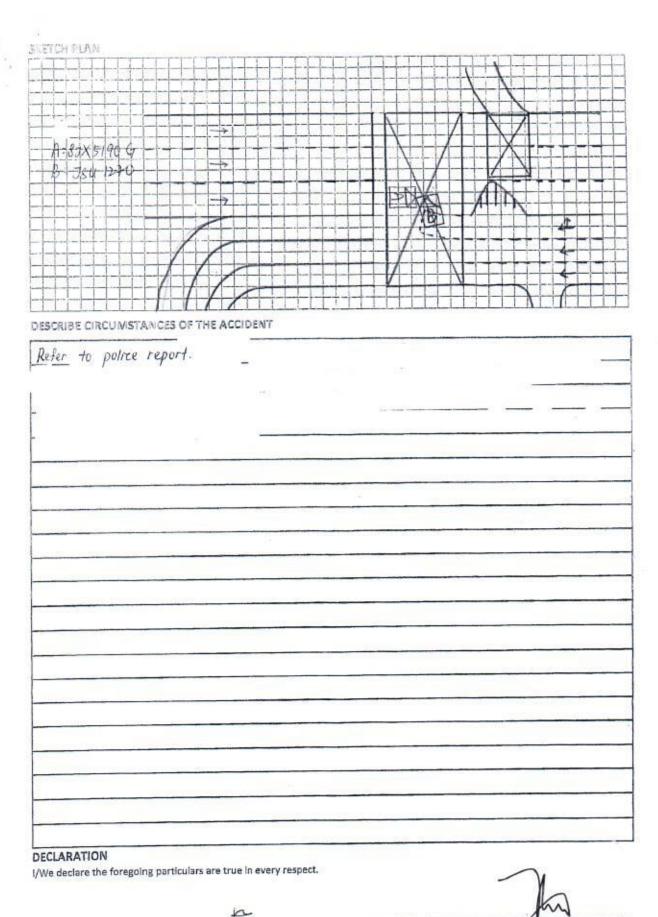
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible, Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

非自然的	ACCIDENT DETAILS	The state of the s
Date of accident	11/04/2019	(DD/MM/YY)
Time of accident	2:00 am	(HH:MM)
Exact location of accident	Along Carenagh Road	

A RESERVED DE LA COMPANSION DE LA COMPAN	DE	TAILS OF	/EHICLE	Control of the second	
Vehicle registration number	SJX 5190 G				
Vehicle make and model	Honda Ci	Honda Civic			
Type of vehicle	Saloon D	MPV 🗆 Bus 🗈	5211(1)35	Others:	
Vehicle category	Private	Comm	ercial Motorcy	/cle a	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes.□ Third part c	No,2	if no, please select: Reporting only \Box		

THE WHAT IS NOT THE	INSURANCE IN	FORMATION	AT THE REAL PROPERTY.
Insurance company	FWD		
Policy number			and the second s
Type of policy	Comprehensive	Third party fire & theft o	TP only

"在我们的会计划也是否是对此,	INSURED / POLICY HOLDER
Name	Ang Eng Kiat Male Female
NRIC / Fin / Passport number	S 13 55 731 D
Contact	9721 1849
Address	BIK 105 Pasir Ris Street 12 # 11-83 S(510 105).

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Ang Young Khoon, Marcus (Wang Rongtun) Males Female -					
NRIC / Fin / Passport number	597 245610					
Contact	9624 7210					
Address						
Email address						
Date of birth	21/07/1997					
Occupation	Indoor Outdoor					
Driving date pass	15/06/2017					

V中华的技术。MATERIAL TO THE THE THE TOTAL TO THE	eneral in	IFORMATION O	F THE ACCIDENT	
Was driver an employee of	Yes D	No		
the insured's company?	If no, rela	tlonship of the	driver and insured: _	Son
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆		
No of passenger				(Inclusive of driver)
《经济社 》(2017年)2017年)2017年	拉姆斯坦	PASSENGER		
Name				
Gender	Male 🗆	Female 🗆		
THE PARTY OF THE P	产(4)	PASSENGER	2	/ 卡尔里里斯里拉尔
Name				
Gender	Male o	Female 🗆		
	NAMES OF STREET			
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Gender	Male 🗆	Fernale 🗆		
		-/	WHILE BELLING AND SHAPE THE AND THE SHAPE	
		PASSENGER	44	
Name				
Gender	Male D	Female 🗆		
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Name				
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Name		PASSENGE	36	
Name Gender	Male	PASSENGEI	₹6	
Name Gender	Male 🗆		₹ 6	
		Female 🗆		
Gender		Female OTHER INFORM		
Gender Was anybody Injured?	Yes ø	Female DOTHER INFORM		
Gender		Female OTHER INFORM		
Gender Was anybody Injured?	Yes of Yes of	Female D OTHER INFORM No. No.	IATION	
Gender Was anybody injured? Was other vehicle damaged?	Yes p	Female D OTHER INFORM NOD NOD TAILS OF POLICE	IATION E ACTION	th police station.
Was anybody injured? Was other vehicle damaged? Reported to police?	Yes of Yes of	Female D OTHER INFORM NOD NOD TAILS OF POLICE	IATION	th police station.
Gender Was anybody injured? Was other vehicle damaged?	Yes p	Female D OTHER INFORM NOD NOD TAILS OF POLICE	IATION E ACTION	ch police station.
Was anybody injured? Was other vehicle damaged? Reported to police?	Yes p	Female D OTHER INFORIV No.D TAILS OF POLIC No.D If y	E ACTION res, please state which	ch police station.
Was anybody injured? Was other vehicle damaged? Reported to police? Police station name	Yes p	Female D OTHER INFORM NOD NOD TAILS OF POLICE	E ACTION res, please state which	ch police station.
Was anybody injured? Was other vehicle damaged? Reported to police?	Yes p	Female D OTHER INFORIV No.D TAILS OF POLIC No.D If y	E ACTION res, please state which	ch police station.
Was anybody injured? Was other vehicle damaged? Reported to police? Police station name	Yes p	Female D OTHER INFORM No.D TAILS OF POLIC No.D If y WITNESS	E ACTION res, please state which	ch police station,
Was anybody injured? Was other vehicle damaged? Reported to police? Police station name	Yes p	Female D OTHER INFORIV No.D TAILS OF POLIC No.D If y	E ACTION res, please state which	ch police station.

CHARLES OF THE PARTY OF	THIRD PARTY VEHICLE 1
Vehicle registration number	JSU 1270
Vehicle make model	Honda Vezel
Name	
NRIC / Fin / Passport number	
Contact	
NAMES OF THE OWNERS OF THE PERSON OF THE	THIRD PARTY VEHICLE Z
Vehicle registration number	
Vehicle make model	
Nama	
NRIC / Fin / Passport number	
Contact	
SEALON MENTON DESIGNATION	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
-	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Figure 18 of the last of the l	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC //Fin / Passport number	
Contact	
world and	

	ALC: SERVICE	INJURED PERSON	TOTAL SERVICE STATE	TES 10 8 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes□	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	5-0-0-0-0-1	1074.7		
	35 A A A A A A A A A A A A A A A A A A A	INJURED PERSON		A DESCRIPTION OF THE PARTY OF T
Name	MENT BERKEN	WAS CONTRACTOR OF THE PARTY OF	WALKER TO SEE THE PERSON OF REAL PROPERTY COME.	CONTRACTOR
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes	No D		
hospital by ambulance?	1,00 12		/	
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		INJURED PERSON		SERVICE DE L'ALGO
Name		INJUNED I ENJOIN	Carlo	AND DESCRIPTION OF THE PARTY OF
Injuries sustained			/	
Which vehicle person in?	-			
Were seat belts worn?	Yes 🗆	No D		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	, 63 1			
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190411/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 11/04/20	ate/Time Report Made: 1/04/2019 16:44		Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		
	f Informant: OONG KHO	ON, MARCUS	Address: APT BLK 105 PASIR RIS STI 510105	REET 12 #11-83 SINGAPORE
ID Type NRIC N	/ ID No.: O / S97245	61D	Contact No.: Home/Office:	Mobile: 96247210
National SINGAP	ity: ORE CITIZ	EN	Email: wang_rongkun@hotmail.com	
Sex: Male	Age: 21	Date of Birth: 21/07/1997	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: National Service Full Time		II Time	Driving Licence Information: Class: 3	Date of Expiry:

Seneral Infor	mation of the Accident				
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2019 02:10	Type of Location:	
Location:					
Cavenagh Ro	ad				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:			rking	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSU1270	Car					0
SJX5190G	Car			_	-	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190411/7009

CONTINUATION OF REPORT

Driver		ABIGRAD ST	1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STORY OF STREET	ACC PROPERTY.	AND SHOP OF THE PARTY OF THE PA
Name	ANG YOONG KHOON, MARCUS			ID No		S9724561D
Related Vehicle	SJX5190G (Car)			Conta	ct No.	96247210
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o			t

Brief Details.

On 11th April 2019 at about 0210hrs, I was driving my vehicle (SJX5190G) along Cavenagh Road travelling straight. Suddenly vehicle (JSU1270) abruptly made a right turn without checking from Buyong Road to Cavenagh Road while the traffic light was in my favor and collided in the front of my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190411/7009

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2019 16:44
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp	

EPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: \$9724561D

ANG YOONG KHOON, MARCUS (WANG RONGKUN)

Birth Date: 21 Jul 1997

Issue Date: 15 Jun 2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 15 Jun 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S9724561D

NP 428A

PASSPORT OF REPUBLIC OF STREET



Type Country Code Passport No. PA SGP E6706445A ANG YOONG KHOON, MARCUS (WANG RONGKUN)

Authority OF HOME AFFAIRS Date of expiry 02 MAY 2022 Place of birth Nationality SINGAPORE CITIZEN Date of birth
21 JUL 1997
Date of issue
02 MAY 2017
Modifications
SEE PAGE 2 National ID No 39724561D

E6706445A8SGP9707210M2205027S9724561D<<<<<90 PASGPANG<<700NG<KHOON<MARCUS<<<<<<<



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: PNPV2018-00015131 (Comprehensive - Classic Plan)

Car plate number: SJX5190G

Your name (As the policyholder): ANG ENG KIAT

Coverage start date: 22/12/2018 Coverage end date: 21/12/2019

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: 11/11/2018

Shrie

Abhishek Bhatia

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.