

| | | | | | | | |
|------------|--------------------|---|--------------|-----------------------|--|---------|--|
| Date/Time | 23/10/19 14:33 | Job description | SAS e-filing | Date & Time Completed | | Done by | |
| Ref No | MAI FWD19018782164 | E-mail (within 2hrs, A/C 2hrs) | | | | | |
| Page No | FBD 4155 | 1-Motor Claim Form | | | | | |
| Date | 22/10/19 15:55 | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | | | | |
| TP Insurer | Requiring Only | 1-Photo Uploaded | | | | | |
| | | Assessment/Survey Report | | | | | |
| | | Ass't Report by Fax / Hand to Owner/Whn | | | | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: SFS 1664 G | INC () / Non-INC () |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| Insured/Driver Liability: () | % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

| |
|---|
| General Remarks: |
| () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | | |
|---|-----------------------|-----------------------|---------|
| Remarks: | INC () / Non-INC () | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | | |

| |
|-------------|
| Injury: () |
|-------------|

| | |
|-----------|---------|
| Date/Time | Actions |
| | |
| | |
| | |
| | |
| | |

MA1908051

| | | | |
|-----------------------|--|-------------|---------|
| Client's Particulars: | Invoice Generation Checklist | AMT () | AMT () |
| Driver/Owner: | 1) AR: Accident Reporting (\$30): | 20.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100): INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40.545 | | |
| | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming assist INC Only (w/c 10 Jan 2020) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OR: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Coordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | *N9: TP (Non INC) against INC \$20 | | |
| | 9) N12: Idas Mobile \$30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 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. 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 Report | 23/10/2019 14:33 |
| Date Of Accident | 22/10/2019 15:55 |
| Exact Location Of Accident | SIMEI ST 1 TWDS EAST POINT MALL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBD415S |
| Insured/Policyholder | |
| Name Of Registered Owner | YEOH JUN WEI |
| NRIC No | S9317581F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98716133 |
| Alternative Phone No | OFFICE-98716133 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CB400 SF |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | PNMC2019-00001342 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEOH JUN WEI |
| NRIC No | S9317581F |
| Date Of Birth | 16/05/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/05/2019 |
| Driving Experience | 0 YEAR AND 5 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98716133 |
| Fax Number | |
| Contact Number | OFFICE-98716133 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 32 TELOK BLANGAH RISE #03-265 |
| Postcode | 090032 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | AFTER RAINED |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| 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 |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| 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? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20191023/7001

Attachment(s)

| | |
|---|-----|
| 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 | SFS1664G |
| 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 | YEOH JUN WEI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBD415S |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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 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 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.
- (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:
 - (i) 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:



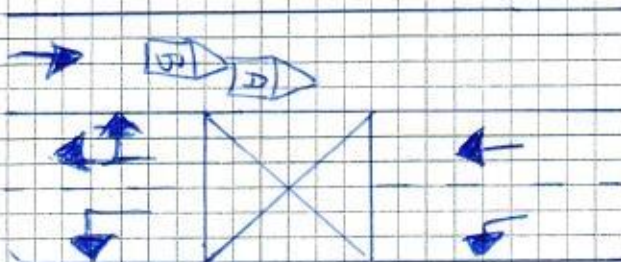
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: FBD4155

Vehicle B: SFS1664G

SIMEI ST 1 TWDS EASTPOINT MALL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20191023/7001

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time: 23/10/19 0100

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/10/19 0100

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

writing photo

Date of Accident : 22/10/2019 Accident Time: 1559 (24-HR-Format)
Accident Place : Simai Street 1 towards East Point Mall
Vehicle No. (Car Plate No.) : FBD 4155 Make/Model: Honda CB 400SF
Insurance Company : FWD Policy No: PNMC2019-00001342
Owner or Company Name /IC No. : YEON JUN WEI S9317581F
Owner or Company Contact No. : 98716133 Owner's Hp 98716133 Company Tel
DRIVER'S Name / IC No. : YEON JUN WEI S9317581F
DRIVER'S Date Of Birth : 16/05/1993 DRIVER'S License Pass Date 21/05/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 32 Telok Blangah Rise #03-265 (S) 090032
DRIVER'S Contact No./ Alt No. : 1) 98716133 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : m.yehjunwei@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 7 days MC

Other Party Driver's Particular (if any)

| | |
|---|------------------------------|
| ① Vehicle No: <u>SFS 1664G</u> | Vehicle No: _____ |
| Vehicle Make/Model: <u>Nissan Sunny</u> | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:



ORIGINAL

MEDICAL CERTIFICATE

EMD2019210023

| | | | |
|--|--|--|---|
| Name YEOW JUN WEI | | NRIC No. S9317581F | |
| This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>22-Oct-2019</u> to <u>28-Oct-2019</u> inclusive. | | | |
| Type of medical leave granted: | | | |
| <input checked="" type="checkbox"/> Hospitalization Leave | | <input type="checkbox"/> Outpatient Sick Leave | |
| Admitted on: _____ | | <input type="checkbox"/> Maternity Leave, Delivered on: _____ | |
| Discharged on: _____ | | <input type="checkbox"/> Sterilization Leave, Operated on: _____ | |
| This certificate is not valid for absence from court attendance. | | | |
| Diagnosis | | Surgical Operation (if applicable) | |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u> | | | |
| Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary. | | | |
| Hospital/Clinic Emergency Medicine Changi General Hospital | | Ward No. CGH Accident & Emergency Date 22-Oct-2019 | Signature, Name (in BLOCK LETTERS) and Designation/MCR No. ALLISON TAN CHEK SWEE, 64051D |



SINGAPORE POLICE FORCE



T/20191023/7001

1 of 3

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

Report No. T/20191023/7001

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 23/10/2019 00:43 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: YEOW JUN WEI | | | Address: APT BLK 32 TELOK BLANGAH RISE #03-265 SINGAPORE 090032 | | |
| ID Type / ID No.: NRIC NO / S9317581F | | | Contact No.: Home/Office: | | Mobile: 98716133 |
| Nationality: SINGAPORE CITIZEN | | | Email: m.yeohjunwei@gmail.com | | |
| Sex: Male | Age: 26 | Date of Birth: 16/05/1993 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: IT Executive | | | Driving Licence Information: Class: 2B,2A,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 22/10/2019 15:55 | Type of Location: Straight Road |
| Location: SIMEI STREET 1 | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------|-------|------------------|-----------------|
| FBD415S | Motorcycle | HONDA | CB4008J M | Black | | 0 |
| SFS1664G | Car | NISSAN | Sunny | Gold | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|-------------------|------------|-------------|
| FBD415S | FWD Singapore Pte. Ltd | PNMC2019-00001342 | 01/03/2019 | 29/02/2020 |



**SINGAPORE
POLICE FORCE**



T/20191023/7001

2 of 3

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

Report No. T/20191023/7001

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | YEOH JUN WEI | ID No. | S9317581F |
| Related Vehicle | FBD415S (Motorcycle) | Contact No. | 98716133 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 22/10/2019 | Date Discharge | 22/10/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Serious |

Brief Details.

I was riding my bike on Simei Street 1 towards Eastpoint Mall. I signal right because i intend to turn right into Metta Welfare Association, suddenly i felt a great impact from behind. The impact caused me flew out from my motor and I rolled twice on the road. My bike also fall on the left side. Police also attended and i never convey to hospital. After two hours, i felt pain on my body, i went to Changi General hospital and was given 7 days mc.



**SINGAPORE
POLICE FORCE**



T/20191023/7001

3 of 3

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

Report No. T/20191023/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/10/2019 00:43

Classification Of Case:



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle 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: PNMC2019-00001342

Plan Name: Third Party

Motorcycle plate number: FBD415S

Your name (As the policyholder): Yeoh Jun Wei

Coverage start date: 01/03/2019

Coverage end date: 29/02/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle 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 Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use 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: 01/03/2019

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.