

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA11916738

|                         |                                          |                       |         |
|-------------------------|------------------------------------------|-----------------------|---------|
| Date In: 21/12/19-14:45 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA1909524274    | SAS e-filing                             |                       |         |
| Veh No: 5MK79617        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 23/12/19-1950    | i-Motor Claim Form                       |                       |         |
| OD: TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                         | i-Photo Uploaded                         |                       |         |
| TP Insurer:             | Assessment/Survey Report                 |                       |         |
|                         | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 5MK78110

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 hotline: 6788 6616)

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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |                                                 |             |                     |                      |
|---------------------------------|-------------------------------------------------|-------------|---------------------|----------------------|
| NA19095242                      | Invoice Preparation Checklist                   |             | Ant (\$)<br>In Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               |             |                     |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |                     |                      |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |                     |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |                     |                      |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |                     |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |                     |                      |
| QC Checked by (Engr-In-Charge): | 6) TR: Re-inspection \$75                       |             |                     |                      |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |                     |                      |
|                                 | 8) NTUC Additional Services:-                   |             |                     |                      |
|                                 | ON*                                             |             |                     |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |                     |                      |
|                                 | *N6: Repair Co-ordination \$10                  |             |                     |                      |
|                                 | *N7: Post Repair Inspection \$25                |             |                     |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |                     |                      |
| Auditors' Comments :-           | TP (N11): TP (Non INC) against INC              |             |                     |                      |
| Lat 1:                          | 9) N12: Idac Mobile 30                          |             |                     |                      |
| Lat 2 / 3:                      | 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             | 21/12/2019 14:45                      |
| Date Of Accident           | 20/12/2019 19:50                      |
| Exact Location Of Accident | JUNC RIVER VALLEY RD & EU TONG SEN ST |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMK7961T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | YANG SHANLEI         |
| NRIC No                     | SXXXXX712Z           |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-92381375 |
| Alternative Phone No        | OFFICE-92381375      |

### Vehicle Particulars

|                                                                              |                                |
|------------------------------------------------------------------------------|--------------------------------|
| Manufacturer                                                                 | RENAULT                        |
| Model                                                                        | GRAND SCENIC IV 1.5 DCI AT EU6 |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                        |
| 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 HIRE                   |

### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY             |
| Fleet Policy              | NO                      |
| Policy Number             | PNCV2019-00000415       |
| Cover Note Number         |                         |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | YANG SHANLEI         |
| NRIC No              | SXXXXX712Z           |
| Date Of Birth        | 21/12/1974           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 29/10/2011           |
| Driving Experience   | 8 YEARS AND 1 MONTH  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-92381375 |
| Fax Number           |                      |
| Contact Number       | OFFICE-92381375      |
| EMail Address        | NOEMAIL              |

|                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| Address                                             | BLK 453A BUKIT BATOK WEST AVENUE 6<br>#08-755 |
| Postcode                                            | 651453                                        |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### 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)                                                     | 4                             |
| Passenger 1                                                                                 | NAME: : -<br>GENDER: : MALE   |
| Passenger 2                                                                                 | NAME: : -<br>GENDER: : MALE   |
| Passenger 3                                                                                 | NAME: : -<br>GENDER: : FEMALE |

#### 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 - 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? | NO                                                            |
| If Yes, against whom?                     |                                                               |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/7006.

#### 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 | SJK7811D |
|-----------------------------|----------|

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

YANG SHANLEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMK7961T

Were seat belts worn?

YES

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:

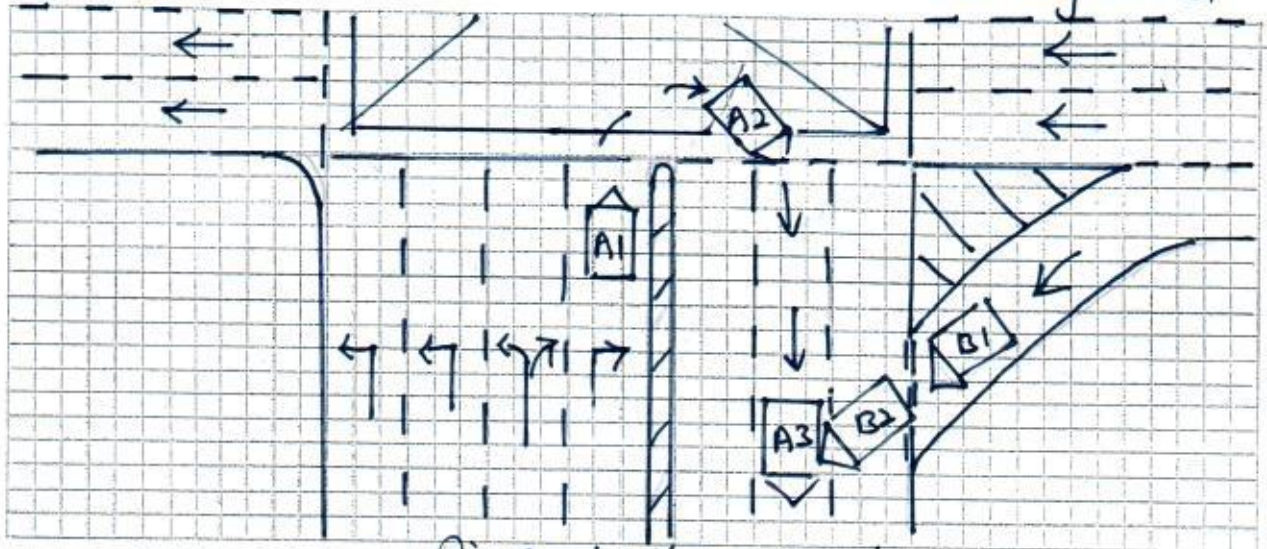
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No :-

T/20191221/7006

*[Handwritten signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

*[Handwritten signature]*  
Policyholder's Signature  
Date & Time:

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

*[Handwritten signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



p/s email  
mg3solution@gmail.com

# SINGAPORE ACCIDENT STATEMENT

|                                                                                       |                                  |                      |
|---------------------------------------------------------------------------------------|----------------------------------|----------------------|
| Accident Date: 20/12/19                                                               | Time: 19.50                      | (hh:mm) 24 hr format |
| Location Junction of River Valley Road & Eu Tong Sen St                               |                                  |                      |
| Vehicle Number SMK 79617                                                              |                                  |                      |
| Insured Name Yang Shanlei                                                             |                                  |                      |
| NRIC / FIN 574647122                                                                  | Contact Number 9238 1375         |                      |
| Make RENAULT                                                                          | Model GRAND SCENIC IV 1.5 DCI AT | Eug                  |
| Are you claiming under your own insurance policy for repair to your vehicle?          |                                  |                      |
| ( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting                            |                                  |                      |
| Insurance Company FWD                                                                 |                                  |                      |
| Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft                         | ( / ) TP Only                    |                      |
| Policy Number PNCV2019 - 00000415                                                     |                                  |                      |
| Name of Driver                                                                        | ( / ) Same as Insured            |                      |
| NRIC / FIN 574647122                                                                  | Contact Number 9238 1375         |                      |
| Date of Birth 21-12-1974                                                              | 9268 1375                        |                      |
| Driving Pass Date 29-OCT-2011                                                         |                                  |                      |
| Occupation ( ) Indoor ( / ) Outdoor                                                   |                                  |                      |
| Gender ( / ) Male ( ) Female                                                          |                                  |                      |
| Email Address anckle@sina.com                                                         | ( ) NO EMAIL                     |                      |
| Address of Driver BLE 453 A BUKIT BATOK WEST AVE 6                                    |                                  |                      |
| # 08-755 S (65/453)                                                                   |                                  |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( / ) No                     |                                  |                      |
| If No, Relationship of the Driver with the Insured                                    |                                  |                      |
| ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling               |                                  |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No                               |                                  |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle                           |                                  |                      |
| Insurance Company of Driver's Own Vehicle                                             |                                  |                      |
| Weather Conditions ( / ) Clear ( ) Raining ( ) Others                                 |                                  |                      |
| Road Surface ( / ) Dry ( ) Wet ( ) Others                                             |                                  |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No                   |                                  |                      |
| Was anybody injured in the accident? ( / ) Yes ( ) No                                 |                                  |                      |
| If yes, injured detail Driver MC 5 Pngs.                                              |                                  |                      |
| Was there any video captured by Car Camera? ( / ) Yes ( ) No                          |                                  |                      |
| Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report |                                  |                      |
| DETAILS OF 3 <sup>rd</sup> party                                                      | Name / Nric                      | Contact              |
| Veh B SJK 7811D                                                                       |                                  |                      |
| Veh C                                                                                 |                                  |                      |
| Veh D                                                                                 |                                  |                      |
| Veh E                                                                                 |                                  |                      |
| Veh F                                                                                 |                                  |                      |

Includer Driver (M) x2  
& person only (F) x1 } Unknown



# SINGAPORE POLICE FORCE



T/20191221/7006

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

1 of 4

Report No. T/20191221/7006

## REPORT OF A TRAFFIC ACCIDENT

|                                            |            |                              |                                                                     |                    |                            |
|--------------------------------------------|------------|------------------------------|---------------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>21/12/2019 11:12 |            | Vide Report No.:             |                                                                     | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |                                                                     |                    |                            |
| Name of Informant:<br>YANG SHANLEI         |            |                              | Address:<br>453A BUKIT BATOK WEST AVENUE 6 #08-755 SINGAPORE 651453 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7464712Z   |            |                              | Contact No.:<br>Home/Office:                                        |                    | Mobile: 92681375           |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>ANCKLE@163.COM                                            |                    |                            |
| Sex:<br>Male                               | Age:<br>45 | Date of Birth:<br>21/12/1974 | Type of Informant:<br>Driver                                        |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                                |                    | Institution / School Name: |
| Occupation:                                |            |                              | Driving Licence Information:<br>Class: 3                            |                    | Date of Expiry:            |

## General Information of the Accident

|                                                              |                  |                                    |                                            |                                     |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>20/12/2019 19:50 | Type of Location:<br>Straight Road  |
| Location:<br><br>RIVER VALLEY ROAD                           |                  |                                    |                                            |                                     |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry               |                                            | Road Speed Limit:<br>50 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    |                                            | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make    | Model  | Color | Condition        | No of Passenger |
|-------------|------|---------|--------|-------|------------------|-----------------|
| SJK7811D    | Car  | TOYOTA  | ESTIMA | Black | Slightly Damaged | 0               |
| SMK7961T    | Car  | RENAULT |        | White | Slightly Damaged | 3               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company      | Insurance No      | Effective  | Expiry Date |
|-------------|------------------------|-------------------|------------|-------------|
| SMK7961T    | FWD Singapore Pte. Ltd | PNCV2019-00000415 | 18/04/2019 | 17/04/2020  |





**SINGAPORE  
POLICE FORCE**



T/20191221/7006

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

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Report No. T/20191221/7006

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                   |                                        |                                   |
|-----------------------------------|-------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                   |                                        |                                   |
| No. of Pedestrians Injured: NIL   |                   | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                   |                                        |                                   |
| Name                              | YANG SHANLEI      | ID No.                                 | S7464712Z                         |
| Related Vehicle                   | SMK7961T (Car)    | Contact No.                            | 92681375                          |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 21/12/2019        | Date Discharge                         | 21/12/2019                        |
| No. of Days granted Medical Leave | 05                | Degree of Injury                       | Slight                            |
| <b>Passenger</b>                  |                   |                                        |                                   |
| Name                              | Unknown Passenger | ID No.                                 | NIL                               |
| Related Vehicle                   | SMK7961T (Car)    | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                   |                                        |                                   |
| Name                              | AZMAN BIN SANAYI  | ID No.                                 | S7221228B                         |
| Related Vehicle                   | NIL               | Contact No.                            | 87791513                          |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | NIL                               |

**Brief Details.**

On 20/12/19 @ 1950 hours i (SMK7961T) was travelling along River Valley road with 3 passengers on board. I approached to the junction of River Valley Road & Eu Tong Sen Street making U-turn towards River Valley Road. As I make a U-turn and come to a complete turn at 2nd lane of 3 lane road. Suddenly a car (SJK7811D) from the slips road of Eu Tong Sen ST dash out without stopping at the stop line & hit onto my vehicle left portion. My vehicle was damaged on the left front portion till passenger door. We take some pictures then leave the scene. At the point of time no one was injury. I wish to state that i got in car camera capture the accident. Today i wake up i felt my neck & back was in pain so i consulted doctors at KOO & CHOO MEDICAL CLINIC P.L & was given 5 days MC from 21/12/19 to 25/12/19



**SINGAPORE  
POLICE FORCE**



T/20191221/7006

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

3 of 4

Report No. T/20191221/7006

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20191221/7006

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

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Report No. T/20191221/7006

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
21/12/2019 11:12

Classification Of Case:



## 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: PNCV2019-00000415

Car plate number : SMK7961T

Car chassis number : VF1RFA00962476724

Coverage start date: 18/04/2019

Coverage end date: 17/04/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: YANG SHANLEI

NRIC/FIN: S7464712Z

Address: 453A Bukit Batok West Avenue 6 08-755 West Terra @ Bukit Batok Singapore 651453

Email: anckle@sina.com

Mobile Number: 92381375

Date of Birth: 21/12/1974

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

### About your car and policy

Car make and model: RENAULT GRAND SCENIC 1.5

Year of first registration : 2019

Plan type: THIRD PARTY

Standard Excess: Not Applicable

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (inclusive of GST): S\$1,710.01