NATIONAL Assessment Cent			Company Communication (Communication	Done	by:
Date In: 74/1/20 -11:31	Jeb description	Date & Tun	c Completed	Delle	,
Res No: UA J FLADWOLDON 7/24	SAS e-filing				
Veh No: Japazoss	E-mail (within 8hrs,	AIC 2hrs)			•
D.O.A : אין אין מר : D.O.A	i-Motor Claim F	orm			
OD : TP Reporting Only	i-Motor W/O (Wi	thin: OD 2hrs, TP 4hrs)			
OB : IFF. Reporting Only	i-Photo Uploade	d			
TP Insurer:	Assessment/Surve	Report j			
II lisuter.	Ass't Report by Fr	x / Hand to Owner/Wk			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Jew	8466K	NC()/Non-I	NC()		
Owner / Driver: (Tel:			
	Period: () Cover Typ			
Confirmed by : (CONTRACTOR FOR INCIDENCE OF A STATE OF THE S	are.	ine:	/)	
	[Note-Est. Status (WO)		79%. P: 80-1009	0)	
Year of Registration: ()		, NO()			
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() Walk-In Customer: Customer's int		ential & Strictly NO rete	er of repailer.		
() Total Loss Case : to e-mail Insu		·			<u>\</u>
Drive-In ()/ Towed-In (); Invoid	ce: YES () / NO		- 1	ANDRAL W	×
Remarks:- (INC horline: 6788 6616):		Date& Tim	c Completed.	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()		-		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()				
Injurý:	···				
Date/Time / Actions		100	e i sair a r	COURT	Tracket But
				111	
		LIPS THE STATE OF	2012-1-1112		
•			3000 - 3000 - 3000	Anit (S)	Amt (3)
NA 201516	In	voice Preparation Cl	iecklist	14 Bill	Add Bill
laimant's Particulars :-			30); 100); INC (\$80)		
1	3)	DA: Damege Assessment (S FF: Towing Fee	\$40/\$45		
river/Owner:	4)1	FT : Follow-Through Survey FT : Follow-Through Survey (Resurvey) \$30		
ontact No:		for claiming against INC Only	(wef 10 Jan 2005)	yearles me a	
amaged Portion:		TR : Re-inspection N1 : Idao DA + SMRT Survey		-	
	3)	NTUC Additional Services:-			
C Checked by (Engr-In-Charge):	\$	OD.* N5: Courtesy Car / Tpt Allow	varioe S:		
To 172 to upon \$7550 to at 5 degrados are to the sales of the	School State See See See See See See See See See S	N6: Repair Co-ordination N7: Fost Repair Inspection	\$10 \$2:		
uditors Comments ::		N8: DV / Collect Excess Coo	The same of the sa		
t. 1:		TP (N11) : TP (Nun INC) aga N12: Idac Mobile	inst INC \$20		
1. 2/3;	The second secon	oice dated	Fee Charged		arter fal
Andrew Co.	Ins	raice dated	Fee Charged	Sept.	

Farence Con-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.	a neleby consent to the distinated of this report at the sente and to copies of the report being made at an are
APART ENGLISHED TO THE TOTAL TO	ACCIDENT STATEMENT
Date Of Report	24/02/2020 11:31
Date Of Accident	23/02/2020 11:30
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP8708B
Insured/Policyholder	
Name Of Registered Owner	ESTER YUANITA
NRIC No	SXXXX136I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91520997
Alternative Phone No	OFFICE-91520997

Vehicle Particulars

Manufacturer HONDA

FREED 1.5G HYBRID AUTO Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

FWD SINGAPORE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

PNCV2019-00001530 Policy Number

Cover Note Number

Driver

SONNY PRASETYA Name of Driver

NRIC No SXXXX602C 01/06/1975 Date Of Birth OUTDOOR Occupation 25/07/2008 Date Of Driving Pass

11 YEARS AND 6 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91520997

Fax Number

OFFICE-91520997 Contact Number

EMail Address NOEMAIL

37 YISHUN STREET 51 Address

#05-34

767993 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

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) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KAYLA

GENDER: : FEMALE

Passenger 2

NAME:

: GERRARD

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SKW8466K

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 OTHER VEHICLE PROPERTY 2

SLF3346J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

SONNY PRASETYA Name

Approximate Age

BODY Injuries Sustain

SMP8708B Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

KAYLA Name

Approximate Age

BODY Injuries Sustain

SMP8708B Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

GERRARD Name

Approximate Age

BODY Injuries Sustain

SMP8708B Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- 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
- 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.
- 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:

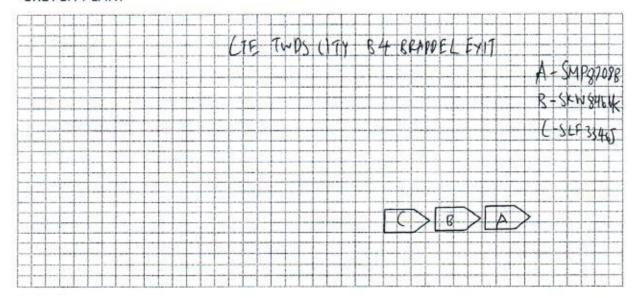
Driver's Signipture (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS TRAVELLING ALONG CTE TOWARDS CITY BEFORE BRADDEL EXIT.
VEHICLE AHEAD SLOWED DOWN AND STOP, I FOLLOWED SUIT. MOMENT LATER VEH B REAR-ENDED MY VEHICLE.

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:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: SMP8708B

MODEL: HONDA FREED

CA NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
CONTACT PERSON FAX NO.	Ryder Auto Pte Ltd		
MOBILE NO.	FR9 -		
PARTICULAR WORKSHOP			
WITNESS CONTACT NO.			
ANY WITNESS	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE D NO.	SLF3346J ANY PASSENGER:		
VEHICLECNO	CLEDOLO		
CONTACT NO.			
NAME	ANY PASSENGER:		
VEHICLE DATE	NO / YES SKW8466K ANY PASSENGER		
VIDEO RECORDING	NO / IF YES:		
POLICE DEDORT			
CONTACT NO.	NO/IF (FÉS): 2 PASSENGE & JUNI		
ANY INJURIES	ORY) WET/ OTHER: DRY		
POAD SUDEACE	CLEAR / RAINY/ OTHER: CLEAR		
WEATHER CONDITION	EMPLOYEE/IF NO: SPONSE		
RELATIONSHIP	THO IT IES. NEG NO.		
DRIVER HAVE ANY OWN VEHICLE	37 YISHUN STREET 51 #05 34 S/767000		
ADDRESS	91520997,91163150 OFFICE: HOME:		
CONTACT NO.	MALE / FEMALE		
GENDER	MANE / FEMALE		
DATE OF DRIVING PASS	OUTDOOR / NOOR		
OCCUPATION	E) YAVIA MILICAN		
DATE OF BIRTH	S7561602C ANY PASSENGER: 2		
NRIC	AS ABOVE / IF NO: SONNY PRASETYA		
NAME OF DRIVER	AS ADOLES IN		
POLICY NO.	THING PARTY FIRE & THEFT		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
INSURANCE CO.	FWD FWD SP		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
NRIC	\$79791361		
CONTACT NO.	91520997,91163150		
NAME OF OWNER	ESTER YUANITA		
EXACT PURPOSE USE DURING ACCIDENT	CTE TOWARDS CITY BEFORE BRADDEL EXIT		
LOCATION OF ACCIDENT			
TIME OF ACCIDENT	23/2/2020 1130 HRS AM/PM		
	23/2/20190		

♠ fwd.com.sg





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: PNCV2019-00001530

Car plate number : SMP8708B

Coverage start date: 30/10/2019 Coverage end date: 29/10/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Ester Yuanita NRIC/FIN: S7979136I

Address: 37 Yishun Street 51 05-34 Signature at Yishun Singapore 767993

Email: eyuanita@hotmail.com Mobile Number: 91163150

Date of Birth: 30/10/1979 Gender: Female

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: HONDA FREED 1.5

Year of first registration: 2019

Plan type: Comprehensive Standard Excess: \$\$1,500

NCD protector: Not Applicable Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable Premium paid (Inclusive of GST): \$\$2,670.29

Finance company: TECK WEI CREDIT PTE LTD

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg Copyright © 2018 FWD Singapore Pte. Ltd. All Rights Reserved.







