NATIONAL Assessment Centr		[wel 1 Jan'09] .	Mug 1200 2	nleted	Done by
Date In. 2/3/20 /5:43	Job description		Date & Time com		
ROTTIN WALEND 2000 3433/A	SAS c-Illing				
Veh No SLR 625 K	E-mail (within 8	Shis, AIC 2hrs)			
1111 29 /2 /20 /0:10.	I-Motor Cini	n Form	ki		
	I-Motor W/O	(Within: OD 2las	Tr 4 prs)		
(II) IP ' Reporting Only	I-Photo Uplos	nded			
	Assessment/Su	rvey Report			
TP Insurer:	10000000 - 500000	A SA A PROPERTY OF THE PARTY OF	Owner/Wkan	****	THE PERSON LINES WHEN SHIP IS
Proformd Wksp / INC Assign Wksp / QW: (and the same and a second	· ·	Tel:	Face:	
And the same of th	20 5094T.	INC ()/Non-INC ()	
and the same of th	20 3094.1.	-	Tel:)
Owner / Driver: (riod: ()	Cover Type: ()
Confirmed by a f		Date:	Time:)
Confirmed by : (Note-Est. Status (V	VO): N: 0-20)%; P: 21-79%.	P: 80-100%]
	Warranty: YES ()/NO()		and Common Death of the Common
That of regulation (••
THE TOTAL PROPERTY OF THE PROP	SANTOS TRANSPORTO	THE WAY WATER	TENTE IN LANGE	12 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	William .
Souchil Rolling State A. 2 (2004) (Control of Customer's Customer's Info	Walle Calendary	ottdential & St	the contract and the second bearing the second bearings of the secon		
() Walk-In Customer : Customers into	mation strictly Co	Indominar a o			
) Total Loss Case : to e-mail Insure		10 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	owing Co: (V	·)
() Total Loss Case : to e-mail Insure Drive-In ()/ Towad-In (); Invoice		NO();T	owing Co: (Viewsoro de	Shrift control
Drive-In ()/ Towed-In (); Invoice		(O();T	owing Co: (." 华盛及在	(Nitrong by
Drive-In ()/ Towed-In (); Invoice Commerce (18/2) ((18/2) ((18/2)) ((18/2))	:: YES()/ N	NO();T	owing Co: () ไปเกิดเล้ายัง
Drive-In () / Towed-In (); Invoice (quantizative (INCA) (Album 6710) (616)) () Apply for Transport Allowance () / C)	owing Co: (, , , , , , , , , , , , , , , , , , ,) (Altions by
Drive-In ()/Towed-In (); Invoice Connected: (INC Info Inc. 6749 6616)) 1) Apply for Transport Allowance ()/C	Courtesy Car ()	owing Co: () Allababby
Drive-In ()/Towed-In (); Invoice Connected: (INC Info Inc. 6749 6616)) 1) Apply for Transport Allowance ()/C	Courtesy Car ()	owing Co: () ให้ไม่อักษั
Drive-In () / Towed-In (); Invoice Connels: **** (INC III of his Graph 6010) in I) Apply for Transport Allowance () / C	Courtesy Car ()	owing Co: () Allababby
Drive-In () / Towed-In (); Invoice (annula): Apply for Transport Allowance () / C () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car (())	owing Co: ((In the second s
Drive-In () / Towed-In (); Invoice surreles:	Courtesy Car (())	owing Co: () Allabas by
Drive-In () / Towed-In (); Invoice (Councils : (INC Include CT0	Courtesy Car (())			(In the second s
Drive-In () / Towed-In (); Invoice (annula): Apply for Transport Allowance () / C () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car (())) Allabas by
Drive-In () / Towed-In (); Invoice (annula): Apply for Transport Allowance () / C () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car (())			(C. T. V.
Drive-In () / Towed-In (); Invoice (annula): Apply for Transport Allowance () / C () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car (())			Jana Day
Drive-In () / Towed-In (); Invoice Suitheless — (INC Rouling Graph Gero)) Apply for Transport Allowance () / C OC Check / Post Repair Inspection Opload Resurvey Photo [Repair Cost > \$2 Injury: MYTUNG MCHORS (Application)	Courtesy Car ()			And Case (Cash)
Drive-In () / Towed-In (); Invoice Suitheless — (INC Rouling Graph Gero)) Apply for Transport Allowance () / C OC Check / Post Repair Inspection Opload Resurvey Photo [Repair Cost > \$2 Injury: MYTUNG MCHORS (Application)	Courtesy Car (())))))))))))))))))))	Traction Circuit		Ani(E) Ani(E)
Drive-In ()/Towed-In (); Invoice (unitalists of (INC Info Inc. 6740) 6610) M (unitalists of (INC Inc. 6740)	Courtesy Car (Involve file I) Alt i Annides 2) DA : Dansey	in at ton Checking In at ton Checking Reporting (330); Assessment (5100);	INC (210)	That I had bin
Drive-In () / Towed-In (); Invoice (unrelease (INC Horling Gris) Gero)) () Apply for Transport Allowance () / O () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$2 Injury : (Actions	Courtesy Car (INVOLCE III I) AR 1 Ancides 2) DA 1 Dansey 3) TF 1 Townsy A NF 1 Vollow I	In a (Ion Checkly In a (Ion Checkly Reporting (330); Assessment (5100);	INC (390) \$40/\$43 \$120	That I had bin
Drive-In () / Towed-In (); Invoice (INC Incolor Griss Gero) (INC Incolor Griss Gero) (INC Incolor Griss Gero) (INC Incolor Griss Gero) (INC Check / Post Repair Inspection (INC Check / Post Repair Inspection (INCOLOR Griss Gero)	Courtesy Car (Involve III I) Alt Anolder 2) DA Darre 0 3) TF Towing 4) IT Follow-I	In a (fon Greek) Reporting (330); Assessment (5100);	1NC (310) 540/543 5120 (Y) 530	That I had bin
Drive-In () / Towed-In (); Invoice (INC horizonal Graph Graph) (INC horizonal Graph Graph) (INC horizonal Graph Graph) (INC horizonal Graph Graph) (INC horizonal Graph) (INC h	Courtesy Car ((nvo) Colli- 1) AR 1 Acades 2) DA : Danseye 3) TP : Towing 1 4) PT : Follow-1 For claiming.	In at (ION Chrest). In at (ION Chrest). Reporting (330); Assessment (5100); through Survey hrough Survey (Resurvey gainstUNG Only (well) utlon	1NC (\$50) \$40/\$45 \$120 (y) \$50 0 Jon 2005) \$75	That I had bin
Drive-In ()/Towed-In (); Invoice (Invoice (In	Courtesy Car (1) AR 1 Annides 2) DA 1 Danse go 3) TF 1 Towing 1 4) FT : Follow-1 5) FT : Follow-1 For claiming. 6) TR : Re-inspec	In at (on Checkly Reporting (330); Assessment (5100); Irough Survey Irough Survey (Resurvey gainst UNG Only (well ution + SMRT Survey	1NC (550) 540/545 5120 (7) 530 0 Jon 2005)	That I had bin
Drive-In ()/Towed-In (); Invoice (INC MOTHE 6710) 620) (INC Check / Post Repair Inspection (I) Upload Resurvey Photo [Repair Cost > \$2 Injury : Date/Time	Courtesy Car (1) Alt : Anolden 2) DA : Darre go 3) TF : Towing 1 4) FT : Follow-1 For ulaiming: 6) TR : Re-impe 7) N1 : Idao DA 5) NTUC Additi	In a (for Cff Ctf) Reporting (330); Assessment (5100); te hrough Survey (Resurvey gainst INC Only (weff) and the form on all Survey on all Su	1NC (\$10) \$40/\$45 \$120 17) \$30 0 Jon 2005) \$75 - `, \$160	That I had bin
Drive-In () / Towed-In (); Invoice (ginnels : A(I)) / Hodging (FR) (Gpo)) 1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$2 Injury : Out / Cine () / C Entire () / C Injury : Out / Cine () / C Injury : Out / C Injury	Courtesy Car (1) AR 1 Anddes 2) DA 1 Danseye 3) TF 1 Follow-1 5) FT 1 Follow-1 For claiming 1 6) TR : Re-inspection 1 7) NI : Idao DA 8) NTUC Addision 2 7) NI : Stao DA 100 STUC Addision 2 100 STUC Addision 3 100 STUC Ad	In at (on Greek) In at (on Greek) Reporting (330); Resorting (3100); It ough Survey brough Survey brough Survey condition + SMRT Survey onal Services:- Car / Tpt Allowance	1NC (\$50) \$40/\$45 \$120 (y) \$50 0 Jon 2005) \$75	20.00
Drive-In () / Towad-In (); Invoice Compress Setting Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$2 Injury : Difference Action See 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Courtesy Car (Involte Interest of the second	Thracton Classification (\$30); Assessment (\$100); It among burvey (Resurvey and Services: Carl Tpt Allowance Condition of Inspection	1NC (\$10) \$40/\$43 \$120 (y) \$30 0 Jon 2005) \$73 \$160 \$510 \$725	20.00
Drive-In () / Towad-In (); Invoice Compress Setting Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$2 Injury : Difference Action See 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Courtesy Car (Involve Involv	Thru (for Circuit) Reporting (330); Assessment (5100); It was burvey (Resurvey and Services: Car/Tpt Allowance Coordination and Impection alleged Expect Coordination and Impection alleged Expect Coordination alleged Expect	1NC (\$10) \$40/\$43 \$120 (y) \$30 0 Jon 2005) \$73 \$160 \$510 \$73	20.00
Drive-In () / Towed-In (); Invoice General Scale (ISC Red Inc. 2010) [610) [1] Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$2 Injury : Distribute Particulars 2: [1] Fiver/Owner: Ontact No: multiplicate Portion: C. Checked by (Engr-In-Charge):	Courtesy Car (()) A 2001734	Involve Involv	Thration Checking (\$30); Assessment (\$100); It and the survey (Resurvey and Services: Carl Tpt Allowance Coordination and Inspection (See Inc.) It and the survey of the s	1NC (\$10) \$40/\$43 \$120 (y) \$30 0 Jon 2005) \$73 \$160 \$510 \$73	20.00

+ + pa et + ar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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

	ACCIDENT STATEMENT
	02/03/2020 15:43
Date Of Report	29/02/2020 10:10
Date of Addition	MARINE PARADE CENTRAL NEAR TO POSB CARPARK
LAGGE Education of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
West of the last o	
Vehicle Registration Number	SLR625K
Insured/Policyholder	DOON ON THE PARTY OF THE PARTY
Name Of Registered Owner	POON SUI KIT
NRIC No	SXXXX915B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92980459
Alternative Phone No	OFFICE-92980459
Vehicle Particulars	
Manufacturer	NISSAN
Model	PULSAR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00011705
Cover Note Number	
Driver	
Name of Driver	POON SUI KIT
NRIC No	SXXXX915B
Date Of Birth	14/09/1979
Occupation	INDOOR
Date Of Driving Pass	01/02/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980459
Fax Number	
Contact Number	OFFICE-92980459
	10-14-00-17-04-0-0

NOEMAIL

Address 26 TENG TONG RD

423517 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

2

1

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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 YES

Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLU5094T 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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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.

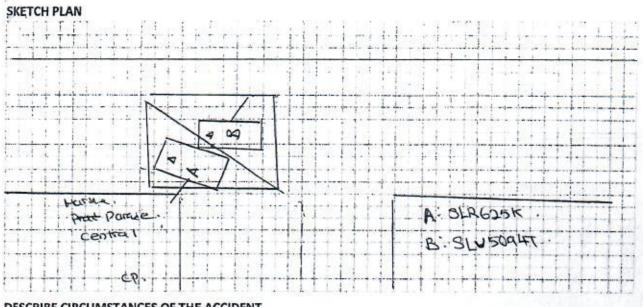
Bung

Policyholder's Signature Date & Time: Mount

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

Name:

NRIC/FIN No.:



00.	20/02/02	CH CIDS	rt , 10	: bam .	I was a	۸.
harm	- porade	Central	cp .	A8. A4T.	er. 140 l	Checked
for	or commy	vehcle .	Steerly	vente	B hit	My
١٥٠٢٥٠	e				- Usur	
					1 1.2	
-						
			X			
			-44			

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.:

Date of Accident	Accident Time: 10: 10 am (24-HR-Format)
Accident Place	: Marine Parade central et cerronn
Vehicle. No. (Car Plate No.)	: SLR625 K . Make/Model: Hissan Pulsar .
Insurace Company	Policy No: 8P 47 v2019 -00011705
Owner or Company Name /IC No.	: 57625915B. Doon sui Kit.
Owner or Company Contact No.	: 9298 OUS9 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: As abox
DRIVER'S Date Of Birth	: 14/00/19 DRIVER'S License Pass Date 01/02/2006
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 26 Teng Tong Rd S423:517.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): Driver our.
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other F	'arty Driver's Particular (if any)
Vehicle. No: SLU50014	7. Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

Bunt



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00011705 (Comprehensive - Classic Plan)

Car plate number: SLR625K

Your name (As the policyholder): POON SUI KIT

Coverage start date: 31/07/2019 Coverage end date: 30/07/2020

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.

Finance company:

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

Issued on: 04/07/2019

Phria

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.