NATIONAL Assessment Centr	1	1 1 Jan'05 M	Date &Time C		Done	oy.
Date In: 3/3/20- 12:03	Jcb description		Date to Timo o	- Computed		
Ref No: Halford 2003 473 hy	SAS e-filing		1	<u> </u>		
Veh No: Jy 3710P.	E-mail (within Shr	s, AIC 2hrs)		,		
D.O.A: 173/20-14/50	i-Motor Claim	Form	6			
OD : (TP)' Reporting Only	i-Motor W/O (Vithin: OD 2hr:	s, 7'P 4hrs)			
OD (TP)' Reporting Only	i-Photo Upload	ed				
TD:	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by]	Pax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:)
TP Particulars: Veh No: 65	51434	, INC()/Non-INC	C().		ST. 100
Owner / Driver: (Tel:)	
Policy No: () Pc	riod: ()	Cover Type:)	
Confirmed by : (Date:	Tim	4-1)	
	Note-Est. Status (WC		0%; P: 21-79%	%. P: 80-100)%]	
)/NO()			
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General Remarks					err Program	1 1
() Walk-In Customer: Customer's info		dential & St	rictly NO rater of	r repairer.		
() Total Loss Case : to e-mail Insure				4 -	 	
Drive-In ()/ Towed-In (); Invoice	E: YES () / NO	();1	owing Co: (4	V-1000-2100	
Remarks: (INC hotline: 6788 6616)			Date&Time C	omple of	Done	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()			-		
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()			1002		
Injury:						V-00.0000000
Date/Time Actions		1000000			Selo tour	rig trip Arel A
Pare time Actions			Apple Control of the Control	020000120000000000000000000000000000000		
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Manager 15 and 15		Invoice Pre	paration Chec	klist	Th Bill	Add Bill
MAZONIKAR	1) AR : Acciden	t Reporting (\$30)			
laimant's Particulars :-) DA : Damage) TF : Towing	Assessment (\$100)); INC (350)		
river/Owner:	4) FT : Follow-	Through Survey		30	
ontact No:	- 15 T	For claiming	Through Survey (Res	vef 10 Jan 2005)	d l	
arnaged Portion:) TR : Re-inspe	+ SMRT Survey	2	60	
	3	NTUC Addit	ional Services:-			Assertation of the second
C Checked by (Engr-In-Charge):	CONTRACTOR .		The second secon		**	
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nditors! Comments::= t. 1:		*N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	Co-ordination pair Inspection ollect Excess Coordi P (Non INC) agains	nation	310 325 33	

Figure 1 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/03/2020 12:03
Date Of Accident	01/03/2020 14:50
Exact Location Of Accident	CTE (AYE) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY3710P
Insured/Policyholder	
Name Of Registered Owner	VEMON WONG WEI PING
NRIC No	SXXXX729C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92770277
Alternative Phone No	OFFICE-92770277
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.5 AT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00017735

Cover Note Number	
Driver	
Name of Driver	WINNIE YAP MUN YEE
NRIC No	SXXXX457D

 Date Of Birth
 13/05/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 17/10/2017

Driving Experience 2 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88220722

Fax Number

Contact Number OFFICE-88220722

EMail Address NOEMAIL

Address BLK 335A YISHUN STREET 31

#09-79

Postcode 761335

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

d in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

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

NO

NO

1

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/20200302/7036.

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 GBF5143H
Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

Vehicle Registration Number

SJP2566T

Vehicle Make/Model/Colour

KIA PICANTO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN SHENG YANG JOSEPH

NRIC/Passport Number

SXXXX280C

Contact Number

81182825

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLC2798K

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

WINNIE YAP MUN YEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJY3710P

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.
- 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.
- 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.
- 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:
 - 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 Signaliye

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

MILLE AT		
HICLE A)		
HICLE'S)	> (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	vicits
HICLE'C' (2+98K	TETATE	
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	d-u-l ₁₋₁ -1-1-1-1 ₁₋₁ -1-1-1 ₁₋₁ -1-1-1-1
		g along CTE/AYE on lane
4 betore Pl	E/CHANGI Exit. I bruke on	decome to a stop behind veticte 'D'
suddenly, Vo	HILLE'B' hit on me s	a hard from the back
		o vetticue 'D' and vetticue 'D'
hit onto VEHICLE	ξ''	
<u> </u>		
*		
DECLARATION		
I/We declare the foregoing partic	ulars are true in every respect.	
dem	CiCI	
Policyholder's Signal are	Driver's Signature	Reporting Centre Personnel's Signature

Date of Accident	: 01/03/2020 Accident Time: 1450HVS (24-HR-Format)
Accident Place	: (TE/PIE before Broddell exit.
Vehicle Reg. No. (Car Plate No.)	55V3710P
Vehicle Make/Model	: SUZUKI SWIFT
Insurance Company	: FWD Policy No. PNPV 2019 - 00017735
Owner or Company Name /IC No.	: VERMON WONG WEI PING S8926799C
Owner or Company Contact No.	: 92770277 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: WINNIE YAP MUN YEE
DRIVER'S Date Of Birth	: 13/05/1991 DRIVER'S License Pass Date 17/10/2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Spouse
DRIVER'S Address	: 335A YISHUN ST 31 409-79
DRIVER'S Contact No./ Alt No.	:1) 8822 0722 2)
DRIVER'S Occupation	(INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: yapmunyece @ gmail com / Admin@ Mycer so
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): 1 * Injuries 5 Days.
Was there any video Captured by ca Exact purpose for which vehicle wa	ur camera: YES (NO) s being used at the time of accident Private use) Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: GBF 5143H	Vehicle Reg. No: STP 2566T
Vehicle Make Wodel: TOYOTA D	YNA Vehicle Make Model: KIA PICANTO
Name Driver:	Name Driver: TAN SHENG YANG JOSEPH
IC No. Driver:	IC No. Driver: 585402806
Driver's Contact & Add:	Driver's Contact & Add: 81182825

1st venicle &: SLC2798k





0200302/1030

1 of 3

Report No. T/20200302/7036

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 23:59		lade:	Vide Report No.:	Station Diary No.:	
Informan	t's Particu	ulars	STREET,	《图图集》的《图集》	
Name of Informant: WINNIE YAP MUN YEE			Address: APT BLK 335A YISHUN STREET 31 #09-79 SINGAPORE 761335		
ID Type / ID No.: NRIC NO / S9116457D			Contact No.: Home/Office: Mobile: 88220722		
Nationalit MALAYS	y: AN		Email: yapmunyeee@gmail.com		
Sex: Female	Age: 28	Date of Birth: 13/05/1991	Type of Informant: Driver		
Race: Chinese		4	Language: English	Institution / School Name:	
Occupation: Administration manager		ager	Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2020 14:50	Type of Location CTE TOWARDS CITY BEFORE PIE CHANGI EXIT
Location: CENTRAL EX	(PRESSWAY	·	·	·
Weather: Clear		Road Surface: Dry		Road Speed Limit: 0 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: Noderate
Type of Collision: Between Moving Vehicles - Head To Rear			a	Inyone conveyed by imbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF5143H	Lorry					0
SJP2566T	Car					0
SJY3710P	Car					0
SLC2798K	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200302/7036

CONTINUATION OF REPORT

Details of Perso	ALTONOMINES AND DESCRIPTION OF THE PARTY OF	A STATE OF THE PARTY OF THE PAR	Colon Manager	TOP CO. W.	STATE OF THE PARTY	
Any Pedestrian Ir	nvolved: No	S-35		-		
No. of Pedestrians Injured: NIL		Use of Ped	destriar	Cross	sing: NA	
Driver	CONTRACT COMPANY OF CASE OF	H. Married House	PARK MARKET	and the same	SAIN SE	SERVICE DE LA COMPANIE DE
Name	WINNIE YAP MUN YEE		ID No	•	S9116457D	
Related Vehicle	SJY3710P (Car)		Conta	ct No.	88220722	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		8	Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	02/03/2020		Date Disc	harge	02/03	3/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	

Brief Details.

I (vehicle A SJY3710P) was travelling along CTE/AYE. I met an accident before PIE(CHANGI) exit. As i saw the vehicle infront of me jam brake, I follow the suit and came to a complete stop before (vehicle B GBF5143H) bang onto me. The impact was so hard from the rear and thus resulted me to hit onto (vehicle D SJP2566T) and vehicle D hit onto (vehicle C SLC2798L).





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200302/7036

CONTINUATION OF REPORT

Sketch Plan		
Informant is not able	to provide sketch pla	ın

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2020 23:59
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168



+65 8822f0722m.sg Today, 17:02







EWD

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.

POUCY NUMBER: PNPV2019-00017735 (Third Party)

Car plate number: SJY3710P

Your name (As the policyholder): Vemon Wong Wei Ping

Coverage start date: 23/11/2019 Coverage end date: 22/11/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

(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: 22/11/2019

Shrite

Chief Executive Officer **FWD Singapore Pte Ltd**

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fivel.com if any details in this Certificate of Insurance need to be changed.

FWD Singapore Pile. Ltd. 6 Temasek Boulevand, F 18-01 Sunter Tower 4, Singapore 038986. T: [65] 6200 8888. Company Registration No. 2005017376 | www.field.com.ag Copyright 6 2016 FWD Singapore Pile. Ltd. All Rights Reserved.







