

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA2007479

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 3/4/02-14:28 | Job description | Date & Time Completed | Done by |
| Ref No: NA2007479 | SAS e-filing | | |
| Veh No: JKX785X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/4/02-22:30 | 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: m100000 | 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%; F: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--------------------------|---|----------------------|-----------------------|
| NA2007479 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) 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) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| at 1: | Invoice dated | Fee Charged | |
| at 2/3: | | | |

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 | 03/04/2020 14:28 |
| Date Of Accident | 02/04/2020 22:30 |
| Exact Location Of Accident | SUNGEI RD TWDS SERANGOON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKX7685X |
| Insured/Policyholder | |
| Name Of Registered Owner | SIM JIAN LIANG |
| NRIC No | SXXXX740A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90460007 |
| Alternative Phone No | OFFICE-90460007 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL 1.5X CVT |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNCV2020-00000222 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | SIM JIAN LIANG (SHEN JIANLIANG) |
| NRIC No | SXXXX740A |
| Date Of Birth | 04/08/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/07/2007 |
| Driving Experience | 12 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90460007 |
| Fax Number | |
| Contact Number | OFFICE-90460007 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | BLK 7 HAIG ROAD #07-443 |
| Postcode | 430007 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200403/2000.

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 | UNKNOWN |
| 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 | SIM JIAN LIANG (SHEN JIANLIANG) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKX7685X |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



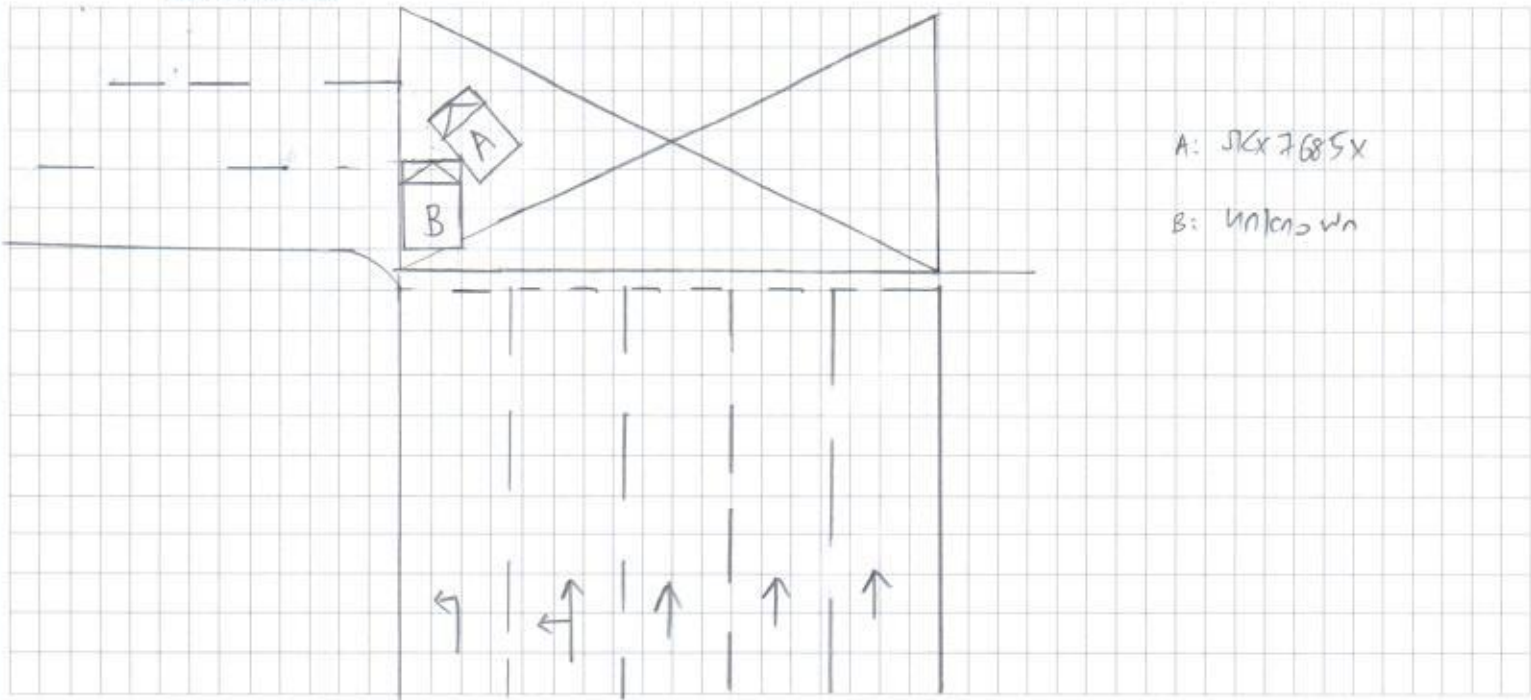
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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


Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|---|------------|
| Date of accident | 02/04/2020 | (DD/MM/YY) |
| Time of accident | 10:30 pm | (HH:MM) |
| Exact location of accident | Along Sungei Road towards Serangoon Road. | |

DETAILS OF VEHICLE

| | | | |
|--|---|--|---|
| Vehicle registration number | SKX 7685X | | |
| Vehicle make and model | Honda Vezel | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | if no, please select: |
| | Third part claim <input type="checkbox"/> | Reporting only <input checked="" type="checkbox"/> | |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | FWD | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|------------------------------------|--|---------------------------------|
| Name | Sim Jian Liang | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S86 22740A | | |
| Contact | 9046 0007 | | |
| Address | Blk 7 Haig Road #07-443 S (430007) | | |

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

| | | | |
|------------------------------|---------------------------------|---|---------------------------------|
| Name | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |
| Email address | | | |
| Date of birth | 04/08/1986 | | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | | | |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | _____ (Inclusive of driver) |

PASSENGER 1

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 2

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 3

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 4

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 5

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 6

| | |
|--------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

OTHER INFORMATION

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

DETAILS OF POLICE STATION ACTION

| | |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | Ceylang NPC. |

WITNESS 1

| | |
|------|-------|
| Name | _____ |
|------|-------|

WITNESS 2

| | |
|------|-------|
| Name | _____ |
|------|-------|

| THIRD PARTY VEHICLE 1 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

INJURED PERSON 1

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INJURED PERSON 2

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INJURED PERSON 3

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INJURED PERSON 4

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INJURED PERSON 5

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INJURED PERSON 6

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



SINGAPORE POLICE FORCE



T/20200403/2000

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20200403/2000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 03/04/2020 00:07 | Vide Report No.: A/20200402/0144 | Station Diary No.: 3 |
|--|-------------------------------------|-------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: SIM JIAN LIANG | | | Address: APT BLK 7 HAIG ROAD #07-443 SINGAPORE 430007 | | |
| ID Type / ID No.: NRIC NO / S8622740A | | | Contact No.: Home/Office: Mobile: 90460007 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 33 | Date of Birth: 04/08/1986 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 02/04/2020 22:30 | Type of Location: X-Junction |
| Location: Along Road 1 SUNGEI ROAD SERANGOON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|----------------|-------|------------------|-----------------|
| SKX7685X | Car | HONDA | VEZEL 1.5X CVT | White | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|-------------------|------------|-------------|
| SKX7685X | FWD Singapore Pte. Ltd | PNCV2020-00000222 | 10/03/2020 | 09/03/2021 |



**SINGAPORE
POLICE FORCE**



T/20200403/2000

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200403/2000

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SIM JIAN LIANG | ID No. | S8622740A |
| Related Vehicle | SKX7685X (Car) | Contact No. | 90460007 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 02/04/2020 at about 10.30 pm, I was at the junction of Sungei Road and Serangoon Road. My vehicle was on the 2nd left lane and that lane can either go straight or turn left. The first left lane is only a turn left lane and there was a vehicle beside me. When the traffic light turns green, I execute a left turn, suddenly the vehicle on the most left lane decided to go straight and collided onto the rear left side of my vehicle. Upon collision, I stop my vehicle however the said vehicle did not stop and continue to drive straight. I did not manage to capture the registration plate number. There are paint transfer and dents on the rear left portion and on the rear bumper. I called for Traffic Police and advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200403/2000

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200403/2000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD SAYYIDI BIN TAUHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No. 65476358

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

03/04/2020 00:07

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: PNCV2020-00000222

Car plate number : SKX7685X

Coverage start date: 10/03/2020

Coverage end date: 09/03/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: SIM JIAN LIANG

NRIC/FIN: S8622740A

Address: 7 Haig Road 07-443 Haig View Singapore 430007

Email: Brandonsim_jianliang@yahoo.com

Mobile Number : 90460007

Date of Birth: 04/08/1986

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: HONDA VEZEL 1.5

Year of first registration : 2015

Plan type: Comprehensive

Standard Excess: S\$4,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,436.72

Finance company: Hong Leong Finance Limited