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TP Insurer:	Ass't Report	by Fax/Handt	o Owner/Wkap	
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TP Particulars: , Veh No: 5	JY 6170 T	, INC(	)/Non-INC( )	Table 1
Owner/Driver: ( -	3.1.1.1		Tel:	)
Policy No: ( ) Peri	od: (	- )	Cover Type: (	)
Confirmed by : (		Date:	Time:	)
Insured/Driver Liability: ( %) [N	ote-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]
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1) Apply for Transport Allowance ( )/Co		)		CALL ALL P
2) QC Check / Post Repair Inspection	.( •	)		
3) Upload Resurvey Photo [Repair Cost > \$30	00] (	) : .		X 1
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## 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 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.
- 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.

A service of the serv	ACCIDENT STATEMENT
Date Of Report	24/08/2020 09:06
Date Of Accident	21/08/2020 19:30
Exact Location Of Accident	ALONG PIE B4 PIONEER RD NORTH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF1539X
Insured/Policyholder	
Name Of Registered Owner	PHANG SZE LING
NRIC No	SXXXX524I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82882725
Alternative Phone No	OFFICE-82882725
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00015953
Cover Note Number	
Driver	
Name of Driver	YEO YONG HOE
NRIC No	SXXXX453F
Date Of Birth	31/05/1982
Occupation	INDOOR
Date Of Driving Pass	24/09/2001
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84488099
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 356 YISHUN RING RD #03-1814 Postcode 760356 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 COLLISION - HEAD TO REAR Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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 SJV6170T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHUA KENG WEE

NRIC/Passport Number

Contact Number 90687003

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name YEO YONG HOE

Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK SMF1539X YES

NO

## SKETCH PLAN

#### **IMPORTANT NOTICE**

- 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.
- 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 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 :
  - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
  - (11) Investigations the accident and/or my claims;
  - (111) 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 envelops/mail packages); and/or
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) 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
- (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:
  - (1) 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

(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Driver's signature

if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

A: SMF 1539 X B: S7V6170 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was travelling along PIE before Proneer Road North exit at

the first lane. As the vehicle infront of me started to slow down, I

followed to stop my vehicle. Out of sudden, I fett an impact

from my rear. When I went down to check, I realised that vehicle B

had collided onto my vehicle.

DECLARATION

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

Policy holder's signature Date & time: Oriver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:



#### 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: PNPV2019-00015953 (Comprehensive - Classic Plan)

Car plate number: SMF1539X

Your name (As the policyholder): PHANG SZE LING

Coverage start date: 29/10/2019 Coverage end date: 28/10/2020

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 30/09/2019

Shrine

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.

# 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. ٠
- 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	
21/08/2020	(DD/MM/YY)
1930	(HH:MM)
Along PIE before Proneer Road North exit	(111111111)
	21   08   2020 1930

<b>并是一种企业的</b>		DETAILS OF	VEHICLE	
Vehicle registration number	SMF 153	9X		
Vehicle make and model	Honda	Vezel		
Type of vehicle	Saloon   Lorry	MPV =		Van □ cycle □ Others:
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcycle
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third par	No⊿ t claim ⊿	if no, pleas Reporting	

	INSUR	ANCE IN	FORMATION	NAME OF TAXABLE PARTY.
Insurance company	FWD			
Policy number				
Type of policy	Comprehens	sive 🗆	Third party fire & theft $\square$	TP only 🗆

植物与长沙木类的红色	INSURED / POLICY HOLDER	经关节的证据证据任何
Name	Phang Sze Ling	Male □ Female Ø
NRIC / Fin / Passport number	S 81 >25 24 I	
Contact	8288 2725	
Address	Blk 356 Yishun Ring Road # 03-1814	S ( 760 356)

DRIVER	SAME AS INSURED ABOVE   (SKIP T	O D.O.B)	
Name	Yeo Yong Hoe	Male	Female
NRIC / Fin / Passport number	8t 88214453 F		
Contact	8448 8099		
Address			
Email address	yeoyonghoe @ gmail.com		
Date of birth	31/05/1982		
Occupation	Indoor D Outdoor		
Driving date pass	24/09/2001		

	GENERAL	INFORMATION OF T	THE ACCIDENT	The second secon
Was driver an employee of	Yes 🗆	No	AND STREET OF STREET	
the insured's company?	If no, rel	ationship of the driv	er and insured:	Spouse
Accident captured by camera?	Yes □	No 🔎		
Weather condition	Clear	Raining 🗆 🔾	Others:	
Road surface	Dry D	Wet □		
No of passenger	of			(Inclusive of driver
				(1.00.00.00.00.00.00.00.00.00.00.00.00.00
\$25 BEAUTIFE TO SERVED		PASSENGER 1	1 A CONTRACTOR OF THE PARTY OF	AND THE RESERVE OF THE PERSON
Name			PROPERTY OF THE	
Gender	Male 🗆	Female		/
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Name	SINZAL BA	PASSENGER 2		
Gender	Male 🗆	Famala - /	/	
Gender	iviale 🗆	Female		
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Name				
Gender	Male 🗸	Female 🗆		
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Name /	NOT CHEST OF STREET	I ASSENGER S	HATTER THE PARTY OF THE PARTY.	<b>《自己》</b> 100 100 100 100 100 100 100 100 100 10
Gender	Male 🗆	Female		
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		PASSENGER 6		以10公司 15 3 Km 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name				
Gender	Male 🗆	Female		
4707/				
		OTHER INFORMATION	ON	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
Salle III A				
	DETAILS	OF POLICE STATIO	N ACTION	SERVICE MADE AND THE SERVICE
Reported to police?	Yes 🗆		ease state which p	police station.
Police station name		/		
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Name	RESIDENCE OF STREET	WILINESS T	muchan epitality (s)	
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	10000000000000000000000000000000000000	WITNESS 2	能是表示的技术等	
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJV6170 T
Vehicle make model	
Name	Chua Keng Wee
NRIC / Fin / Passport number	Criad Reng FVEC
Contact	9068 7003
	1000 1009
The state of the s	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PART I VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>编程中推荐</b> 和 10年 2017 100 100 100 100 100 100 100 100 100	THIRD PARTY VEHICLE 3
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Name	
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 6
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Name	
NRIC / Fin / Passport number	
Contact	
/	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC // Fin / Passport number	
Contact	

<b>发展的一个人的发展的</b>		INJURED PERSON 1
Name	Yeo '	tong Hoe
Injuries sustained	Neck	
Which vehicle person in?	SMF I	539 X
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	Noz
hospital by ambulance?		
	TOTAL PROPERTY.	
Name		INJURED PERSON 2
Injuries sustained	_	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	, 63 [	MO 0
White Manager Control		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
	CHI SIMPLE TO SE	
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No.6
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
	/	
<b>美国的人员的</b>	\$ 199	INJURED PERSON 5
Name	/	
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURES SERVING
Name /		INJURED PERSON 6
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 11	
7,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	1	