14316 111 10 1	Jeb description	Date & Time Completed	Done by
Date In: 17 142-17:04			
Ref No: NM FU7220 14554 724	SAS e-filing		
Veh No: Skx5755R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 16/17/2-77:43	i-Motor Claim Form	k	
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD : (1) . r.eporting Only	i-Photo Uploaded	1	
Same a second	Assessment/Survey Report	i	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	×:
TP Particulars: Veh No: JK16	F934 . INC ()/Non-INC().	
Owner / Driver: (Tel:	
	riod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 30-10	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,0	000()/\$2,000()		DEC OF WATER
General Remarks			Com St. Com
() Walk-In Customer : Customer's info	ormation strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur			
Drive-In ()/ Towed-In (); Invoice		Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date& Time Completed "1	Done by
	Courtesy Car ()		
THE STATE OF THE S	()	1	
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$ 	2000	-	
3) Unload Resurvey Photo (Rebail Cost > 3)			
-) object toother	3000] (/		
Injury:			778 N. (878 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Injury:	3000]		Association (Control of the Control
Injury:			ese constitution
Injury:			
Injury:			
Injury:			
Injury:			Ani (S) Ami
Injury: Date/Time Actions.	Invoice Pr	eparation Checklist	Ant (S) Ant.
Injury: Date/Time! Actions.	Invoice Pi	eparation Checklist	In Bill Add I
Injury: Date/Time Actions ACTIONS LAMWING LAMOGOT Inimant's Particulars:-	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin	cparation Checklist int Reporting (\$30); to Assessment (\$100); INC (\$2,500); The second income the sec	76 Bill Add I 80) 0/545
Injury: Date/Time Actions. MAMWING LAMOGOT LAMOG	Invoice Pri 1) AR: Accide 2) DA: Dams 3) TF: Towing 4) FT: Follow	cparation Checklist Interpreting (\$30); Re Assessment (\$100); INC (\$100); Re S4 Through Survey Through Survey (Resurvey)	76 Bill Add I 80) 0/\$45 \$120 \$30
Injury: Date/Time Actions. MY WAY WAY Construction Con	Invoice Pr 1) AR: Accide 2) DA: Darns 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin	eparation Checklist Int Reporting (\$30); INC (\$2 Assessment (\$100); INC (\$3 Fee \$40. Through Survey Through Survey (Resurvey) Regainst INC Only (wef 10 Jan 200.	76 Bill Add I 80) 0/\$45 \$120 \$30
Injury: Date/Time Actions Actions LAMONO LAMONO Inimant's Particulars: river/Owner: ontact No:	Invoice Pr 1) AR: Accide 2) DA: Darra 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ius 7) N1: Idao D	eparation Checklist Int Reporting (\$30); INC (\$2 Assessment (\$100); INC (\$3 Fee \$40. Through Survey (Resurvey) Intrough Survey (Resurvey) In against INC Only (wef 10 Jan 200 pection A + SMRT Survey	50) 0/545 5120 530 5)
Injury: Date/Time: Actions Actions LAMONO LAMONO Inimant's Particulars:- river/Owner: ontact No:	Invoice Pr 1) AR: Accide 2) DA: Dams 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ius 7) N1: Idao D 8) NTUC Add	eparation Checklist Int Reporting (\$30); INC (\$2 Assessment (\$100); INC (\$3 Fee \$40. Through Survey Through Survey (Resurvey) Regainst INC Only (wef 10 Jan 200.	50) 0/545 5120 530 5) \$75
Injury: Date/Time Actions Actions Injury: Date/Time Actions Injury: I	Invoice Particle Part	eparation Checklist ent Reporting (\$30); go Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); go Fee S4 Through Survey Through Survey (Resurvey) go against INC Only (wef 10 Jan 200) pection A + SMRT Survey illional Services:	fit Bill Add I
Date/Time Actions Nations Lamant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Professional Profession	eparation Checklist ont Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); ge Assessment (\$100); INC (\$100); ge Assessment (\$100); INC (\$100); ge Assessment (\$100); ge Assess	58 Bill Add 1
Injury: Date/Time: Actions National Lightness: Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pa 1) AR: Accide 2) DA: Darns 3) TF: Towing 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 3) NTUC Add QD1* *N5: Court *N6: Repa *N7: Fost	eparation Checklist ent Reporting (\$30); go Assessment (\$100); INC (\$2,50); go Assessment (\$100); INC (\$3,50); go Assessment (\$100); INC (\$4,50); Through Survey (Resurvey) go against INC Only (wef 10 Jan 200) pection A + SMRT Survey itional Services: csy Car / Tpt Allowanne r Co-ordination tenair Inspection	fit Bill Add I
Date/Time Actions Date/Time Actions LA Mod of LA Mod of Inimant's Particulars: Date/Time Actions La Mod of La Mod of Inimant's Particulars: Date/Time Actions La Mod of La Mod of Inimant's Particulars: Date/Time Actions La Mod of La Mod of La Mod of La Mod of La Mod of La Mod of La Mod of La Mod of La Mod of	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 3 8) NTUC Add OD!* *N5: Court *N6: Repa *N7: Fost I *N8: DV / TP (N11):	eparation Checklist ont Reporting (\$30); go Assessment (\$100); INC (\$1); go Fee \$4 -Through Survey (Resurvey) go against INC Only (wef 10 Jan 200) pection A + SMRT Survey iltional Services: csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$60) 00.545 \$120 \$30 \$75 \$160 \$510 \$25 \$510 \$25 \$520
Date/Time Actions NATIONAL LATIONS Claimant's Particulars: Contact No: Camaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments:	Invoice P: 1) AR: Accide 2) DA: Darna 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 3 8) NTUC Add QD: *N5: Court *N6: Repair *N7: Fost I *N8: DV /	eparation Checklist. Interpretation (\$30); Inc (\$100); Inc (\$100)	56 Bill Add 5 50) 0/545 5120 530 575 5160 55 510 525 520 30

Frank Comment



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
 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.
- 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

17/12/2020 17:04 (SGT) Date of Submission 16/12/2020 23:40 (SGT) Date of Accident Toa Payoh E, Singapore Exact Location of Accident junction with lor 6 toa payoh Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKX5755R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? YEOH ZHEN WEI JENSEN Name Of Registered Owner SXXXX957A NRIC No jensenyeoh@hotmail.com Email Address (Phone) +65-90665251 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Audi Manufacturer A5 Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy

PNPV2020-00008120 Policy Number Cover Note Number

DRIVER

YEOH ZHEN WEI JENSEN Name of Driver SXXXX957A NRIC No. 16/07/1987 Date Of Birth Indoor Occupation

29/08/2006 Date Of Driving Pass 14 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-90665251 Mobile Number Alt. Phone Number jensenyeoh@hotmail.com Email Address BLK 458 SEGAR ROAD Address #03-153 Address complement 670458 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201217/7011. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SKS6893U Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

Contact Number

Address	
Address complement	
Postcode	-
Insurance Company Name	60
Nature Of Damage	23
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	23

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEOH ZHEN WEI JENSEN
Address	-
Address Complement	*
Post Code	
Approximate Age Years Old	-
Injuries Sustained	HAND
Injured person in which vehicle?	SKX5755R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Personnel

Sketch Plan A-SKX MAGGR R- SKS 689311

Describe Circumstances of t	he Accident	
	Refer to police report	
14		

Declaration

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

Witnessed by Reporting Centre Personnel

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.

Carried Vision Production Company	ACCIDENT DETA	AILS	ACTIVITIES NAMED	Description of the second
Date of accident	16 DIC 2070			(DD/MM/YY)
Time of accident	## 11:40 PM			(HH:MM)
Exact location of accident	Junction of 7,	oa Payoh	East and	Toa Payon

	DE	TAILS OF	VEHICLE	西南州	使的一种是不多可以	
Vehicle registration number	SKX FTFF	1R				
Vehicle make and model	Audi AF					
Type of vehicle	Saloon, Lorry	MPV 🗆	CRV Motor	Van cycle □	Others:	
Vehicle category	Private Ø	Comme	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part cla	No 🗹	if no, plea Reporting			

AND STATE OF THE PARTY OF THE PARTY.	INSURANCE IN	FORMATION	PART OF THE PART O
Insurance company	FWD		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	CAME DAY	
Name	Jinsin Yioh Zhin Wii M	1ale □	Female
NRIC / Fin / Passport number	S8720957A	To Hayer	
Contact	90665251	0/1	1
Address	BIK 458 Sigar Road #03-153	5/6	70458)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address	Jinsingion@hotmail.com	
Date of birth	16 JN1 1987	
Occupation	Indoor D Outdoor D	
Driving date pass	29 Aug 700b	

THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	NFORMATION (OF THE ACCIDE	NI加速指数不足	第二条条件	2025年6月5日6日
Was driver an employee of	Yes 🗆	No 🗆		1250 4 0		
he insured's company?		tionship of the	driver and insur	red:		
Accident captured by camera?		Nod				
Weather condition	Clear	Raining 🗆	Others:			
Road surface	Dry 🗷	Wet 🗆				
No of passenger	1				(Inclusive	of driver
33						
		PASSENGE		學主義和自		
Name	JUSTA	nyloh Zhin	Wii			
Gender	Male	Female □				
ochiac.						
		PASSENGE	R2		6. 经基金银矿	的對中的
			1		1	
Name	Male 🗆	Female				
Gender	Iviale U	Temate		1	/	
		DACCENCE	0.2	MERCHANICAL PROPERTY.	Marie Santa	A SPECIAL SECTION
的图片是多少数形式的工程中的大型	Service Control	PASSENGE	K3	THE REAL PROPERTY.	位从500年间的	-
Name			1	1		
Gender	Male 🗆	Female				1
				WHITE THE PARTY OF	The second second	Maria Mil
AUTONOMIC PRODUCTION OF THE PROPERTY OF		PASSENGE	R 4	和自然的特殊		第四 国
Name			1		_	
Gender	Male 🗆	\ Female □	1			
				1		-
THE RESERVE THE PROPERTY OF THE PERSON OF TH	SON DV	PASSENGE	R 5		AL VIII KEROLE	第一篇
Name					1	
Gender	Male 🗆	Female 🗆				1:-
ocinaci.			\			
WHITE STATE OF THE	を できる とうない	PASSENGE	R 6	NAME OF TAXABLE PARTY.		· 按 博
Name						
	Male 🗆	Female 🗆				
Gender	I Midic D	1 Cindic L	1			
		OTHER INCOR	MATION	Salary and the	and the English	
ELECTRIC CONTRACTOR OF THE SECOND	-	OTHER INFOR	WATION	A PROPERTY.	STATE CONTRACTOR MARCH	
Was anybody injured?	Yes,d	No 🗆				
Was other vehicle damaged?	Yes	No 🗆			3	
				None State of the last		SECURE N
是是AND AND AND AND AND AND AND AND AND AND	DETAIL	LS OF POLICE ST	ATION ACTION	A PROPERTY.		经 对解决 国际
THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	Yes	No □ If y	es, please state	which polic	e station.	
Reported to police?						
Reported to police? Police station name						
		WITNESS	51		Programme and	Salay N
Police station name		WITNESS	\$1			
		WITNES	51			sauti
Police station name						
Police station name		WITNES				

	THE STREET
A STATE OF THE STA	THIRD PARTY VEHICLE 1
Vehicle registration number	SKS6893U
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
美国教育的	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Professional Company of the Company	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
COMMENT	
Market Committee of the	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	X
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
NRIC / Fin / Passport number	
Contact	
Contact	
The State Like and the state of the State County	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle registration number/ Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
AMERICAN AND AND AND AND AND AND AND AND AND A	THIRD PARTY VEHICLE?
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1	wedge
ame		in 410h Zhin Wi	
njuries sustained	Hand	3	
Which vehicle person in?	SKXD	FTFFR	
Were seat belts worn?	Yes,zó	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗷	
nospital by ambulance?			
Teach Miles Very and the		INJURED PERSON 2	界場時
Name			
njuries sustained			_
Which vehicle person in?			
Were seat belts worm?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
			THE NEW
		INJURED PERSON 3	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	No B	
	Yes 🗆	No 🗆 📗	
Was injured conveyed to	1es 🗆	NO LI	
	res 🗆	INJURED PERSON 4	
hospital by ambulance?	Yes 🗆		
hospital by ambulance? Name Injuries sustained	Yes 🗆		
Name Injuries sustained Which vehicle person in?		INJURED PERSON 4	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	INJURED PERSON 4	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		INJURED PERSON 4	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	INJURED PERSON 4	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No No	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	INJURED PERSON 4	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No No No	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No No No	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No No	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes	No D INJURED PERSON 5	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No D No D INJURED PERSON 5	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to	Yes Yes Yes Yes	No D No D No D No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to	Yes Yes Yes Yes	No D No D INJURED PERSON 5	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to	Yes Yes Yes Yes	No D No D No D No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes	No D No D No D No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes	INJURED PERSON 5 No INJURED PERSON 5 No INJURED PERSON 6	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes	No D No D No D No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes Yes Yes Yes Yes	INJURED PERSON 5 No No No INJURED PERSON 5 No INJURED PERSON 6	





1 of 3

Report No. T/20201217/7011

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 12:38			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ılars		STATE OF PARTY BUILDING		
Name of Informant: YEOH ZHEN WEI, JENSEN			Address: 458 SEGAR ROAD #03-153 SINGAPORE 670458			
ID Type / ID No.: NRIC NO / S8720957A			Contact No.: Home/Office:	Mobile: 90665251		
Nationality: SINGAPORE CITIZEN			Email: jensenyeoh@hotmail.com			
Sex: Age: Date of Birth: Male 33 16/07/1987		Date of Birth:	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Business development manager			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2020 23:40	Type of Location Straight Road	
Location: LORONG 6 T Weather: Clear	OA PAYOH	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
		Traffic Light - Wo	rking	Light	

Details of Volume	Туре	Make	Model	Color	Conditio	No of
SKS6893U	Car					0
SKX5755R	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	Black		0





2 of 3

Report No. T/20201217/7011

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

CONTINUATION OF REPORT

Details of V	ehicle Insurance			To the second
Vehicle No.	Insurance Company	Insurance No	The state of the state of the state of	Expiry Date
SKX5755R	FWD Singapore Pte. Ltd	PNPV2020- 00008120	29/07/2020	28/07/2021

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Driver		The second second second	Les Charles	and the latest designation of the latest des	12000	Commence of the control of the contr
Name	YEOH ZHEN WEI, JENSEN		ID No.	2	S8720957A	
Related Vehicle	SKX5755R (Car)			Conta	ct No.	90665251
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL I		Date		NIL	
No. of Days granted Medical Leave NIL			Degree o	f	Sligh	

Brief Details.

I was travelling along the third lane of Toa Payoh Lorong 6 and was reaching the junction of Toa Payoh Lorong 6 and Toa Payoh East. The traffic light was green and i proceeded to drive pass the junction. Upon reaching the junction, vehicle SKS6893U which was on the second lane suddenly turned left and cut into my lane without signaling and I jammed my brakes but i could not stop in time to avoid the accident and vehicle SKS6893U had collided onto the front right portion while changing his lane. I felt very painful at both of my elbows due to the airbags and will go and consult a doctor.





3 of 3

Report No. T/20201217/7011

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

CONTINUATION OF REPORT

C	100	tch	D	an

Informant is not able to provide sketch

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: 17/12/2020 12:38

Signature Of Informant:

Classification Of Case:

Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404

Authentication Stamp

NP168



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: PNPV2020-00008120 (Comprehensive - Classic Plan)

Car plate number: SKX5755R

Your name (As the policyholder): Yeoh Zhen Wei Jensen

Coverage start date: 29/07/2020 Coverage end date: 28/07/2021

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: DBS Bank Ltd

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

Issued on: 22/07/2020

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-5820-8888 or email us at contact, spiletwd.com if any details in this Certificate of Insurance need to be changed.