

NATIONAL Assessment Centre Services. [Part 1 Jan 05] SM 092710 0009 - 01

Date In: 13/1/21 12:26	Job description	Date & Time Completed	Done by
Ref No: MA/FVD 21000619/44	SAS e-filing		
Veh No: SMN 3641C	E-mail (within 2hrs, AIC 2hrs)		
IP/A: 11/1/21 08:05	I-Motor Claim Form		
AD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Printed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBA 2052H	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%; P: 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 rep/rep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (\$

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Defectory:	

NA2100898	
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI1: Idao Mobile
	Invoice dated
	Fee Charged
	Fee Charged

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 Submission 13/01/2021 13:26 (SGT)
Date of Accident 11/01/2021 08:05 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN3641C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN HENG SAN
NRIC No SXXXX987H
Email Address HSTAN8188@GMAIL.COM
Mobile Phone No (Phone) +65-82825987
Alternative Phone No +65-82825987

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00016916
Cover Note Number -

DRIVER

Name of Driver TAN HENG SAN
NRIC No SXXXX987H
Date Of Birth 09/01/1970

Date Of Driving Pass	29/08/1990
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82825987
Alt. Phone Number	+65-82825987
Email Address	HSTAN8188@GMAIL.COM
Address	532 WOODLANDS DR 14 #07-563
Address complement	-
Postcode	730532
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	AFTER RAINED
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YAP LAY PENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210111/7054 & T/20210112/7029 & T/20210114/7015

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA2052H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBR365D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP LAY PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN3641C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TAN HENG SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN3641C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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**.
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' lawyers/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;

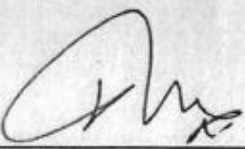
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

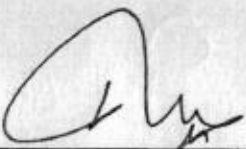
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

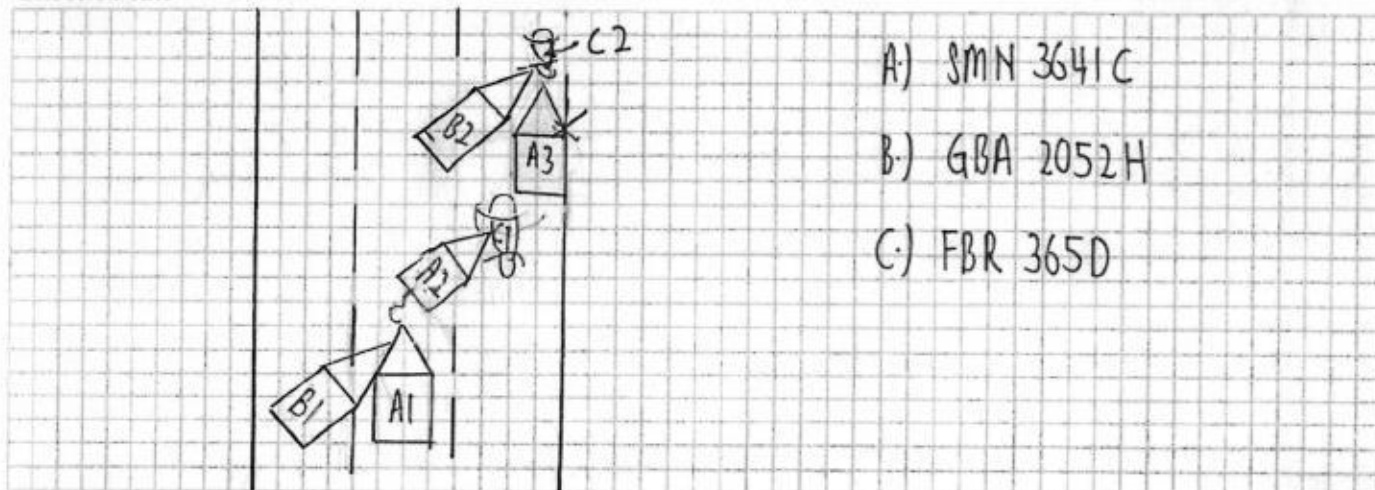
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the Police Report No: T/ 20210112 / 7029 .

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN092110 0009 Vehicle Registration No : SMN 3641C
Name (as shown in NRIC) : Tan Heng San NRIC/FIN/Passport No : S7005987 H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 532 Woodlands Drive 14 # 07-563 Singapore (730532)
Contact (Tel) : _____ Mobile No. : 8282 5987
Email Address : hstan8188@gmail.com
Date of Accident : 11.01.2021 Time of Accident : 8.05am
Place of Accident : SLE Towards CTE (After Woodlands Avenue 1) Exit).
Insurance Company : FWD Singapore Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

	A) SMN 3641C
	B) GBA 2052H
	C) FBR 365D

1.) Amend to the Sketch Plan

2.) Amend to the Police Police refer No : T/20210114/7015

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210111/7054

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

1 of 3

Report No. T/20210111/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2021 23:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE towards CTE (Ave 12)
Location: SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMN3641C	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210111/7054

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

2 of 3

Report No. T/20210111/7054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	YAP LAY PENG		ID No.	S7134246H
Related Vehicle	SMN3641C (Car)		Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	
Driver				
Name	TAN HENG SAN		ID No.	S7005987H
Related Vehicle	SMN3641C (Car)		Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	11/01/2021
No. of Days granted Medical Leave	02	Degree of	Slight	

Brief Details.

I was driving on the extreme right lane along SLE towards CTE (woodlands ave 12.) Suddenly the lorry on my left lost control hitting the motorcycle beside him n swerved into my lane hitting my front left portion of my vehicle pushing it to the right of the railing.

Both me and my passenger (wife) Ms Yap Lay Peng were injured and conveyed to the nearest hospital. I was given 2 days MC n my passenger (wife)Yap Lay Peng was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210111/7054

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

3 of 3

Report No. T/20210111/7054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/01/2021 23:27

Classification Of Case:



SINGAPORE POLICE FORCE



T/20210112/7029

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

1 of 3

Report No. T/20210112/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 18:12		Vide Report No.: T/20210111/7054		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE TOWARDS CTE (AVE 12)
Location: SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR365D	Motorcycle					0
GBA2052H	Lorry					0
SMN3641C	Car	HONDA	SHUTTLE+H YBRID+1.5+	Black		0



**SINGAPORE
POLICE FORCE**



T/20210112/7029

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

2 of 3

Report No. T/20210112/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YAP LAY PENG	ID No.	S7134246H
Related Vehicle	SMN3641C (Car)	Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	12/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	TAN HENG SAN	ID No.	S7005987H
Related Vehicle	SMN3641C (Car)	Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	11/01/2021
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

Hi I would like to amend the previous report been make on yesterday ...report no. : T/20210111/7054

On 11.01.2021 at around 8:05 am , I was travelling along SLE towards CTE after woodlands Ave 12 . I was driving straight , suddenly the lorry (GBA 2052H) on my left hit my car (SMN 3641C) , and my car lost control swerved to the right hitting motorcycle (FBA 365D) and the railing .. Both me and my passenger (my wife) Yap Lay Peng were injured and conveyed to the nearest hospital . I was given 2 days MC and my passenger (wife) Yap Lay Peng was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210112/7029

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

3 of 3

Report No. T/20210112/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/01/2021 18:12

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210114/7015

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

1 of 4

Report No. T/20210114/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 12:19		Vide Report No.: T/20210111/7054		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Management executive		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE TOWARDS CTE
Location: SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR 365D	Motorcycle					0
GBA 2052H	Lorry					0
SMN3641C	Car	HONDA	SHUTTLE HYBRID 1.5	Black		0



**SINGAPORE
POLICE FORCE**



T/20210114/7015

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

2 of 4

Report No. T/20210114/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YAP LAY PENG	ID No.	S7134246H
Related Vehicle	SMN3641C (Car)	Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	12/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	TAN HENG SAN	ID No.	S7005987H
Related Vehicle	SMN3641C (Car)	Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	11/01/2021
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

HI I WOULD LIKE TO AMEND THE PREVIOUS REPORT BEEN MAKE ON REPORT NO :
T/20210111/7054.

I WAS DRIVING ON THE EXTREME RIGHT LANE ALONG SLE TOWARDS CTE (WOODLANDS AVE 12) SUDDENLY THE LORRY ON MY LEFT LOST CONTROL HITTING THE MOTORCYCLE BESIDE HIM AND SWERVED INTO MY LANE HITTING MY FRONT LEFT PORTION OF MY VECHICLE PUSHING IT TO THE RIGHT OF THE RAILING .

BOTH ME AND MY PASSENGER (WIFE) MS YAP LAY PENG WERE INJURED AND CONVEYED TO THE NEAREST HOSPITAL . I WAS GIVEN 2 DAYS MC AND MY PASSENGER , MS YAP LAY PENG WAS GIVEN 5 DAYS MC..



**SINGAPORE
POLICE FORCE**



T/20210114/7015

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

3 of 4

Report No. T/20210114/7015

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210114/7015

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

4 of 4

Report No. T/20210114/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476200

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/01/2021 12:19

Classification Of Case:

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: PNPV2019-00016916 (Comprehensive - Classic Plan)

Car plate number: SMN3641C

Your name (As the policyholder): TAN HENG SAN

Coverage start date: 29/10/2019

Coverage end date: 31/01/2021

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: Index Credit Pte Ltd

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

Issued on: 02/07/2020

Khor Kee Eng
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.

Date of Accident : 11-01-2021 Accident Time: 08.05am (24-HR-Format)
Accident Place : SLE Towards CTE (After Woodlands Avenue 12 Exit)
Vehicle No. (Car Plate No.) : SMN 3641C Make/Model: Honda Shuttle
Insurance Company : FWD Policy No: PNPV 2019-00016916
Owner or Company Name /IC No. : Tan Heng Jan (S7005987H)
Owner or Company Contact No. : 8282 5987 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 08.01.1970 DRIVER'S License Pass Date 29.08.1990
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 532 Woodlands Drive 14 # 07-563 Singapore 730532
DRIVER'S Contact No./ Alt No. : 1) - 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : hstan8188@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver / 1 passenger
Was there any video Captured by car camera: YES \ NO ^{front only}
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (2 person)

Other Party Driver's Particular (if any)

Vehicle No: <u>GBA 2052H</u>	Vehicle No: <u>FBR 365D</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Yap Lay Peng - Male