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TIME Assign Wksp / QW: (n-INC(-).			
P Particulars: Veh No: sc	JE 3544C	Tel:)		
Owner / Driver: () Cover T	'урс: ()		
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Driver/Owner:		4) FT: Follow-Through 5) FT: Follow-Through For plainting against	INC Only (Wello)			Maria Palifi
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SN092121000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/02/2021 14:53 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (01/02/2021 14:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

- 2. This Form must be completed by the Folloyholder and/or the numbers of repudiate 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
- 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.
- The issue and acceptance of this norm by insurance companies is not an admission of policy neutriny of 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 the property of the control I his 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

01/02/2021 14:53 (SGT) Date of Submission 30/01/2021 22:40 (SGT) Date of Accident AYE, Singapore Exact Location of Accident Additional Location Information

Singapore

DETAILS OF OWN VEHICLE

SMM9964L Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

Is company? LEE WEI LUN Name Of Registered Owner SXXXX264Z LWLPATRICK@GMAIL.COM NRIC No **Email Address** (Phone) +65-81808882 Mobile Phone No +65-81808882 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Freed Model

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

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private hire

No - Claiming third party

Private hire

INSURANCE COMPANY

FWD Name of Insurance Company Comprehensive Type of Coverage Fleet Policy

PNCV2020-00000387 Policy Number Cover Note Number

DRIVER

LEE WEI LUN Name of Driver SXXXX264Z NRIC No 27/02/1986 Date Of Birth Outdoor Occupation

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address complement

29/07/2006 14 YEARS AND 6 MONTHS Male (Phone) +65-81808882

+65-81808882 LWLPATRICK@GMAIL.COM BLK 334B ANCHORVALE CRESCENT #06-130

542334 Yes

Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
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

Type of Accident Collision - Head to Rear
Weather Conditions Dry
Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Male
Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Sengkang Neighbourhood Police Centre

(Phone) +65-18003438999

(Fax) +65-63438939

2 Sengkang Square #01-02

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2077

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour	- Private car
Vehicle Category	1
Name of Driver	<u>_</u>
Contact Number	2
Address complement	E
Postcode	
Insurance Company Name	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nature Of Damage Details of property damaged in accident	H 82-3
No. Of Passenger (Including Driver)	94H

INJURED PERSONS DETAILS

INJURED 1

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

LEE WEI LUN

NECK
SMM9964L
Yes
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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)

- (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
- (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.
- (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.

0,44	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
olicyholder's Signature / Date &	Driver's Signature (If driver is not the possible of the State of the	Personnel
ime		
ketch Plan		A 3MM 9964
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	1/4/1/	

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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





Report No. T/20210131/2077

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

	A TRAFFIC		Vide Report No.:	Station Diary No.:	
Date/Time 31/01/202	e Report Ma 21 17:15	ade:	Vide Report No	101	
Informan Name of LEE WEI	nt's Particu Informant: LUN	ars	Address: APT BLK 334B ANCHORVALE SINGAPORE 542334	CRESCENT #06-130	
ID Type	/ ID No.:	4Z	Contact No.: Home/Office: Mobile: 81808882		
NRIC NO / S8606264Z Nationality: SINGAPORE CITIZEN			Email:		
Sex:	Age:	Date of Birth: 27/02/1986	Type of Informant: Driver	Institution / School Name:	
Male Race:			Language: English	Institution / Concernation	
Occupa PHV DF	tion:		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

eneral Infor	nation of the Acciden	t Dist	Date/Time of		Type of Location
Type of Accident:	Injury Others	Drink Drive: No	Accident: 30/01/2021 22:4	0	
AVER RAJA	H EXPRESSWAY				
ATERITOR	TEXT NECOTION	D. J. Surface:		Roa	ad Speed Limit:
	TEXTREGOTION	Road Surface: Dry			ad Speed Limit:
Weather:		2000 Care 1900 - 100 100 100 100 100 100 100 100 100		Tra	

Details of Vo	ehicle Invo	lved	1	Color	Condition	No of Passenger	
Vehicle No.	Туре	Make	Model	100 100 100	Slightly	1	
SJF3544C	Car	SUZUKI		Black	Damaged		
		HONDA	FREED	White	Seriously	1	
SMM9964L	Car	HONDA	HYBRID 1.5G AUTO		Damaged		

Details of Venicle Insurance No Effect	Details of Vehicle Insurance		La surance No	Effective	Expiry Date
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Report No. T/20210131/2077

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		PNCV2020-	23/07/2020	22/07/2021
SMM9964L	FWD Singapore Pte. Ltd	00000387		

Details of Persor		A FAST				
Any Pedestrian In			111 (D-1	la a kula m	Cross	ing: NA
No. of Pedestrians	s Injured: NIL		Use of Ped	estrian	Cross	ing, IVA
Driver						NIII
Name	Unknown Driver			ID No.		NIL
Related Vehicle	SJF3544C (Car)			Contac	ct No.	90291364
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	LEE WEI LUN			ID No.		S8606264Z
Related Vehicle	SMM9964L (Car)			Contact No.		81808882
Hospital/Clinic	UNIHEALTH 24-HR	CLINIC (1	ГОА РАҮОН)	Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/01/2021	-100-	Date Disc	harge		1/2021
No. of Dave gran	ted Medical Leave	04	Degree o	f Injury	Serio	ous

Brief Details.

On 30/1/2021 at about 10.40pm, I was driving one passenger along the AYE in my white Honda SMM9964L and was making a left turn at Exit 3 towards Lower Delta Road (near Teresa Ville).

I stopped behind the Give Way line as there were incoming traffic from the right. All of a sudden, I felt a bang on the rear of my car.

After the accident, the other driver and I came out of our cars to assess the situation. He also had a passenger in his black Suzuki SJF3544C. Neither of us needed any medical attention at that time.

As a result of the accident, the rear door of my hatchback was dented and was unable to be kept shut. I was unable to see any visible damage on the other car.

No police or ambulance attended to us. After exchanging contact, the other driver asked me to claim against his insurance. Subsequently we went our separate ways.





Report No. T/20210131/2077

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Later on I felt some pain at the back of my neck. I saw my doctor and was given FOUR days of MC.

I'm lodging this report for Traffic Police action.





Report No. T/20210131/2077

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Sketch Plan		
t formant is not able	to	provid

Authentication Stamp

NP168

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Staff Sgt LUBIS RATNO BIN REDWAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2021 17:15
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE	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: PNCV2020-00000387

Car plate number

: SMM9964L

Coverage start date: 23/07/2020

Coverage end date: 22/07/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Lee Wei Lun

NRIC/FIN: S8606264Z

Address: 334B Anchorvale Crescent 06-130 Anchorvale Cove Singapore 542334

Email: uxk4tw@gmail.com

Mobile Number: 81808882

Date of Birth: 27/02/1986

Gender : Male

Marital status: Married

Certificate of Merit: No

Current no claims discount: 30%

Years of driving experience: Three or more

About your car and policy

Car make and model: HONDA FREED 1.5

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$5,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): \$\$1,934.25

Finance company: Genie Financial Services Pte Ltd



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.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract 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 in accordance with Your contract.

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

Issued on: 12/07/2020

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.

ACCIDENT STATEMENT

	200		
LOCAT	ION: AYE		
•	DETAILS OF VEHICLE		19
19	a) VEHICLE NUMBER:	MM 9964L	A CONTRACTOR OF THE CONTRACTOR
	b)INSURANCE COMPANY	/ FWD	
			OrnacoA
	C)POLICY NUMBER:	CHENCINE / THIRD PARTY	/ THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: How	da Freed.	MOTORCYCLE / OTHERS)
	f)TYPE:(SALOON / COUP	MPV /V AN LORRY	MOTORCYCLE
	g) VEHICLE CATEGORY: (F	RIVATE / COMMERCIAL	1 MOIORO COLO
	h) PURPOSE OF USING AT	ACCIDENT TIME:	NCE (YES/NO)
	I) ARE YOU CLAIMING UN	DER YOUR OWN INSURA	ORTING ONLY)
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM, REP.C	SKIII O C. II.
2.	INSURED / POLICY HOLDE		(MALE / FEMALE)
	A)NAME:		
	b) NRIC/FIN/PASSPORT:_		300(11112
	c)ADDRESS:		
	1	TO BOLICY HOLE	DER
	* CONTINUE TO 3.d IF DR	IVER ALSO POLICI HOLL	,
He of personger	DRIVER	GA .	(MALE / FEMALE)
Including driver)	a)NAME:		_CONTACT:
(CO)	b) NRIC/FIN/PASSPORT:_		·
(7)	c)ADDRESS:		
M.	*d)DATE OF BIRTH: (/ / \(\(\)\(\)\(\)	M/YYYY)
-	*dIDALE OF BIKITI.	OR (OUTDOOR)	20 Sept. 20
	e)OCCUPATION: (INDOC f)YEARS OF DRIVING EXP		
		OVER OF THE INSURE	O'S COMPANY? (YES / NO
	a) WEATHER CONDITION	CLEAR / RAINING / O	THERS
5.	LIBOAD SURFACE (DRY	/ WEI / OTHERS	
	WAS ANYBODY INJURED	(YES/NO) - NECK	- 68
7	GIREPORTED TO POLICE	(AEZ / MO)	
/.	IE VES PLEASE STATE W	HICH POLICE STATION:_	and the second s
0	THE DARTY VEHICLE		
He of passenger	a) VEHICLE NUMBER:_	5JF 35446	_MODEL:
	IN DRIVER'S NAME:		_CONTACT: 9029 1361
Including driver)	c) NRIC/FIN/PASSPOR	T:	_CONTACT: -1021
() 9.	THIRD PARTY VEHICLE		
	AL VEHICLE NUMBER:_		_MODEL:
the of passenger	OL DRIVER'S NAME:		CONTACT:
2 mg (1) (1) (1) (1)	Company of the Compan	A Company of the Comp	LONIALIT
Induding driver) f) NRIC/FIN/PASSPOR	T:	

email = | w| patrick @ gmail - com

fax =

VIDEO = Yes.