

NATIONAL Assessment Centre Services [ver 1 Jan 05] MMA118114269

Date In: 31/9/18. 17:33	Job description	Date & Time Completed	Done by
Ref No: NA1 FWD 180160541h4.	SAS e-filing		
Veh No: FBN 787 R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/9/18 21:30.	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SH 76802. 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

NA1805592	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		3000	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		2000	
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Ref. 1:	7) N1: Idao DA + SMRT Survey \$160			
Ref. 2 / 3:	8) NTUC Additional Services:-			
	9) QD*:			
	*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: Idno Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	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 ability.
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	03/09/2018 17:33
Date Of Accident	01/09/2018 21:30
Exact Location Of Accident	ALONG BEDOK RESERVOIR RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN787R
Insured/Policyholder	
Name Of Registered Owner	JAYVEN YAP JUN HENG
NRIC No	S8708113C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87119861
Alternative Phone No	OFFICE-87119861

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2018-00002705
Cover Note Number	-

Driver

Name of Driver	JAYVEN YAP JUN HENG
NRIC No	S8708113C
Date Of Birth	02/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87119861
Fax Number	
Contact Number	OFFICE-87119861
E-Mail Address	NOEMAIL

Address	BLK 532 BEDOK NORTH ST 3 #14-716
Postcode	460532
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7680Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 JAYVEN YAP JUN HENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBN787R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 lodgment 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.
- (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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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



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

VEHICLE NO: FBN787R

MAKE & MODEL: YAMAHA MX150

DATE OF ACCIDENT	01 / 07 / 2018.	
TIME OF ACCIDENT	2130 AM/PM	
LOCATION OF ACCIDENT	ALONG BEDOK RESERVOIR ROAD TOWARDS EUNUS LINK	
Exact Purpose use during accident		
NAME OF OWNER	JAYVEN YAP JUN HENG	
TELP NO		
NRIC	S870813C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / NO ?	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PNMC2018-00002705	
NAME OF DRIVER	As above / If No:	
NRIC	S870813C	Any passengers: 01
DATE OF BIRTH	02 / 03 / 1987	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	25 / 09 / 2008	
GENDER	Male / Female	
CONTACT NO.	87119861	Office: Home:
ADDRESS	BLK 532 BEDOK NORTH ST3 #14-716S(460532)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: FBN787R	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? RIDER	
CONTACT NO.	87119861	
POLICE REPORT	No / If yes: Where? BEDOK NORTH NPC	
VEHICLE B NO.	SH7680Z	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
PARTICULAR WORKSHOP	Autowerke Automotive Pte Ltd	
TELP NO	8 Kaki Bukit Ave 4 #05-01/02	
CONTACT PERSON	Premier Building Singapore 415875	
FAX NO.	Alex Ben 9091 0000	
	6282 4292	
	Enquiry @ autowerke.com.sg	



**SINGAPORE
POLICE FORCE**



T/20180902/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20180902/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 02:27	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

Informant's Particulars

Name of Informant: JAYVEN YAP JUN HENG		Address: APT BLK 532 BEDOK NORTH STREET 3 #14-716 SINGAPORE 460532	
ID Type / ID No.: NRIC NO / S8708113C		Contact No.: Home/Office: Mobile: 87119861	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 02/03/1987	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Dispatch Rider		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2018 21:30	Type of Location: Filter Lane
Location: Along Road 1 BEDOK RESERVOIR ROAD				
At the filter lane towards Eunos Link				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN787R	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	0
SH7680Z	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20180902/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 4

Report No. T/20180902/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN787R	FWD Singapore Pte. Ltd	PNMC2018-00002705	05/07/2018	04/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	JAYVEN YAP JUN HENG		ID No.	S8708113C
Related Vehicle	FBN787R (Motorcycle)		Contact No.	87119861
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	01/09/2018	Date Discharge	01/09/2018	
No. of Days granted Medical Leave	07	Degree of Injury	Serious	
Driver				
Name	ANG AH TIONG		ID No.	S1329241H
Related Vehicle	SH7680Z (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 01 September 2018 at about 2130hrs, I was travelling on my motorcycle bearing the plate number, FBN787R along Bedok Reservoir Road. I entered the filter lane towards Eunos Link. After the zebra crossing, I came to a stop at the give way line after observing the traffic. I suddenly feel an impact from the back of my vehicle.

A taxi bearing the plate number, SH7680Z had collided with the back of my motorcycle. Due to the impact, my right leg is injured. I am also experiencing back ache. At the time of the incident, the taxi driver was not injured. He claims that his vehicle was not damaged from the accident. The taxi driver exchanged particulars with me. My motorcycle pipe was damaged and it had to be towed away. I sought medical treatment at Mount Alvernia and received outpatient sick leave from 02.09.2018 till 08.09.2018.

At the time of accident, I had no pillion with me. The taxi driver also had no passengers at the time of accident. I have CCTV for both front and rear of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180902/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 4

Report No. T/20180902/2011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180902/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

4 of 4

Report No. T/20180902/2011

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 NAZEEHA BINTE MOHAMAD NASSIR
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant:
Date/Time: 02/09/2018 02:27
Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

S 87 081 13 C

JAYVEN YAP JUN HENG

Birth Date: 02 Mar 1987

Issue Date: 16 Aug 2017



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8708113C



Name

JAYVEN YAP JUN HENG

叶俊兴

Race

CHINESE

Date of birth

02-03-1987

Sex

M

Country/Place of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	25 Sep 2008
Class 2A	Motorcycles between 201 cc and 400 cc	19 Jan 2010
Class 2	Motorcycles > 400 cc	29 Mar 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	04 Sep 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	03 Sep 2013



Licence No: S8708113C

NP 428A

5783936



MRIC No. S8708113C



Date of issue

14-08-2017

Address

APT BLK 532 BEDOK NORTH STREET 3
#14-716
SINGAPORE 460532



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle 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: PNMC2018-00002705

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBN787R

Your name (As the policyholder): Jayven Yap Jun Heng

Coverage start date: 05/07/2018

Coverage end date: 04/07/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Important things to know:


Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle 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 Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal & work purposes in accordance with Your contract.

Finance company: Yew Heng Group

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

Issued on: 03/07/2018


Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6322-2072 or email us at customer@fwd.com.sg if any details in this Certificate of Insurance need to be changed.