

NATIONAL Assessment Centre Services

[ver 1 Jan 09]

151148153454

Date In: 27/4/08 10:25	Job description	Date & Time Completed	Done by
Ref No: N/A/FWD/1802/3604	SAS e-filing		
Veh No: FBA 2016 T	E-mail (whole sheet, AIC sheet)		
D.O.A: 11/10/2008 15:30	I-Motor Claim Form		
OID: TP / 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:	Veh No: SLZ 2008 L	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 repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Repair ()	INC ()	Date: 27/4/08	Time: 10:25	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	Action

NA1807745	Invoice Preparation Checklist
Claimant Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: 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
And/or Comments:	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: IDau DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NP: Post Repair Inspection \$25
	*ND: DV / Collect License Coordination \$5
	TP (NI): TP (IN) against INC \$20
	9) NI: IDau Mobile \$0
	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 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 Report	27/11/2018 09:23
Date Of Accident	11/10/2018 15:30
Exact Location Of Accident	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7016T
Insured/Policyholder	
Name Of Registered Owner	LEE KOK WENG
NRIC No	S7660273E
Email Address	TLS_SHUANG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92715138
Alternative Phone No	OTHERS-92715138

Vehicle Particulars

Manufacturer	DAELIM
Model	B-BONE-125CC (A)
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	PNMC2018-00002865
Cover Note Number	

Driver

Name of Driver	LEE KOK WENG
NRIC No	S7660273E
Date Of Birth	24/04/1976
Occupation	INDOOR
Date Of Driving Pass	21/07/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92715138
Fax Number	
Contact Number	OTHERS-92715138
EMail Address	TLS_SHUANG@YAHOO.COM

Address	BLK 559 PASIR RIS STREET 51 #05-227
Postcode	510559
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?	YES
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 POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20181014/7014 AND T/20181123/7014

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	SLZ2008L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE KOK WENG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH7016T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


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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:

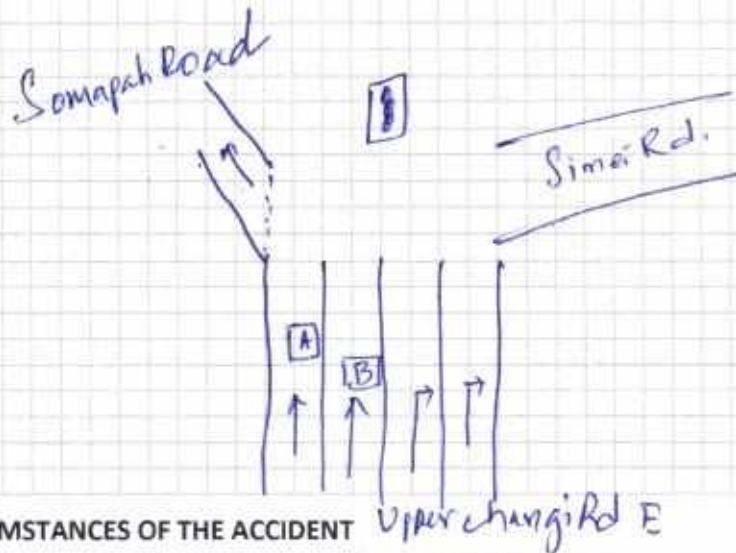

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

[A]: FBH 7016T

[B]: SLZ 2008L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11th Oct 2018:

I, FBH 7016T, travelling on extreme left lane along Upper Changi Road East. There was a slip road on my left ahead. Suddenly vehicle [B]: SLZ 2008L, on the third lane (go straight only), encroached & cut into my lane abruptly & hitting onto the front portion of my vehicle. I wish to state that traffic light was green & I intended to go straight at the point of accident.

Police Report G/2018/1014/7014 & T/2018/1123/7014

DECLARATION

I/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:

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



**SINGAPORE
POLICE FORCE**



G/20181014/7014

1 of 2

POLICE REPORT (NP299)

Report No. G/20181014/7014

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 14/10/2018 17:23	Vide Report No.	Station Diary No.
Name Of Informant LEE KOK WENG	Address APT BLK 559 PASIR RIS STREET 51 #05-227 SINGAPORE 510559	
ID Type / ID No. NRIC NO / S7660273E	Contact No. Home/Office: Mobile: 92715138	
Nationality SINGAPORE CITIZEN	Email Address tls_shuang@yahoo.com	
Occupation Chef	Sex Male	Age 42
Institution/School Name	Date of Birth 24/04/1976	Race Chinese
Date/Time Of Incident 11/10/2018 15:30	Location Of Incident 690 UPPER CHANGI ROAD EAST UPPER CHANGI MRT STATION SINGAPORE 485990	

Brief details.

I (FBH 7016T) WAS TRAVELLING ALONG UPPER CHANGI RD EAST ON THE EXTREME LEFT LANE (TURN LEFT OR GO STRAIGHT ONLY). THE TRAFFIC LIGHT WAS GREEN AND I INTENDING TO GO PROCEED STRAIGHT, SUDDENLY A VEHICLE (SLZ 2008L) ON THRID LANE (GO STRAIGHT ONLY LANE) ENCROACHED & CUTTING INTO MY LANE ABRUPTLY AND HITTING ONTO FRONT PORTION OF MY MOTOR CYCLE. DUE TO THE SUDDEN CLASH I FLUNG ONTO THE ROAD FRACTURING MY RIGHT LEG. LATER I WAS CONVEYED TO HOSPITAL IN AN

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: 14/10/2018 17:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181014/7014

AMBULANCE TO CHANGI GENERAL HOSPITAL. AT THE POINT OF REPORTING I'M STILL HOSPITALISED AND AWAITING FURTHER TREATMENT. I AM LODGING THIS REPORT FOR THE PURPOSE OF INSURANCE CLAIM.

Subjects Involved			
Victim			
Person Name	LEE KOK WENG		
ID Type	NRIC NO	ID No	S7660273E
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	Chef	Address Type	
Address	APT BLK 559 PASIR RIS STREET 51 #05-227 SINGAPORE 510559		Mobile No 92715138
Is Informant A Victim?	Yes		
Person Name	LEE KOK WENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

14/10/2018 17:23

Classification Of Case:



SINGAPORE POLICE FORCE



T/20181123/7014

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

1 of 3

Report No. T/20181123/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 22:47		Vide Report No.: G/20181014/7014		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK WENG			Address: APT BLK 559 PASIR RIS STREET 51 #05-227 SINGAPORE 510559		
ID Type / ID No.: NRIC NO / S7660273E			Contact No.: Home/Office: Mobile: 92715138		
Nationality: SINGAPORE CITIZEN			Email: tls_shuang@yahoo.com		
Sex: Male	Age: 42	Date of Birth: 24/04/1976	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2018 15:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7016T	Motorcycle	DAELIM	B- BONE+125+ AUTO	Black		0
SLZ2008L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7016T	FWD Singapore Pte. Ltd	PNMC2018-00002865	05/09/2018	04/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	LEE KOK WENG	ID No.	S7660273E	
Related Vehicle	FBH7016T (Motorcycle)	Contact No.	92715138	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	11/10/2018	Date Discharge	03/11/2018	
No. of Days granted Medical Leave	74	Degree of Injury	Serious	
Driver				
Name	Unknown Driver	ID No.	NIL	
Related Vehicle	SLZ2008L (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.

In reference to my report vide : G/20181014//7014

I wish to amend the accident details.

The lane which I was travelling at the point of time when accident happened was a 'go straight only' lane with a slip road on my left (into somapah road). The other driver from my right cut into my lane abruptly with short notice to enter into slip road there by hitting his car onto my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20181123/7014

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

3 of 3

Report No. T/20181123/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

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:
23/11/2018 22:47

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7660273E



Name

LEE KOK WENG

李 国 荣

Race

CHINESE

Date of birth

24-04-1976

Sex

M

Country of birth

MALAYSIA

S7660273E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7660273E

Name

LEE KOK WENG

Birth Date 24 Apr 1976

Issue Date 21 Jul 2005



4820801

NRIC No. S7660273E



Date of issue

03-02-2012

Address

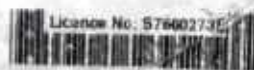
APT BLK 559 PASIR RIS STREET 51
#05-227
SINGAPORE 510559

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles <= 200 cc

PASS DATE

21 Jul 2005



NP 428A



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: PNM2018-00002865

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBH7016T

Your name (As the policyholder): Lee Kok Weng

Coverage start date: 05/09/2018

Coverage end date: 04/09/2019

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 use in accordance with Your contract.

Finance company:

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

Issued on: 11/07/2018

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.

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 : MAHA418153454 Vehicle Registration No: DBH 7016T
Name(as shown in NRIC) : LEE KOK WANG NRIC/FIN/Passport No : S7660273E
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 92715138
Email Address : _____
Date of Accident : 11/10/2018 Time of Accident : 15:30
Place of Accident : ALONG UPPER UTHERN ROAD EBB
Insurance Company: FWD

(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:

DATE OF ACCIDENT SHOULD BE 11/10/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosh
NRIC/FIN No: Uthman
Date: 27/11/2018