

# NATIONAL Assessment Centre Services.

(wet 1 Jan 03)

MANA 49032498

Date In: 21/08/2019 15:52	Job description	Date & Time Completed	Done by
Ref No: NAB/FWD/90051587	SAS e-filing		
Veh No: FRE 5284P	E-mail (w/ile 8hrs, A/C 2hrs)		
D.O.A: 20/03/2019 17:25	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SK 96/07	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 repairer.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

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

Injury: ( )

Date of Incident: ( )	
Time of Incident: ( )	
Location: ( )	
Weather: ( )	
Road Condition: ( )	
Witness: ( )	

NAI 902135

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wet 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: IDAO DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):

REF: 0

Additional Comments:	9) NI: IDAO Mobile	
	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 GlA 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	21/03/2019 15:52
Date Of Accident	20/03/2019 17:25
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5284P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW SEOW HONG
NRIC No	S1498423B
Email Address	SIANGYONG96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92230172
Alternative Phone No	OTHERS-93840678

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R6-599CC (M)
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00004878
Cover Note Number	

### Driver

Name of Driver	CHOW SIANG YONG
NRIC No	S9620585F
Date Of Birth	10/06/1996
Occupation	INDOOR
Date Of Driving Pass	21/11/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93840678
Fax Number	
Contact Number	OTHERS-92230172
Email Address	SIANGYONG96@GMAIL.COM

Address	BLK 87 REDHILL CLOSE #13-586
Postcode	150087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLR9610T
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TENG SOH
NRIC/Passport Number	S1158743G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

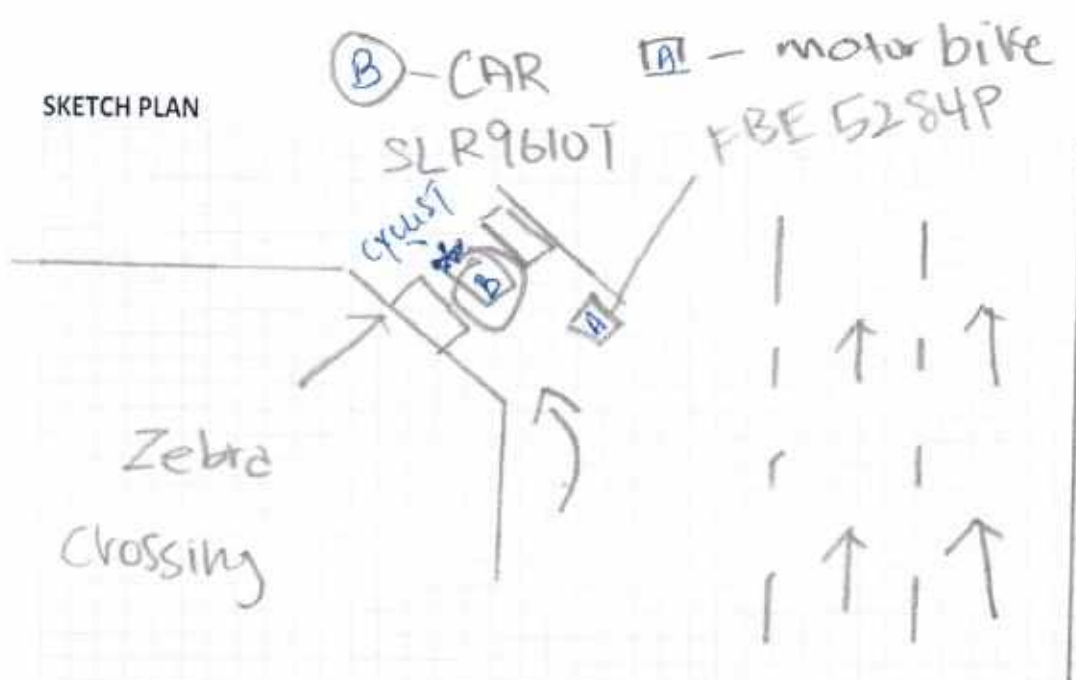
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21 March 2019

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Henderson Rd toward Jalan Bukit Merah, entering the filter lane behind Honda SLR 9610T.

Honda SLR 9610T proceeded to move off from the Zebra crossing and when Honda SLR 9610T ~~start~~ to, The driver Jam brake abruptly due to a cyclist crossing the zebra crossing (in the video) which caused me to brake harder than usual as it was so sudden. I lost my balance as the filter lane was along a steep slope, causing me to fall down with my bike and slide down toward the back of the Honda SLR9610T.

## 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: 21 March 2019

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 3 / 2019 (DD/MM/YYYY), TIME: 17.24 (HH:MM)

LOCATION: Henderson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE5284P  
 b) INSURANCE COMPANY: FWD  
 c) POLICY NUMBER: PNMC2018-60004878  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha R6 2010  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHOW SEOW HONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1498423B CONTACT: 92230172  
 c) ADDRESS: Redhill Close 1

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chow Siang Yang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1620585F CONTACT: 93840678  
 c) ADDRESS: Redhill Close R1K 87 #13-586

\* d) DATE OF BIRTH: 10 / 06 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 May 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 9610 T MODEL: Honda  
 b) DRIVER'S NAME: TAN JEN G SOH  
 c) NRIC/FIN/PASSPORT: S11587843G CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

Email = Siang yang 96 @ gmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9620585F



Name

CHOW SIANG YONG

鄧 湘 勇

Race  
CHINESE

Date of birth  
10-06-1996

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9620585F

CHOW SIANG YONG

Birth Date: 10 Jun 1996

Issue Date: 05 May 2015



002423918H

SG  
50



4710892

MRC No: S9620585F



Date of issue  
18-04-2011

Address

APT BLK 87 REDHILL CLOSE  
#13-586  
SINGAPORE 150087

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	05 May 2015
Class 1A	Motorcycles between 201 CC and 400 CC	08 Feb 2017
Class 1	Motorcycles > 400 CC	21 Nov 2018
Class 3	Motor cars <= 2500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Mar 2017

S9620585F

S / No. 9000318855

NP 428A



Licence No: S9620585F





## YOUR THIRD PARTY MOTORCYCLE INSURANCE SUMMARY

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 or the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER : PNM2018-00004878

### About this policy

Premium paid : S\$355.50 Coverage start date : 09/11/2018  
(Inclusive of GST) Coverage end date : 08/11/2019  
Who is insured to ride: : You only and any Authorised Rider

### About you (As the policyholder)

Your name : CHOW SEOW HONG  
Address : 87 Redhill Close 13-586 Singapore 150087  
Email : siangyong96@gmail.com  
NRIC/FIN : S1498423B  
Current no claims discount : 0% Gender : Male  
Years of riding experience : >=3 Mobile Number : 93840678  
Date of birth : 14/08/1961 Certificate of merit : Yes

### About your motorcycle

Motorcycle make and model : Yamaha YZF-R6  
Motorcycle plate : FBE5284P Year of first registration : 2010  
Issued on: : 09/11/2018

  
**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6820-8888  
or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Motorcycle Insurance Summary need to be changed.