

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MJA/1904563

Date In: 31/1/05 16:24	Job description	Date & Time Completed	Done by
Ref No: NA/13WD19006191/24	SAS e-filing		
Veh No: 5JW547JR	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/05 - 21:30	i-Motor Claim Form		
OD: 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: 5JW547JR

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:- (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

NA1900527

Invoice Preparation Checklist

Amf (\$)
Int. Bill

Amf (\$)
Add. Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

Contact No:

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

Damaged Portion:

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge):

8) NTUC Additional Services:-

OD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

Ref. 1:

9) N12: Idac Mobile 30

Ref. 2 / 3:

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	08/04/2019 16:29
Date Of Accident	06/04/2019 21:30
Exact Location Of Accident	SLIP RD CANBERRA WAY TWDS YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5475R
Insured/Policyholder	
Name Of Registered Owner	LIEW HUI SHAN VALERIE
NRIC No	S8540245E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87829862
Alternative Phone No	OFFICE-87829862

Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO EVO 1.4A DYNAMIC
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00005660-01
Cover Note Number	

Driver

Name of Driver	CHENG CHYE SHEN (ZHENG ZAISHENG)
NRIC No	S8139361C
Date Of Birth	26/11/1981
Occupation	INDOOR
Date Of Driving Pass	26/01/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87829682
Fax Number	
Contact Number	OFFICE-87829682
EMail Address	NOEMAIL

Address	BLK 455 YISHUN STREET 41 #06-37
Postcode	760455
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	3
Passenger 1	NAME: : LIEW HUI SHAN VALERIE GENDER: : FEMALE
Passenger 2	NAME: : CHENG SHU YU VERNICE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190408/2009.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN3306G
Vehicle Make/Model/Colour	AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR

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 CHENG CHYE SHEN (ZHENG ZAISHENG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIEW HUI SHAN VALERIE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CHENG SHU YU VERNICE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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 Authorized 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 sums as well as on the external cover of envelopes/mailed 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

Veh A: SJW5475R

Veh B: SJN3306G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated at police report

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.:

Date of Accident : 06/04/2019 Accident Time: 929pm (24-HR-Format)
Accident Place : Canberra Road ^{Way} (Towards Yishun Ave 2)
Vehicle Reg. No. (Car Plate No.) : SJW547SR
Vehicle Make/Model : Fiat punto edo
Insurance Company : FWD Policy No. PNPV2017-00005660-01
Owner or Company Name / IC No. : Liew Hui Shan, Valerie
Owner or Company Contact No. : 87829862 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Cheng Chye Shen
DRIVER'S Date Of Birth : 26/11/1981 DRIVER'S License Pass Date 17/04/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 455 Yishun street 41 #06-37 e'(76045T)
DRIVER'S Contact No./ Alt No. : 1) 87829682 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : James@solarearte.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): 3
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJN 3306G
Vehicle Make/Model: Avante
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20190408/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20190408/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 09:15	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: CHENG CHYE SHEN			Address: APT BLK 455 YISHUN STREET 41 #06-37 SINGAPORE 760455		
ID Type / ID No.: NRIC NO / S8139361C			Contact No.: Home/Office: Mobile: 87829682		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 26/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2019 21:30	Type of Location: Bend
Location: Along Road 1 CANBERRA ROAD Canberra Way -> Yishun Ave 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle into Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3306G	Car					0
SJW5475R	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Passenger			
Name	Cheng Shu Yu Vernice	ID No.	T1038268D
Related Vehicle	SJW5475R (Car)	Contact No.	NIL
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	CHENG CHYE SHEN	ID No.	S8139361C
Related Vehicle	SJW5475R (Car)	Contact No.	87829682
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Liew Hui Shan Valerie	ID No.	S8540245E
Related Vehicle	SJW5475R (Car)	Contact No.	87829862
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On 06/04/2019 at 2129hrs, I was driving my car along Canberra Way. I was then at the slip road turning into Yishun Ave 2 and had slowed down as there were oncoming traffic. I had then made a stop before the dotted lines. I wish to state that once my vehicle came to a full stop, a car from the rear then collided into my car. I wish to state that I had 2 passengers with me at the point of time. I had then alighted from my vehicle to make a check and exchanged particulars. I am unable to confirm the damages on my vehicle as I have yet to have my car checked by a workshop.

I wish to state that I have seek medical attention and have been given 3 days of medical leave. My passengers were also given medical leave.



**SINGAPORE
POLICE FORCE**



T/20190408/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20190408/2009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190408/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

4 of 4

Report No. T/20190408/2009

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:

F /

Staff Sgt MOHAMED SHA'ARI BIN MOHAMED
AYOB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/04/2019 09:15

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8139361C



Name
CHENG CHYE SHEN
(ZHENG ZAISHENG)
郑在胜
Race
CHINESE
Date of birth
26-11-1981
Sex
M
Country of birth
SINGAPORE

S8139361C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S8139361C

CHENG CHYE SHEN
(ZHENG ZAISHENG)

Birth Date: 26 Nov 1981

Issue Date: 17 Apr 2017



0026754790



4908654

NRIC No. S8139361C



Date of issue
27-11-2012

Address
APT BLK 455 YISHUN STREET 41
#06-37
SINGAPORE 760455

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 26 Jan 2005



Licence No: S8139361C

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8540245E



Name

LIEW HUI SHAN, VALERIE

柳蕙珊

Race
CHINESE

Date of birth
24-11-1985

Country/Place of birth
SINGAPORE

Sex
F



S8540245E



5760869

NRIC No. S8540245E



Date of issue
29-06-2017

Address
APT BLK 455 YISHUN STREET 41
#06-37
SINGAPORE 760455



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: PNPV2017-00005660-01 (Comprehensive - Executive Plan)

Car plate number: SJW5475R

Your name (As the policyholder): Liew Hui Shan Valerie

Coverage start date: 15/07/2018

Coverage end date: 14/07/2019

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: OCBC Bank Limited

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

Issued on: 27/06/2018

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.