

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

19 MAY 19 150427

Date In: 27/08/2007 15:06	Job description	Date & Time Completed	Done by
Ref No: NBSA FWD 190150427	SAS e-filing		
Veh No: FW 595 H	E-trail (Up to 3hrs, AIC 3hrs)		
D.O.A: 28/08/07 16:15	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMC 89/6P	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolier.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: ()

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idau DA + SMRT Survey	\$160
8) NTUC Additional Services:	

Driver/Owner:	1) NI: Courtesy Car / Tpl Allowance	\$3
Contact No:	2) NI: Repair Co-ordination	\$10
Damaged Portion:	3) NI: Post Repair Inspection	\$25
QC Checked by (Engn-In-Charge):	4) NI: DV / Collect Excess Coordination	\$3
Warranty Comments:	5) NI: TP (Non INC) against INC	\$10
Sub 1:	6) NI: Idau Mobile	\$0
2/2	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	27/08/2019 15:06
Date Of Accident	25/08/2019 16:15
Exact Location Of Accident	BUKIT BATOK WEST AVENUE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW595H
Insured/Policyholder	
Name Of Registered Owner	LEE CHUNG HEE ALAN
NRIC No.	S7504061Z
Email Address	ALAN.CARBINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93240050
Alternative Phone No	OTHERS-93240050

Vehicle Particulars

Manufacturer	KTM
Model	1290 SUPERDUKE R-1.3
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	PNMC2019-00000165
Cover Note Number	

Driver

Name of Driver	LEE CHUNG HEE ALAN
NRIC No	S7504061Z
Date Of Birth	17/02/1975
Occupation	INDOOR
Date Of Driving Pass	16/12/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93240050
Fax Number	
Contact Number	OTHERS-93240050
Email Address	ALAN.CARBINE@GMAIL.COM

Address	BLK 453A BUKIT BATOK WEST AVENUE 6 #20-743
Postcode	651453
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 ON COLLISION
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	SML8416P
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN DENG CHANGYAO
NRIC/Passport Number	S8413664F
Contact Number	96985358
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 26/08/19
16/7hrs.

Driver's Signature

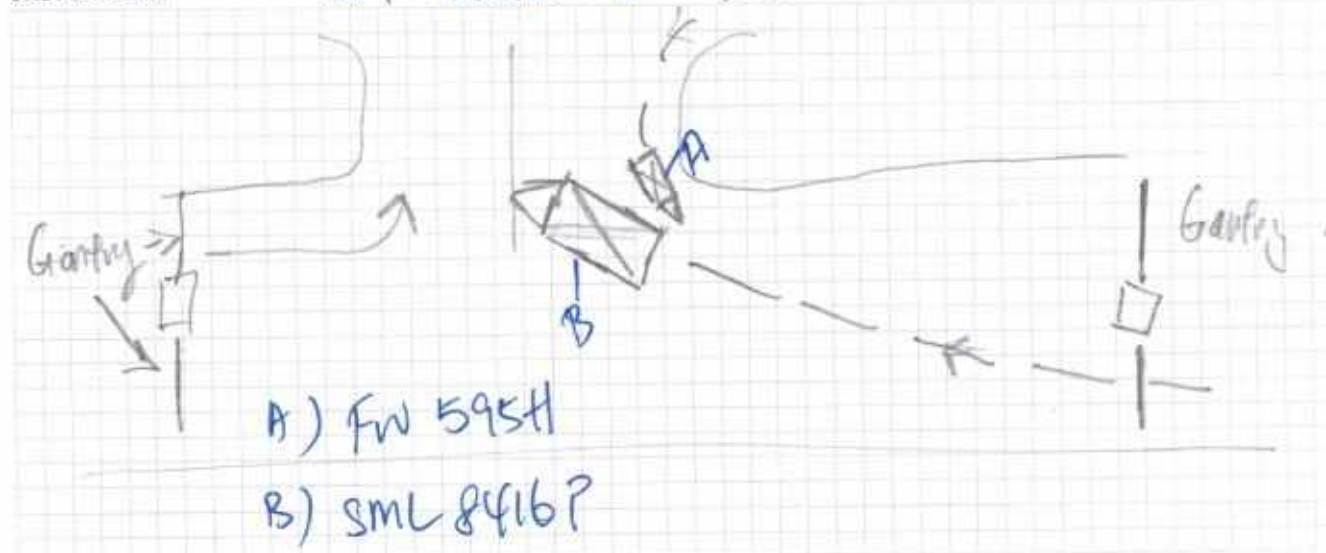
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

BUKIT BARU NORT AVENUE - 9 - -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into the carpark, keeping in my lane. The driver of SML 8416P cut across the against traffic, into my lane almost hitting my bike. I had to brake hard as a result, my bike hit the curb and fell. My signal light was broken and my front brake disc bent as a result of the accident. A full inspection of the motorcycle has yet to be done by my motorcycle agent.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

26/08/19
1617

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/08/19
[Signature]
[Signature]

Driving License

ACCIDENT STATEMENT

ACCIDENT DATE: (25/08/19) (DD/MM/YYYY), TIME: (16:18) (HH:MM)

LOCATION: Bukit Batok West Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW59514
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNUMC2019-00000165
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM SUPERDUKER 1200
f) TYPE: (SATURN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
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: LEE CHUNG HEE ALAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S75040612 CONTACT: 9324 0050
c) ADDRESS: 4534 BUKIT BATOK WEST AVE 6 #20-743
SC651453

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABDOU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (17/02/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: EXHIBIT

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: SML 8416 P MODEL: HONDA FIT
b) DRIVER'S NAME: KELVIN DENG CHANG YAO
c) NRIC/FIN/PASSPORT: S8413664F CONTACT: 96985358

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = alan.carbine@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7504061Z



Name

LEE CHUNG HEE ALAN

For LKK/NAC Use Only

Race

CHINESE

Date of birth

17-02-1975

Sex

M

Country of birth

SINGAPORE





STEP 4: PAYMENT TERMS AND CONDITION

Dear **LEE CHUNG HEE ALAN** (NRIC: S7504061Z),

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

- i. Class 2
- ii. Class 2A
- iii. Class 2B

For LKK/NAC Use Only

You have passed Practical Test(s) for following class(es).

- Class 2 Practical Test at **BBDC** on **16 Dec 2015**.
- Class 2A Practical Test at **BBDC** on **24 Apr 2013**.
- Class 2B Practical Test at **BBDC** on **12 May 2008**.

If you wish to use a new photograph for your driving license you will need to visit Traffic Police Headquarters, 10 Ubi Ave 3 Singapore 408865, between 8.30 am to 5.00 pm (Monday to Friday) to complete your replacement request together with a hardcopy passport size photograph.

Please notify Traffic Police of any error in your information (e.g. Name, NRIC/FIN Number, Photo, etc.) at SPF_TP_TLBAppeals@spf.gov.sg and **do not** continue with your application.

Please choose one of the below option(s) to proceed:

Replace QDL

NEXT

Receipt for e-QDL replacement (Q0000090259)

Dear LEE CHUNG HEE ALAN (NIRC: S750****Z),

For LKK/NAC Use Only

1. Your payment for QDL for replaced Class 2,2A,2B is successful.
2. You have made payment of S\$25.00 for replacement of QDL on 27 Aug 2019 at 01:05 AM.
3. The validity of your replaced QDL for Class 2,2A,2B is for a LIFETIME.

You may visit our [Status of Photocard Driving Licence Application](#) e-service to track the delivery status of your QDL.

You may continue to drive/ride for the class of vehicle that you are licensed to operate while waiting for the replacement.



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: PNMC2019-00000165

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FW595H

Your name (As the policyholder): Lee Chung Hee Alan

Coverage start date: 06/01/2019

Coverage end date: 05/01/2020

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: Southern motor

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

Issued on: 27/12/2018

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.