

NATIONAL Assessment Centre Services

(wef 1 Jan'05) NA 119155112

Date In: 16/11/19 11:37	Job description	Date & Time Completed	Done by
Ref No: NA/601620381124	SAS e-filing		
Veh No: F21743E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/11/19 19:00	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: 3642890	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

NA 11909887	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Pat 1:	Invoice dated	Fee Charged	
Pat 2/3:	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	25/11/2019 11:37
Date Of Accident	20/11/2019 19:20
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ1793E
Insured/Policyholder	
Name Of Registered Owner	TAN PHECK POH
NRIC No	S1758542H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97434466
Alternative Phone No	OFFICE-97434466

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GT200A
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
Fleet Policy	NO
Policy Number	PNMC2018-00004523
Cover Note Number	

Driver

Name of Driver	DARREN LIM JUN YANG
NRIC No	S9537277E
Date Of Birth	13/10/1995
Occupation	INDOOR
Date Of Driving Pass	30/12/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97434466
Fax Number	
Contact Number	OFFICE-97434466
Email Address	NOEMAIL

Address	BLK 475B UPPER SERANGOON CRESCENT #09-533
Postcode	532475
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JLY2890 (PRIVATE CAR)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191121/2078.

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	JLY2890
Vehicle Make/Model/Colour	
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 DARREN LIM JUN YANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FZ1793E

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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)

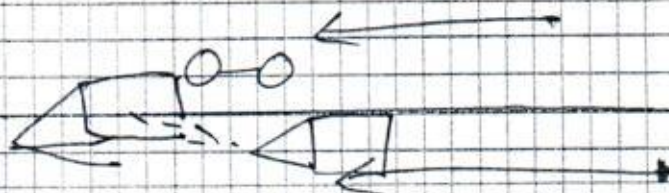
I understand, acknowledge, agree and consent that:

- (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 :



A) FZ1793E

B) JLY2890

SKETCH PLAN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police Report T/20191121/2078

DECLARATION

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


Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name :
NRIC / Fin No :

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / 11 / 2019 (dd/mm/yy) Time of Accident: 19 : 20 (24-HR-FORMAT)

Vehicle No.: FZ 1793E Vehicle Make & Model: Vespa GT200

Exact location of Accident: AMK Ave 3 heading From Hougang to AMK

Policyholder's Name / IC No.: Tan Pheok Poh S1758542H

Driver's Name / IC No.: Darren Lim Jun Yang S9537277E (As Above) ☐

Driver's Contact No.: 9743 4466 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: msgroupoffice@gmail.com Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

***Passanger Name:** _____

Gender: Male / Female *Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☐ Yes ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Darren Lim Jun Yang

Injuries Sustain: Bodily Injured Person in Which Vehicle: FZ 1793E

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Sengkang N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: JLY 2890

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20191121/2078

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191121/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/11/2019 12:39

Vide Report No.:

Station Diary No.:
94

Informant's Particulars

Name of Informant:
DARREN LIM JUN YANG

Address:
APT BLK 475B UPPER SERANGOON CRESCENT #09-533
SINGAPORE 532475

ID Type / ID No.:
NRIC NO / S9537277E

Contact No.:
Home/Office: Mobile: 97434466

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 24 13/10/1995

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:
SUSS

Occupation:
Student

Driving Licence Information:
Class: 2,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
20/11/2019 19:20

Type of Location:
Straight Road

Location:
Along Road 1
ANG MO KIO AVENUE 3

HEADING FROM HOUGANG TO AMK

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ1793E	Motorcycle				Slightly Damaged	0
JLY2890	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191121/2078

CONTINUATION OF REPORT

Rider				
Name	DARREN LIM JUN YANG		ID No.	S9537277E
Related Vehicle	FZ1793E (Motorcycle)		Contact No.	97434466
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	21/11/2019	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	TING HUONG CHIEN		ID No.	A53894223
Related Vehicle	JLY2890 (Car)		Contact No.	60185752775
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.

3E) On the stated date, time and location, I was involved in an accident.

I was riding my motorbike (FZ1793E), along Ang Mo Kio Avenue 3 (from Hougang to AMK). I was on the most right lane. While riding, all of a sudden a car (JLY2890) came out from the left lane abruptly and tried to go into my lane. In the process, the vehicle hit on to me and I fell and skidded.

The car stopped. An outsider came and assisted me to call for ambulance and traffic police. I managed to exchange particulars with the said driver. Ambulance came however I wasn't conveyed. I also talked to the TP officer.

I was subsequently fetched by a friend and went to Mount Alvernia Hospital the same night and receive 5 day MC. I suffered abrasions on my left knees and both elbows.



**SINGAPORE
POLICE FORCE**



T/20191121/2078

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191121/2078

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 /
Sgt 3 MUHAMMAD HAIKAL BIN LATIFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP166

Signature Of Informant:

Date/Time:
21/11/2019 12:39

Classification Of Case:

SN 085



Signature: _____

Singapore Police Force

CERTIFICATE OF INSURANCE

Please call +65-6321-2022 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: PNMC2018-00004523

Plan Name: Third Party

Motorcycle plate number: FZ1793E

Your name (As the policyholder): Tan Pheok Roh

Coverage start date: 16/11/2018

Coverage end date: 15/11/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

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.

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

Issued on: 14/10/2018


Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at claims@fwd.com if any details
in this Certificate of Insurance need to be changed.