

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MANV0627425**

Date In: 4/2/02 16:52	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 2003046124	SAS e-filing		
Veh No: JF25555A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/1/02 07:50	i-Motor Claim Form		
OD: 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: **JMR 90402** 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:	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30		
Ref. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QJ*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idao Mobile	30		
	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	02/03/2020 16:52
Date Of Accident	29/02/2020 07:50
Exact Location Of Accident	BLK 681 HOUGANG AVE 8 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ5555A
Insured/Policyholder	
Name Of Registered Owner	TAN AI CHING SERENE
NRIC No	SXXXX923A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98412362
Alternative Phone No	OFFICE-98412362

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	PNPV2019-00017913
Cover Note Number	

Driver

Name of Driver	ZHAO YANGWEI
NRIC No	SXXXX720H
Date Of Birth	27/03/1984
Occupation	INDOOR
Date Of Driving Pass	04/08/2008
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441092
Fax Number	
Contact Number	OFFICE-98441092
Email Address	NOEMAIL

Address	BLK 273D PUNGGOL PLACE #03-892
Postcode	824273
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 - MAJOR/MINOR RD
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?	
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200301/2039.

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

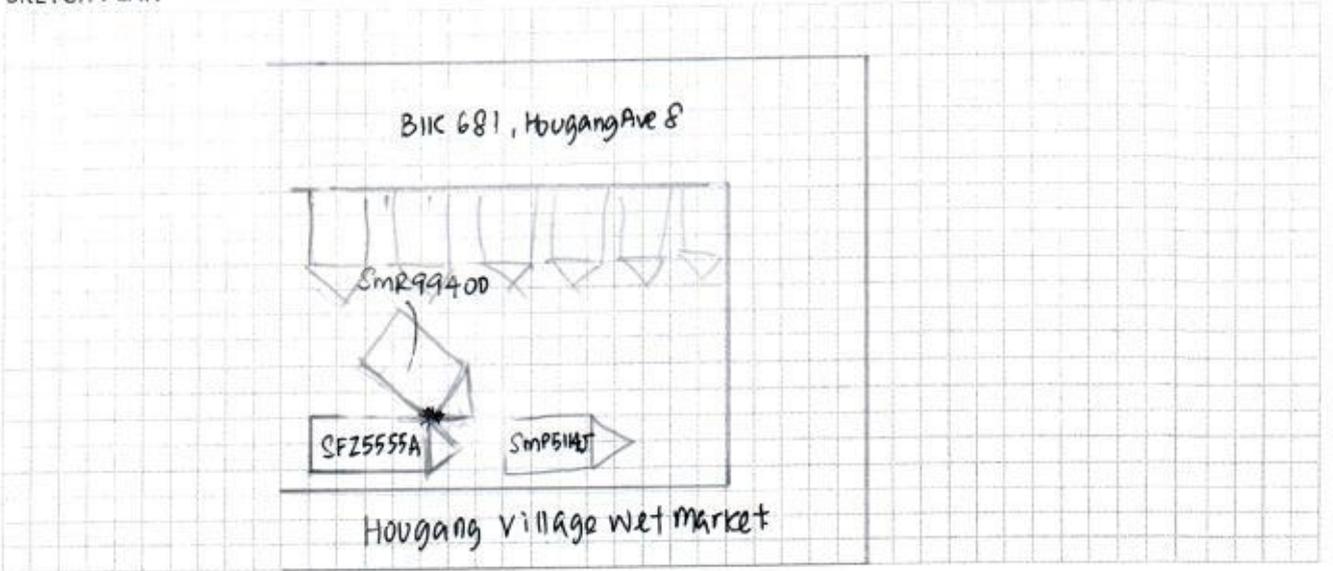
Vehicle Registration Number	SMR9940D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report Attached.

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:

010320 2000

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

VEHICLE NO SFZ5555A MAKE & MODEL Toyota Wish 2.0
DATE OF ACCIDENT 29/02/2020 TIME OF ACCIDENT 0751 (AM) / PM
LOCATION OF ACCIDENT Blk 681 Hougang Ave 8 open air carpark

OWNER DETAILS

NAME OF OWNER Tan Ai Ching Serene
NRIC / ROC S8410923A
CONTACT NO. 98412362
CLAIM TYPE OD / (THIRD PARTY) / REPORTING ONLY
INSURANCE CO. FWD
TYPE OF COVERAGE (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
POLICY NO. PNPV2019-00017913

DRIVER DETAIL

NAME OF DRIVER Zhao Yangwei ANY PASSENGERS: NIL
NRIC S84077204
DATE OF BIRTH 27031984
OCCUPATION OUTDOOR / (INDOOR) / BOTH
DATE OF DRIVING PASS 04082008
GENDER (MALE) / FEMALE
CONTACT NO. OFFICE 98441092 HOME
ADDRESS 51 compassvale bow #12-02 S(544984)
DRIVER HAVE ANY OWN VEHICLE (NO) / IF YES: REG NO.
RELATIONSHIP EMPLOYEE / IF NO: Husband
WEATHER CONDITION (CLEAR) / RAINING / OTHER:
ROAD SURFACE (DRY) / WET / OTHER:
ANY INJURY (NO) / IF YES: WHO? 1.
2.
3.
4.
POLICE REPORT NO / IF YES: WHERE? Hougang N.P.C. 60 Hougang Ave 9 S(538775)

VEHICLE B SmR 9940D ANY PASSENGER:
NAME
CONTACT
VEHICLE C ANY PASSENGER:
VEHICLE D ANY PASSENGER:
VEHICLE E ANY PASSENGER:
VEHICLE F ANY PASSENGER:

ANY WITNESS
CONTACT NO
Have you been approach by unknown person(s) soliciting/offering accident claims assistance YES / NO

PARTICULAR WORKSHOP huameng@live.com.sg
CONTACT PERSON
TEL FAX



**SINGAPORE
POLICE FORCE**



T/20200301/2039

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200301/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2020 13:26	Vide Report No.:	Station Diary No.: 64
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: ZHAO YANGWEI		Address: 51 COMPASSVALE BOW #12-02 SINGAPORE 544984	
ID Type / ID No.: NRIC NO / S8407720H		Contact No.: Home/Office: Mobile: 98441092	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 27/03/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: HEALTHCARE MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/02/2020 07:50	Type of Location:
Location: Along Road 1 HOUGANG AVENUE 8 Blk 681 Hougang avenue 8 open carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ5555A	Car	TOYOTA			Slightly Damaged	0
SMR9940D	Car	TOYOTA				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFZ5555A	FWD Singapore Pte. Ltd	PNPV2019-00017913	28/11/2019	27/11/2020



**SINGAPORE
POLICE FORCE**



T/20200301/2039

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200301/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHAO YANGWEI	ID No.	S8407720H
Related Vehicle	SFZ5555A (Car)	Contact No.	98441092
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/2/2020 at about 0751hrs, I parked my vehicle bearing SFZ5555A at the side road near to the wet market of the open carpark at blk 681 Hougang avenue 8. I stepped out of my vehicle to wait for my maid and when my maid came back I assisted to load the items into the car and subsequently drove off.

On 29/2/2020 at about 2230hrs, I noticed there were some dented and scratches marks on my left front bumper as such I make a check on the footages of my in car camera and it captured that on 29/2/2020 at about 0751hrs, the driver driving vehicle bearing SMR9940D while reversing, the driver grazed pass my vehicle. The driver did not alight to make a check nor left a note before. I wish to inform that at the point of time I was not inside my car and I did not notice the car had grazed pass my vehicle.

I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20200301/2039

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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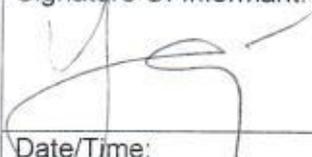
Report No. T/20200301/2039

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 2 LEE JIA YI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2020 13:26
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

Authentication Stamp
NP168

 Signature 

AA

vrl.lta.gov.sg



A Singapore Government Agency Website



Replace Vehicle No. (Acknowledgement)

Business Transaction Details

Transaction Ref. No.: 20191205071113724241

Transaction Date: 05 Dec 2019

Transaction Time: 07:11:14

Replacement Details

Old Vehicle No.: SJV1340C

New Vehicle No.: SFZ5555A

Message

Vehicle No. replaced successfully

The number plates on the existing vehicle must be changed by 08 Dec 2019 to display the newly assigned vehicle registration number. Failure to comply with this requirement is an offence under the Road Traffic Act.



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: PNPV2019-00017913 (Comprehensive - Classic Plan)

Car plate number: SJV1340C

Your name (As the policyholder): Tan Ai Ching Serene

Coverage start date: 28/11/2019

Coverage end date: 27/11/2020

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:

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

Issued on: 28/11/2019



Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6620-8888**
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.