

NATIONAL Assessment Centre Services.

[wef 1 Jan 05]

MNA12002773

Date In: 3/12/03	Job description	Date & Time Completed	Done by
Ref No: 1615WD200347324	SAS e-filing		
Veh No: 5JY3710P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1/3/12-14/50	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: 68P514311

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%. F: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	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:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	03/03/2020 12:03
Date Of Accident	01/03/2020 14:50
Exact Location Of Accident	CTE (AYE) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3710P
Insured/Policyholder	
Name Of Registered Owner	VEMON WONG WEI PING
NRIC No	SXXXX729C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92770277
Alternative Phone No	OFFICE-92770277

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT ABS AIRBAG 2WD
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00017735
Cover Note Number	

Driver

Name of Driver	WINNIE YAP MUN YEE
NRIC No	SXXXX457D
Date Of Birth	13/05/1991
Occupation	INDOOR
Date Of Driving Pass	17/10/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88220722
Fax Number	
Contact Number	OFFICE-88220722
EEmail Address	NOEMAIL

Address	BLK 335A YISHUN STREET 31 #09-79
Postcode	761335
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	CHAIN 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	4
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200302/7036.

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	GBF5143H
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJP2566T
Vehicle Make/Model/Colour KIA PICANTO
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN SHENG YANG JOSEPH
NRIC/Passport Number SXXXX280C
Contact Number 81182825

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLC2798K
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 WINNIE YAP MUN YEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJY3710P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- 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.:

VEHICLE 'A'
~~8JY3710?~~
 VEHICLE 'B'
~~GBF5143H~~
 VEHICLE 'C'

VEHICLE 'A'
 8JY3710?

VEHICLE 'B'
 GBF5143H

VEHICLE 'D'
 STP2566T

VEHICLE 'C'
 SLC279SK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (VEHICLE 'A') was travelling along CTE/AYE on lane 4 before PIE/CHANHI exit. I brake and come to a stop behind VEHICLE 'D'. Suddenly, VEHICLE 'B' hit on me so hard from the back before I loses control and hit onto VEHICLE 'D' and VEHICLE 'D' hit onto VEHICLE 'C'.

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 : 01/03/2020 Accident Time: 1450HRS (24-HR-Format)
Accident Place : LTE/PIE before Boddell exit.
Vehicle Reg. No. (Car Plate No.) : SJV3710P
Vehicle Make/Model : SUZUKI SWIFT
Insurance Company : FWD Policy No. PNPV2019-00017735
Owner or Company Name /IC No. : VERMON WONG WEI PIN/ 5892529C
Owner or Company Contact No. : 92770277 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : WINNIE YAP MUN YEE
DRIVER'S Date Of Birth : 13/05/1991 DRIVER'S License Pass Date 17/10/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Spouse
DRIVER'S Address : 335A YISHUN ST 31 #09-79
DRIVER'S Contact No./ Alt No. : 1) 8822 0722 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : yapmunyee@gmail.com / Admin@MyCar.sg
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): 1 * Injures 5 Days.
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: G3F5143H
Vehicle Make/Model: TOYOTA DYNA
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: SJP2566T
Vehicle Make/Model: KIA PICANTO
Name Driver: TAN SHENG YAN/ JOSEPH
IC No. Driver: 585402806
Driver's Contact & Add: 81182825

1st vehicle #: SL02798K



SINGAPORE POLICE FORCE



T/20200302/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200302/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 23:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WINNIE YAP MUN YEE			Address: APT BLK 335A YISHUN STREET 31 #09-79 SINGAPORE 761335		
ID Type / ID No.: NRIC NO / S9116457D			Contact No.: Home/Office: Mobile: 88220722		
Nationality: MALAYSIAN			Email: yapmunyeee@gmail.com		
Sex: Female	Age: 28	Date of Birth: 13/05/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2020 14:50	Type of Location: CTE TOWARDS CITY BEFORE PIE CHANGI EXIT
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5143H	Lorry					0
SJP2566T	Car					0
SJY3710P	Car					0
SLC2798K	Car					0



**SINGAPORE
POLICE FORCE**



T/20200302/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200302/7036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WINNIE YAP MUN YEE	ID No.	S9116457D
Related Vehicle	SJY3710P (Car)	Contact No.	88220722
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I (vehicle A SJY3710P) was travelling along CTE/AYE. I met an accident before PIE(CHANGI) exit. As i saw the vehicle infront of me jam brake, I follow the suit and came to a complete stop before (vehicle B GBF5143H) bang onto me. The impact was so hard from the rear and thus resulted me to hit onto (vehicle D SJP2566T) and vehicle D hit onto (vehicle C SLC2798L).



**SINGAPORE
POLICE FORCE**



T/20200302/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200302/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/03/2020 23:59

Classification Of Case:

Authentication Stamp

NP168

← +65 8822 0722 fwd.com.sg
Today, 17:02



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: PNPV2019-00017735 (Third Party)

Car plate number: SJY3710P

Your name (As the policyholder): Vernon Wong Wei Ping

Coverage start date: 23/11/2019

Coverage end date: 22/11/2020

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: 22/11/2019

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.

