

NATIONAL Assessment Centre Services. (Part 1 Jan 09) MMA 120066508

Date In: 6/8/20 16:24	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 20008163164	SAS e-filing		
Veh No: FBQ 5522P	E-mail (within 2hrs, AIC 2hrs)		
TPA: 418/20 18:30	I-Motor Claim Form		
TP Insurer: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Principal Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars: ()	Veh No: 5JK 4287L	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 repairer.

() 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: ()

Damage	Location

MA 2004072		Invoice Registration Charge		20.00
Claimant Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:	For claimants against INC Only (wef 10 Jan 2009)			
	6) TR: Re-Inspection \$75			
	7) N1: Idas DA + EMRT Survey \$160			
	8) NTUC Additional Services:			
	Q1:			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NS: Repair Coordination \$10			
	*NS: Post Repair Inspection \$25			
	*NB: DV / Collect Excess Coordination \$5			
	TP (N1): TP (Inc INC) against INC \$20			
	9) N12: Idas Mobile \$0			
	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	06/08/2020 16:24
Date Of Accident	04/08/2020 18:30
Exact Location Of Accident	BEDOK CENTRAL OPP BLK 220A TWDS BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5522P
Insured/Policyholder	
Name Of Registered Owner	TAN CHIANG WAH
NRIC No	SXXXX909C
Email Address	GOTOALAN88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90478118
Alternative Phone No	OFFICE-90478118

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PNMC2020-00002456
Cover Note Number	

Driver

Name of Driver	TAN CHIANG WAH
NRIC No	SXXXX909C
Date Of Birth	06/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90478118
Fax Number	
Contact Number	OFFICE-90478118
EMail Address	GOTOALAN88@GMAIL.COM

Address	BLK 916 TAMPINES ST 91 #06-61
Postcode	520916
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 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?	YES
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200805/2083

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	SJK4287L
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	TAN CHIANG WAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBQ5522P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.
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 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

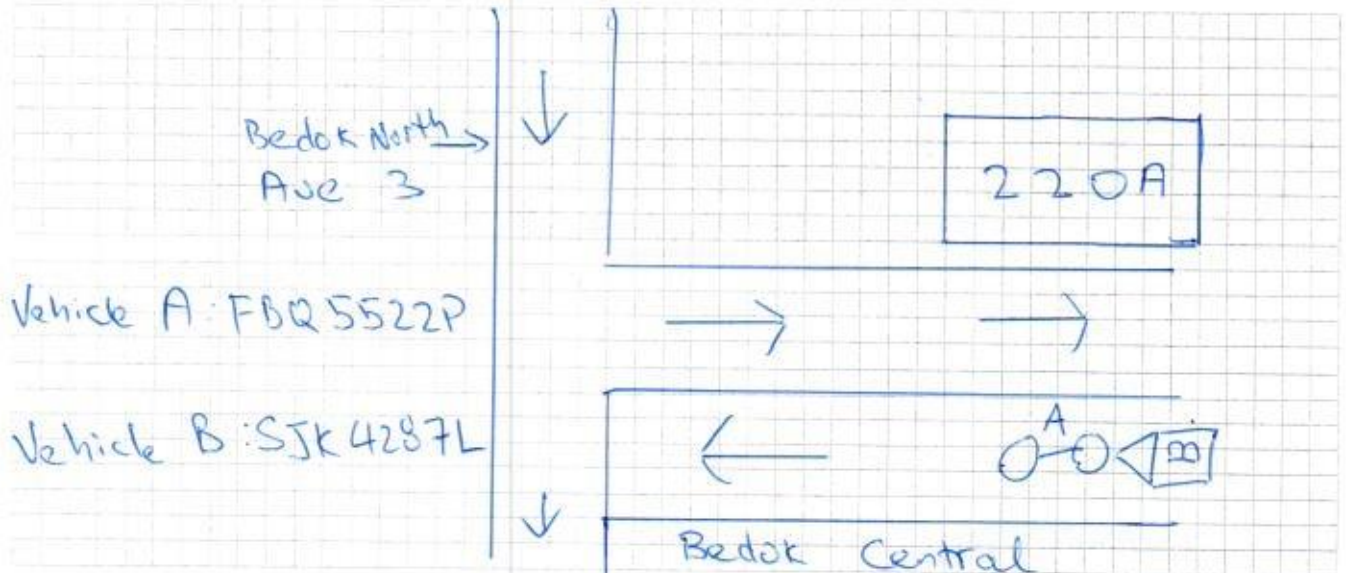
Date & Time: 05/08/20
17.25 HR

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T/20200805/2083

DECLARATION

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

Policyholder's Signature
 Date & Time: 05/08/20
 17:25HR

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

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



SINGAPORE POLICE FORCE



T/20200805/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200805/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 16:42	Vide Report No.: G/20200804/0170	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: TAN CHIANG WAH		Address: APT BLK 916 TAMPINES STREET 91 #06-61 SINGAPORE 520916	
ID Type / ID No.: NRIC NO / S7812909C		Contact No.: Home/Office: Mobile: 90478118	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 06/05/1978	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD DELIVERY RIDER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/08/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 BEDOK CENTRAL Opp Blk 220A, heading towards Bedok North Ave 3.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5522P	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Blue	Seriously Damaged	0
SJK4287L	Car		TOYOTA AXIO	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200805/2083

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Report No. T/20200805/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5522P	FWD Singapore Pte. Ltd	PNMC2020-00002456	24/06/2020	23/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN CHIANG WAH		ID No. S7812909C
Related Vehicle	SJK4287L (Car)		Contact No. 90478118
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/08/2020		Date Discharge 04/08/2020
No. of Days granted Medical Leave	05		Degree of Injury Serious

Brief Details.

On 04/08/2020 @ 1830hrs, I was travelling along Bedok Central Towards Bedok North Avenue 3 to send an order as I was working Grab Delivery. I was travelling at about 20km/h. There was a long line of cars as it was peak hour and I was gradually slowing down as the vehicle in front of me has already come to a complete stop. As I was slowing down I was suddenly hit from the back by a car, I fell on my right side. I skidded along with my bike about the distance of one car length. When I came to a stop, I was stuck as my right leg was under my bike and I could not move. A few passerby's saw and came over to help me pick my bike up so that I could get up. After picking my bike up, I got up and limped to the curb side and sat down.

I was in too much pain and asked the passerby's to help call for ambulance. The ambulanced arrived around 1840hrs and conveyed me to Changi General Hospital where I received treatment at A&E and was given 5 days MC from 04/08/2020 to 08/08/2020 I do not know if my MC will extend as I am pending further follow up from specialist. I suffered severe abrasions on my right ankle, heel, hip and elbow, my right ankle is also swollen.

My motorbike FBQ5522P, Yamaha Aerox in Blue. Has been towed to Traffic Police compound, from what I have seen from the photo I can see that my bike has been damaged on its right fairings, right mirror and right side brake caliper, I will send my bike to my workshop to fully assess the damages of my bike as I am not sure about the extent of the damages towards my bike from the photo.



**SINGAPORE
POLICE FORCE**



T/20200805/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200805/2083

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:

G /

~~Sr Staff Sgt MUHAMAD FAISAL BIN MOHD~~

~~SALEH~~ SGT 2 Darren Lam

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

05/08/2020 16:42

Classification Of Case:

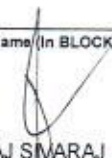
SIGNATURE



ORIGINAL

MEDICAL CERTIFICATE

EMD2020120760

Name TAN CHIANG WAH		NRIC No. S7812909C
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>04-Aug-2020</u> to <u>08-Aug-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 04-Aug-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  DURAIRAJ SIMARAJ, 62246Z

ACCIDENT STATEMENT

ACCIDENT DATE: 04/08/2020 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: Bedok Central Opp BIK 220A towards Bedok North Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 5522P
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: ~~PNMC~~ PNMC 2020-00002456
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Aerox
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MOTORCYCLE
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TAN CHIANG WAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S78129091C CONTACT: 90473118
c) ADDRESS: Blk 916 Tampines st 91 #06-61
S C 520916

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 06/05/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 0

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: Tampine N.P.C.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SSK 4287L MODEL: Toyota Axio

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = gotoalen88@gmail.com

fax =

video =



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 or by the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2020-00002456

Plan Name: Third Party

Motorcycle plate number: FBQ5522P

Your name (As the policyholder): Tan Chiang Wah

Coverage start date: 24/06/2020

Coverage end date: 23/06/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

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 ride 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 commercial use in accordance with Your contract.

This Policy does not cover use for any renting or leasing purposes.

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

Issued on: 24/06/2020

Khor Kee Eng
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 needs to be changed.