

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **SN10920020007**

Date In: 27/1/05 - 12:45	Job description	Date & Time Completed	Done by
Ref No: NAFWD20020974	SAS e-filing		
Veh No: FB4H402B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 30/1/05 - 22:30	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: FB4H402B	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

NA200524

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

Invoice Preparation Checklist

- | | Am't (\$)
for Bill | Am't (\$)
Add-Bill |
|---|-----------------------|-----------------------|
| 1) AR : Accident Reporting (\$30); | | |
| 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| 3) TP : Towing Fee \$40/\$45 | | |
| 4) FT : Follow-Through Survey \$120 | | |
| 5) RT : 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:- | | |
| OD* | | |
| *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 (N/a INC) against INC \$20 | | |
| 9) N12: Idac 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 Submission	02/12/2020 10:45 (SGT)
Date of Accident	30/11/2020 20:30 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	JUNCTION WITH LOR 13 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1402B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CYRUS WONG YING CHUN
NRIC No	SXXXX940H
Email Address	seahwilfred@hotmail.com
Mobile Phone No	(Phone) +65-97293901
Alternative Phone No	+65-97293901

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2019-00004197
Cover Note Number	-

DRIVER

Name of Driver	WILFRED SEAH SHI DA
NRIC No	SXXXX524E
Date Of Birth	13/03/1992
Occupation	Outdoor

Date Of Driving Pass	01/11/2017
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96479288
Alt. Phone Number	-
Email Address	seahwilfred@hotmail.com
Address	BLK 98 ALJUNIED CRESCENT
Address complement	#07-419
Postcode	380098
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201201/7033.

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	FBQ6783X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WILFRED SEAH SHI DA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBH1402B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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:

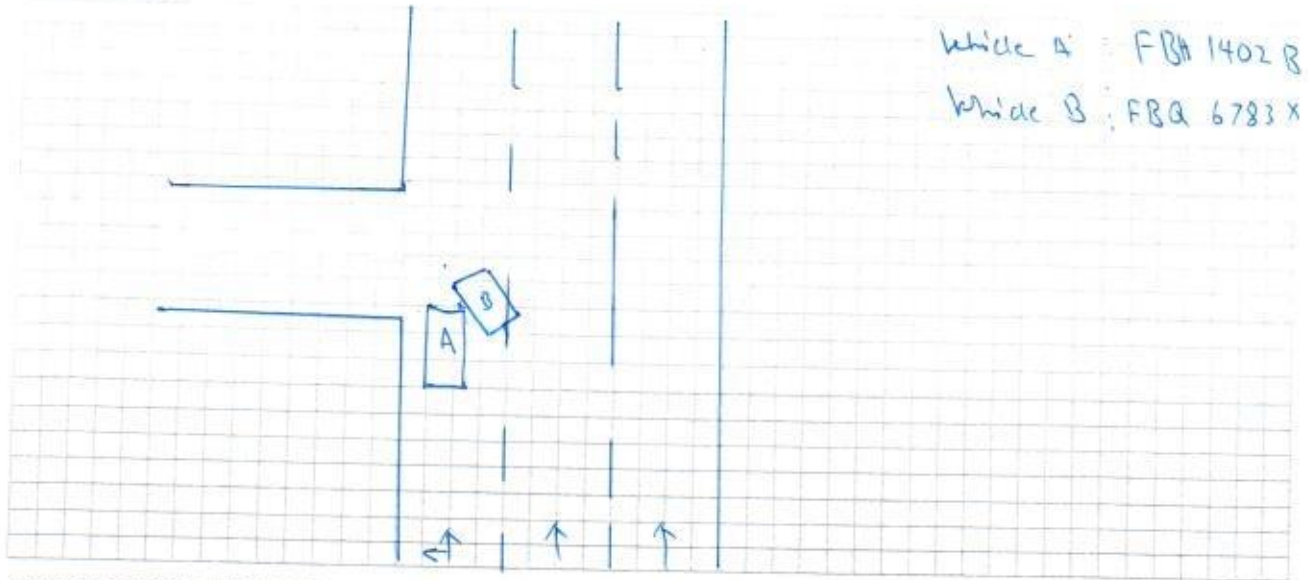


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/10/2020/7033.

DECLARATION

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

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Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 11 / 2020 (DD/MM/YYYY), TIME: 20 : 30 (HH:MM)

LOCATION: Guthrie Road X LOR 13

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 1402 B
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNMC2019-00004197
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Bajaj Pulsar 200NS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Cyrus Wong Ying Chun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 921494014 CONTACT: 9729 92 9729 3901
c) ADDRESS: 993 Bukit Timah Road #01-07 Maple Woods Singapore
589631

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wilfred Seah SHI DA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 9210524E CONTACT: 9647 9288
c) ADDRESS: BLK 98 ALSUNIED Crescent

*d) DATE OF BIRTH: 13 / 02 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13-11-2016

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

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: FBQ 6783 X MODEL: _____
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 = ric060autoservices@gmail.com

Fax = 6286 7060

seahwilfred@hotmail.com



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2020 16:15	Vide Report No.: G/20201130/0214	Station Diary No.:
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Informant's Particulars

Name of Informant: WILFRED SEAH SHI DA			Address: 98 ALJUNIED CRESCENT #07-419 SINGAPORE 380098		
ID Type / ID No.: NRIC NO / S9210524E			Contact No.: Home/Office: Mobile: 96479288		
Nationality: SINGAPORE CITIZEN			Email: SEAHWILFRED@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 13/03/1992	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: freelance designer			Driving Licence Information: Class: 2B	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2020 20:30	Type of Location: Straight Road
Location: GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH1402B	Motorcycle					0
FBQ6783X	Motorcycle				Seriously Damaged	0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WILFRED SEAH SHI DA	ID No.	S9210524E
Related Vehicle	FBH1402B (Motorcycle)	Contact No.	96479288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	30/11/2020	Date	30/11/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICILE PLATE NUMBER FBH1402B WAS RIDING ON LANE 3 ALONG GUILLEMARD ROAD BEFORE GEYLANG LOR 16 SUDDENLY VEHICILE PLATE NUMBER FBQ6783X FROM LANE 2 DECIDED TO MAKE A LEFT TURN INTO GEYLANG LOR 16 AND BANG INTO MY BIKE, CAUSE ME TO FALL.

AFTER THE ACCIDENT TRAFFIC POLICE AND AMBULANCE ATTEND AND GAVE ME A CASE CARD NUMBER.

THEN I WENT OUR FAMILY PHYSICIAN CLINIC & SURGERY AND SEE DOCTOR CAUSE I HAVE INJURY ON MY RIGHT HAND, RIGHT LEG, NECK, HEAD AND BACK. DOCTOR GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20201201/7033

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

3 of 3

Report No. T/20201201/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Authentication Stamp
NP168

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

Date/Time:
01/12/2020 16:15

Classification Of Case:

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: PNM2019-00004197

Plan Name: Third Party

Motorcycle plate number: FBH1402B

Your name (As the policyholder): Cyrus Wong Ying Chun

Coverage start date: 26/12/2019

Coverage end date: 15/03/2021

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 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 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: 11/09/2019



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.