

# NATIONAL Assessment Centre Services.

(Part 1 Jan 2003)

5N0921210006

Date In: 01/02/2021 14:53

Ref No: NA/FWD 21001478/NA

Veh No: SMM 99642

DETA: 30/01/2021 22:40

OD: TP Reporting, Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claims Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

INC ( ) / Non-INC ( )

TP Particulars:

Veh No: SJP 35442

Tel:

Owner / Driver: (

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 repolar.

( ) 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: ( )

Date:

Time:

By:

Signature:

Stamp:

Comments:

NA 2101258

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Signature:

Stamp:

Comments:

NA 2101258

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Signature:

Stamp:

Comments:

NA 2101258

Item	Description	Amount	Total
1)	AR: Accident Reporting (\$30)		
2)	DA: Damage Assessment (\$100)		
3)	TP: Towing Fee	\$120	
4)	FT: Follow-Through Survey	\$30	
5)	FT: Follow-Through Survey (Resurvey)	\$75	
6)	TR: Re-Inspection	\$160	
7)	N1: Idno DA + SMRT Survey		
8)	NTUC Additional Services:		
9)	QD:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NR: DV / Collect Excess Coordination	\$3	
	*NT: DV / Collect Excess Coordination	\$20	
	TP (N11) : TP (N11 INC) against INC	\$0	
	9) N12: Idno Mobile		
	Invoice dated		
	Invoice dated		
	Fee Charged		
	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 ..... 01/02/2021 14:53 (SGT)  
Date of Accident ..... 30/01/2021 22:40 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM9964L  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... LEE WEI LUN  
NRIC No ..... SXXXX264Z  
Email Address ..... LWLPATRICK@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81808882  
Alternative Phone No ..... +65-81808882

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNCV2020-00000387  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE WEI LUN  
NRIC No ..... SXXXX264Z  
Date Of Birth ..... 27/02/1986  
Occupation ..... Outdoor

Date Of Driving Pass	29/07/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81808882
Alt. Phone Number	+65-81808882
Email Address	LWLPATRICK@GMAIL.COM
Address	BLK 334B ANCHORVALE CRESCENT #06-130
Address complement	-
Postcode	542334
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2077

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF3544C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LEE WEI LUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMM9964L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**IMPORTANT NOTICE**

- Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**Describe Circumstances of the Accident**


On stated date and time, my vehicle (SMM 9964L) was travelling on AYE exiting to Lower Delta Road. I stopped my vehicle as there were cars on the major road. Vehicle B (SJF 3544C) could not stopped in time and collided into the rear of my vehicle. The rear of my vehicle are damaged badly.

**Declaration**

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

  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210131/2077

1 of 4

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

Report No. T/20210131/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 17:15	Vide Report No.:	Station Diary No.: 101
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<b>Informant's Particulars</b>		
Name of Informant: LEE WEI LUN		Address: APT BLK 334B ANCHORVALE CRESCENT #06-130 SINGAPORE 542334
ID Type / ID No.: NRIC NO / S8606264Z		Contact No.: Home/Office: Mobile: 81808882
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 34	Date of Birth: 27/02/1986
Type of Informant: Driver		Institution / School Name:
Race: Chinese		Language: English
Occupation: PHV DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2021 22:40	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3544C	Car	SUZUKI		Black	Slightly Damaged	1
SMM9964L	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

Report No. T/20210131/2077

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM9964L	FWD Singapore Pte. Ltd	PNCV2020-00000387	23/07/2020	22/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJF3544C (Car)		Contact No.	90291364
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
Driver				
Name	LEE WEI LUN		ID No.	S8606264Z
Related Vehicle	SMM9964L (Car)		Contact No.	81808882
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/01/2021		Date Discharge	30/01/2021
No. of Days granted Medical Leave	04		Degree of Injury	Serious

**Brief Details.**

On 30/1/2021 at about 10.40pm, I was driving one passenger along the AYE in my white Honda SMM9964L and was making a left turn at Exit 3 towards Lower Delta Road (near Teresa Ville).

I stopped behind the Give Way line as there were incoming traffic from the right. All of a sudden, I felt a bang on the rear of my car.

After the accident, the other driver and I came out of our cars to assess the situation. He also had a passenger in his black Suzuki SJF3544C. Neither of us needed any medical attention at that time.

As a result of the accident, the rear door of my hatchback was dented and was unable to be kept shut. I was unable to see any visible damage on the other car.

No police or ambulance attended to us. After exchanging contact, the other driver asked me to claim against his insurance. Subsequently we went our separate ways.





**SINGAPORE  
POLICE FORCE**



T/20210131/2077

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Report No. T/20210131/2077

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

Later on I felt some pain at the back of my neck. I saw my doctor and was given FOUR days of MC.

I'm lodging this report for Traffic Police action.



**SINGAPORE  
POLICE FORCE**



T/20210131/2077

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Report No. T/20210131/2077

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

**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 /

Staff Sgt LUBIS RATNO BIN REDWAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/01/2021 17:15

Classification Of Case:





## 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: PNCV2020-00000387**

Car plate number : SMM9964L

Coverage start date: 23/07/2020

Coverage end date: 22/07/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: Lee Wei Lun

NRIC/FIN: S8606264Z

Address: 334B Anchorvale Crescent 06-130 Anchorvale Cove Singapore 542334

Email: uxk4tw@gmail.com

Mobile Number: 81808882

Date of Birth: 27/02/1986

Gender: Male

Marital status: Married

Certificate of Merit: No

Current no claims discount: 30%

Years of driving experience: Three or more

### About your car and policy

Car make and model: HONDA FREED 1.5

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$5,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,934.25

Finance company: Genie Financial Services Pte Ltd



## 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.

### Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract 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 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: 12/07/2020

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.



# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 01 / 2021) (DD/MM/YYYY), TIME: (22 : 40) (HH:MM)

LOCATION: AYE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMM 9964 L  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Freed  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8150 8882  
c) ADDRESS:

\* 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: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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) → NECK

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF 3544 L MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 9029 1364

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = |w|patrick@gmail.com

fax =

VIDEO = yes