

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN0921790007

Date In: 07/01/2007 17:39	Job description	Date & Time Completed	Done by
Ref No: NPA/FWD21007514/4	SAS e-filing		
Veh No: SMS 4673C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/01/2007 13:15	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:

FBM 682B

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:

(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

<p>NA2103313</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>auditors' Comments:</p> <p>U. 1:</p> <p>U. 2 / 3:</p>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: 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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N5: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N11) 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 Submission	09/07/2021 17:39 (SGT)
Date of Accident	08/07/2021 13:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY BEFORE LAGUNA FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4673C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE LING MAY
NRIC No	SXXXX390E
Email Address	mayleehomes@gmail.com
Mobile Phone No	(Phone) +65-91187771
Alternative Phone No	+65-91187771

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00000977
Cover Note Number	-

DRIVER

Name of Driver	LEE LING MAY
NRIC No	SXXXX390E

Date Of Birth	18/10/1984
Occupation	Outdoor
Date Of Driving Pass	18/01/2006
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91187771
Alt. Phone Number	+65-91187771
Email Address	mayleehomes@gmail.com
Address	15 FLORA ROAD #01-02
Address complement	-
Postcode	509734
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210708/2081

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	FBM6182B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	IZWAN SHAH BIN WIRA
NRIC No	SXXXX576F
Contact Number	(Phone) +65-91878269
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

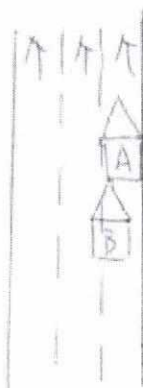
[Signature] 08/07/2021
Policyholder's Signature / Date & Time

[Signature] 08/07/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 09/07/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

EcP (Howard's City) before Laguna Hyway



Vehicle A: SMS 4673C

Vehicle B: FB M6182B

Describe Circumstances of the Accident


REFER TO POLICE REPORT

T/20210708/2081

Declaration

We declare the foregoing particulars are true in every respect.

 05/07/21
Policyholder's Signature / Date & Time

 08/07/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 09/07/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 08 July 2021 Accident Time: 1315 (24-HR-FORMAT)
 Accident Place : ECP towards City before Laguna Flyover
 Vehicle Reg. No (Car plate No.) : SMS4673C Vehicle Make/Model: Mercedes A200
 Insurance Company : PWD Policy No. PWDV2021-00000977
 Name of Registered Owner : Company / Individual Lee Ling May
 ID of Registered Owner : Co Reg No: / Owner's NRIC No: 884333906
 : Co Contact No: / Owner's Contact No: 9118 7771
 DRIVER'S Name : As Above DRIVER'S NRIC No: /
 DRIVER'S Date of Birth : 18 Oct 1984 DRIVER'S License Pass Date 18 Jan 2006
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
 DRIVER'S Address : 15 Flora Road # 01-02
 DRIVER'S Contact No./ Alt No. : 1) / 2) /
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : MAY LEE HOMES @ GMAIL.COM
 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 Name & Gender: _____
 Was the accident reported to the police? YES \ NO
 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
 Any injuries, if yes (name of the injured person) Nil

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>PBM 618213</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

email: claims @ levo auto. com. sg

Levo Auto Pro Pte Ltd.



SINGAPORE POLICE FORCE



T/20210708/2081

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Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210708/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 15:44		Vide Report No.: G/20210708/0098		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: LEE LING MAY			Address: 15 FLORA ROAD #01-02 SINGAPORE 509734		
ID Type / ID No.: NRIC NO / S8433390E			Contact No.: Home/Office: Mobile: 91187771		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 18/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Property Agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2021 13:10	Type of Location: Expressway
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBM6182B	Motorcycle					0
SMS4673C	Car	MERCEDES BENZ	A200 AMG LINE AUTO	Black		0
XD5345P (Not Accurate)	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210708/2081

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210708/2081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS4673C	FWD Singapore Pte. Ltd	PNPV2021-00000977	27/02/2021	26/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IZWAN SHAH BIN WIRA	ID No.	S9114576F
Related Vehicle	FBM6182B (Motorcycle)	Contact No.	91878269
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 LING MAY	ID No.	S8433390E
Related Vehicle	SMS4673C (Car)	Contact No.	91187771
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 08/07/2021 at around 1.09pm, I was driving my vehicle black Mercedes A200 (SMS4673C) in the first lane along ECP expressway towards MCE opposite Costa Del Sol condominium. While travelling along the said road, there was one lorry (I believe to be XD5345P), which was travelling in Lane 2, went into my lane. As the lorry was quite close to me, I applied the brakes of my vehicle to avoid a collision with its rear.

When my vehicle was slowing down, I felt an impact from the rear of my vehicle. I then stopped my vehicle to make a check. I discovered there was one motorcycle (Veh Number FBM6182B) had brushed against my vehicle rear left side. The motorcycle ended up in the grass patch opposite the road.

There was another lorry which stopped behind our vehicles and assisted to call for Ambulance and manage traffic. I did not manage to take note of the vehicle's details.

Ambulance, Police and LTA Marshal were at scene. I would like to state that I did not suffer any injuries. I



**SINGAPORE
POLICE FORCE**



T/20210708/2081

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210708/2081

CONTINUATION OF REPORT

did not have any passengers in my car at the point in time. The lorry that came into my lane also did not stop to assist us. The motorcyclist was subsequently conveyed away by ambulance.

I was given a case card vide G/20210708/0098 (TP IO I/C Sufian 6547 6247). No government property was damaged, and no foreign vehicles were involved.



**SINGAPORE
POLICE FORCE**



T/20210708/2081

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20210708/2081

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 /

SI KHAIRUL IDSHAM BIN ZAKARIA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

08/07/2021 15:44

Classification Of Case:

Authentication Stamp

NP168



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: PNPV2021-00000977 (Comprehensive - Executive Plan)

Car plate number: SMS4673C

Your name (As the policyholder): Lee Ling May

Coverage start date: 27/02/2021

Coverage end date: 26/02/2022

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: Sing Investment and Finance

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

Issued on: 02/02/2021

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 need to be changed.