

# NATIONAL Assessment Centre Services

Date In: 01/10/21	Job description	Date & Time Completed	Done by
Ref No: NM/PWD21011150/A13	SAS e-filing		
Veh No: 5AV2845	E-mail (within 5hrs, AIC 2hrs)		
D.O.A 31/10/21 1400	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: UNKNOWN	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
	MOBILE REPORTING (ADRIAN)

NA2104372 NA2104372 (MOBILE RD)	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N1) - TP (N1) INC against INC \$20		

## 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	01/11/2021 18:00 (SGT)
Date of Accident	31/10/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS B4 CLEMENTI RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV284J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHERYL LEE SIEW FUNG
NRIC No	SXXXX817D
Email Address	lee.cheryl08@gmail.com
Mobile Phone No	(Phone) +65-97451800
Alternative Phone No	+65-97451800

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNPV2019-00003186-02
Cover Note Number	-

#### DRIVER

Name of Driver	CHERYL LEE SIEW FUNG
NRIC No	SXXXX817D

Date Of Birth	24/08/1980
Occupation	Outdoor
Date Of Driving Pass	18/09/2004
Driving experience	17 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97451800
Alt. Phone Number	+65-97451800
Email Address	lee.cheryl08@gmail.com
Address	BLK 458 CHOA CHU KANG AVE 4
Address complement	#14-197
Postcode	680458
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	Raining
Road Surface	Wet

#### 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	KYAN KOH
Gender	Male

#### PASSENGER 2

Name	KAELAN KOH
Gender	Male

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	UNKNOWN
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	CHERYL LEE SIEW FUNG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SDV284J
Were seat belts worn?	Yes
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 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' 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.

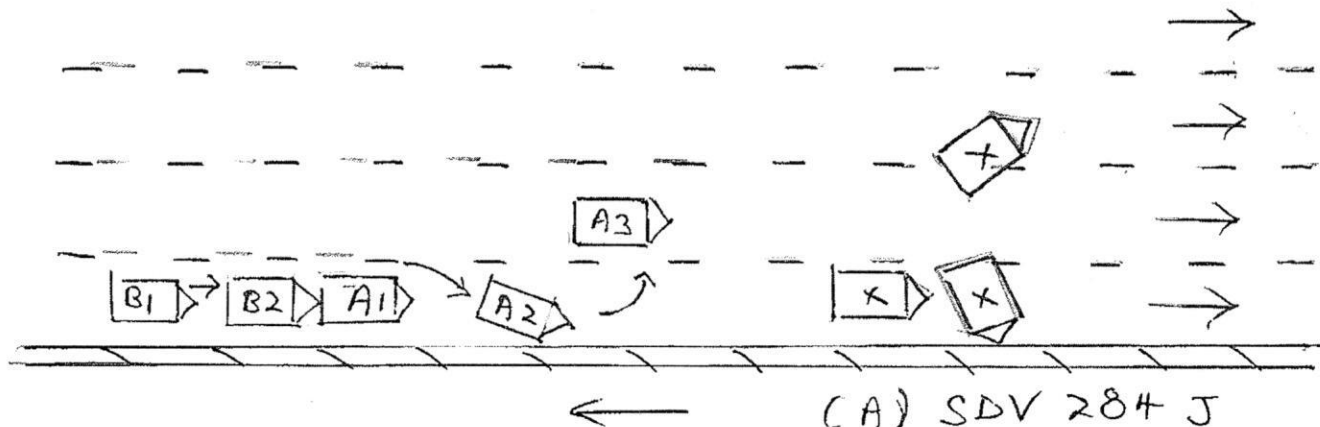
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Tuas before Clementi Rd Exit

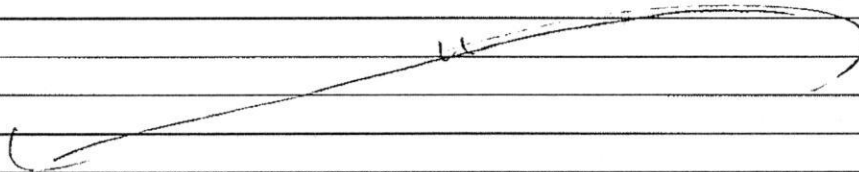


**Describe Circumstances of the Accident**

Refer to Police Report

Report No :-

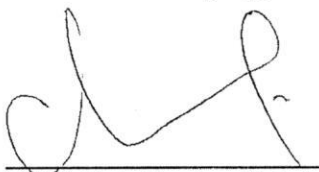
T/20211101/7016



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

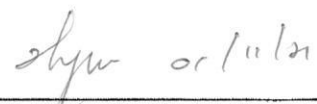
**Declaration**

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/20211101/7016

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

1 of 4

Report No. T/20211101/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/11/2021 13:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHERYL LEE SIEW FUNG			Address: 458 CHOA CHU KANG AVENUE 4 #14-197 SINGAPORE 680458		
ID Type / ID No.: NRIC NO / S8072817D			Contact No.: Home/Office: Mobile: 97451800		
Nationality: SINGAPORE CITIZEN			Email: LEE.CHERYL08@GMAIL.COM		
Sex: Female	Age: 41	Date of Birth: 24/08/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Director		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2021 14:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDV284J	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Black		2
UNKNOWN	CAR					0

**Details of Vehicle Insurance**



**SINGAPORE  
POLICE FORCE**



T/20211101/7016

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

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Report No. T/20211101/7016

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDV284J	FWD Singapore Pte. Ltd	PNPV2019-00003186-02	09/02/2021	08/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHERYL LEE SIEW FUNG		ID No.	S8072817D
Related Vehicle	SDV284J (Car)		Contact No.	97451800
Hospital/Clinic	HARMONY FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/11/2021		Date	NIL
No. of Days granted Medical Leave	07		Degree of	Serious
Passenger				
Name	KAELAN KOH		ID No.	NIL
Related Vehicle	SDV284J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	KYAN KOH		ID No.	NIL
Related Vehicle	SDV284J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20211101/7016

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

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Report No. T/20211101/7016

**CONTINUATION OF REPORT**

Brief Details.

ON 31/10/2021 ATY ABOUT 1400 HOURS AT ALONG PIE TOWARDS TUAS BEFORE CLEMENTI ROAD EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN I SAW THAT MY FRONT HAD AN ACCIDENT, HENCE I SLOW DOWN MY VEHICLE. WHILE DOING SO, I FELT A GREAT IMPACT FROM THE REAR AND THE IMPACT FORCED MY VEHICLE (A) TO HIT ONTO THE RIGHT RAILING CAUSING DAMAGES TO MY VEHICLE. I HAVE 2 PASSENGERS INSIDE MY VEHICLE. WHEN I ALIGHTED, VEHICLE (B) ALREADY LEFT THE SCENE AS SUCH I LAUNCHED THIS REPORT FOR A ' HIT AND RUN' CASE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 7 DAYS MC.

(A) SDV284J  
(B) UNKNOWN



**SINGAPORE  
POLICE FORCE**



T/20211101/7016

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

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Report No. T/20211101/7016

**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 / TPHQ /  
TAN JUN YAN  
Contact No.: 65476311

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

Date/Time:  
01/11/2021 13:18

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	31/10/2021	Time:	1400 hr	(hh:mm) 24 hr format
Location	PIE towards Tuas before Clementi Road Exit			
Vehicle Number	SDV 284J			
Insured Name	Cheryl Lee Siew Fung			
NRIC / FIN	S 8072817 D	Contact Number	9745 1800	
Make	TOYOTA	Model	CAMRY 2.0 Auto	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	FWD			
Type of Policy ( / ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only		
Policy Number	PNPV 2019 - 00003186 - 02			
Name of Driver	( / ) Same as Insured			
NRIC / FIN	S 8072817 D	Contact Number	9745 1800	
Date of Birth	24/08/1980			
Driving Pass Date	18/09/2004			
Occupation ( ) Indoor ( / ) Outdoor				
Gender ( ) Male ( / ) Female				
Email Address	lee.cheryl08@gmail.com ( ) NO EMAIL			
Address of Driver	Blk 458 Choa Chu Kang Avenue 4 #14-197 S(680458)			
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured				
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( ) Clear ( / ) Raining ( ) Others				
Road Surface ( ) Dry ( / ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( / ) Yes ( ) No				
If yes, injured detail driver Bank & Reck				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	UNKNOWN			
Veh C				
Veh D				
Veh E				
Veh F				

3 person include  
driver

(M) Kyan Koh  
(M) Kaelan Koh



## 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: PNPV2019-00003186-02 (Third Party Fire And Theft)

Car plate number: SDV284J

Your name (As the policyholder): Cheryl Lee Siew Fung

Coverage start date: 09/02/2021

Coverage end date: 08/02/2022

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.

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

Issued on: 21/01/2021

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