

# NATION 11 Assessment Centre Services

Date In: 05/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/FA221011990/13	SAS e-filing		
Veh No: FBG1047Z	E-mail (within 8hrs, APC 2hrs)		
DOA 24/11/21 1200	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SHB435Z	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)

Remarks:-	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

NA2104514

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) iT: 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 (Non 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	25/11/2021 15:06 (SGT)
Date of Accident	24/11/2021 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BAYFRONT AVE MBS TOWER 3 DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1047Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE CHYE HEE
NRIC No	SXXXX230H
Email Address	hupsoon238@yahoo.com
Mobile Phone No	(Phone) +65-91545424
Alternative Phone No	+65-91545424

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBR150
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
Transmission	Manual
CC	150

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00003625
Cover Note Number	-

### DRIVER

Name of Driver	LEE SI MIN
NRIC No	SXXXX939B

Date Of Birth	05/08/1998
Occupation	Indoor
Date Of Driving Pass	29/12/2020
Driving experience	11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90016624
Alt. Phone Number	-
Email Address	hupsoon238@yahoo.com
Address	BLK 209 SERANGOON CENTRAL
Address complement	#09-274
Postcode	550209
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Opening Door of Vehicle
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)	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20211124/2073 & T/20211121/2095

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE.
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB435Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LOON WAI CHUNG
NRIC No	SXXXX229B
Contact Number	(Phone) +65-90552997
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 SI MIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG1047Z
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' 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

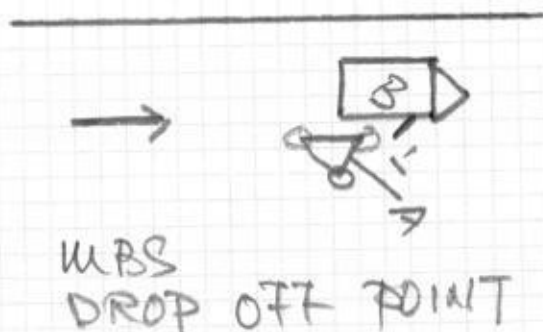
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A. FB6110472  
B. CAB 4352

REFER TO POLICE REPORT: T/20211124/2073 & T/20211124/2095

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20211124/2073

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20211124/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2021 16:22		Vide Report No.: A/20211124/0053		Station Diary No.: 61	
<b>Informant's Particulars</b>					
Name of Informant: LEE SI MIN			Address: APT BLK 209 SERANGOON CENTRAL #09-274 SINGAPORE 550209		
ID Type / ID No.: NRIC NO / S9825939B			Contact No.: Home/Office:		Mobile: 90016624
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 05/08/1998	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2021 12:20	Type of Location: Sheltered Pick Up Point
Location:  BAYFRONT AVENUE				
Weather: Raining		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1047Z	Motorcycle	HONDA	CBR150R M	White	Slightly Damaged	0
SHB435Z	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211124/2073

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20211124/2073

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	LEE SI MIN	ID No.	S9825939B
Related Vehicle	FBG1047Z (Motorcycle)	Contact No.	90016624
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LOON WAI CHUNG	ID No.	S0105229B
Related Vehicle	SHB435Z (Car)	Contact No.	90552997
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

**Brief Details.**

On 24/11/2021/ at around 1220hrs, I was riding my Honda motorcycle (FBG1047Z) pass the sheltered pick up point at MBS Tower 3. A Toyota SMRT taxi (SHB435Z) was stopped at the pick up point, as such I continued to ride pass it on the right side of the taxi at a slow speed. As I was riding pass the taxi, the driver suddenly swung the driver's door open, and the door hit onto the left side of my motorcycle near the handlebar area and caused me to fall on the right side. As a result, the right side frame/panel and exhaust of my motorcycle had scratches and part of the cover set was cracked. My camera mount also fell off. I had camera installed on my motorcycle, but I am unsure if it was recording at the time of the incident. I am currently feeling some pain on my lower back, knee and thigh area, and also some numbness on my right palm, but I have yet to see a doctor for my injuries as of now.





**SINGAPORE  
POLICE FORCE**



T/20211124/2073

3 of 3

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20211124/2073

**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 /

Sgt 3 MUHAMMAD ZUHAIR BIN  
MIOR ABDUL AZIZ

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
24/11/2021 16:22

Classification Of Case:

SIGNATURE



T/20211124/2095

1 of 3

Report No. T/20211124/2095

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20211124/2095

Vide Report Number T/20211124/2073

Date/Time of Report Made 24/11/2021 18:07

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant Lee Si Min

ID Type / ID No. NRIC NO / S9825939B

Home/Office

Mobile 90016624

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 24/11/2021 12:20

Accident Location BAYFRONT AVENUE

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20211124/2095

2 of 3

Report No. T/20211124/2095

Continuation of CSF For NP168

Rider			
Name	Lee Si Min	ID No.	S9825939B
Related Vehicle	NIL	Contact No.	90016624
Hospital/Clinic	KALLANG MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/11/2021	Date Discharge	24/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Facts.**

Reference to T/20211124/2073 - complt came back to Geylang NPC at 1800hrs and informed she had seen doctor for outpatient treatment after lodging the report and was given 3 days MC from 24/11/2021 to 26/11/2021.





T/20211124/2095

3 of 3

Report No. T/20211124/2095

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / TAN JUN YAN
Classification of Case	1) INJURY / ATTENDED BY POLICE



BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: 7BG105TZ

MAKE/MODEL: Honda CR150

DATE OF ACCIDENT 24/11/2021  
DAY/MONTH/YEAR:

TIME 12 HR 00 MIN AM/PM

LOCATION OF ACCIDENT WBS TOWER 3 DRAPET REIN

EXACT PURPOSE USE DURING ACCIDENT to identify house

## CAR OWNER

NAME OF CAR OWNER LEE CHYE HEE

CONTACT NO 91545424

NRIC Q1153030H ☒ ☐

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY FWD ☐ ☒ ☐

TYPE OF COVERAGE ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO: DN/MC2021-00003625

#### ACCIDENT DRIVER

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER	LEE SI MIN		
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NRIC: S9825939B NO OF PASSENGER/S ☒

DATE OF BIRTH 05-08-1978

OCCUPATION \_\_\_\_\_ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 27/12/2020

GENDER ☐ MALE ☒ FEMALE

CONTACT NO 90016634

ADDRESS BCE 801 SPRINGWOOD EMINENCE RD STE 100

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: FAITHFUL

WEATHER CONDITION ☐ CLEAR ☒ RAINING OTHER: \_\_\_\_\_

ROAD SURFACE ☐ DRY ☒ WET OTHER: \_\_\_\_\_

ANY INJURIES NO/ IF YES- NAME: None

CONTACT NO \_\_\_\_\_

POLICE REPORT NO. IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE \_\_\_\_\_ NO/YES YES

## 3RD PARTY INFO

VEHICLE B NO 6489352 NO OF PASSENGER/S ONE

NAME LOON WAH CHAN 801022215

CONTACT NO. \_\_\_\_\_ ☐

VEHICLE C NO	NO OF PASSENGER/S

VEHICLE D NO	_____	NO OF PASSENGER/S	_____
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VEHICLE E NO	_____	NO OF PASSENGER/S	_____
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VEHICLE F NO \_\_\_\_\_ NO OF PASSENGER/S

ANY WITNESS \_\_\_\_\_

WITNESS CONTACT NO. \_\_\_\_\_



## 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: PNMC2021-00003625

Plan name: Third Party

Motorcycle plate number: FBG1047Z

Your name (As the policyholder): LEE CHYE HEE

Coverage start date: 18/08/2021

Coverage end date: 17/08/2022

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

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 personal use in accordance with your contract.

This Policy does not cover use for hire or reward, delivery of goods, and 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: 18/08/2021



**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 needs to be changed.