

**NATIONAL Assessment Centre Services**

Date In: 03/01/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/PWD22000056/13	E-mail (w/2hrs. Max. AP: 2hrs.)		
Veh No: F41841E	i-Motor Claim Form		
DOA: 02/01/22 2015	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: (TP) Reporting Only	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: SMJ5459X INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Title: ( )

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

NA2200023	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	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) iT: Follow-Through Survey (Resurvey) \$30		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
Contact No:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charged:	
Auditors' Comments :-	Invoice date:	Fee Charged:	
Cat. 1:			
Cat. 2/3:			

## 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 willful 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	03/01/2022 19:26 (SGT)
Date of Accident	02/01/2022 20:15 (SGT)
Exact Location of Accident	980 Buangkok Cres, Singapore 530980
Additional Location Information	OUTSIDE MSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY1841E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICHOLAS TAN WEI ZHANG
NRIC No	SXXXX598E
Email Address	94ntwz@gmail.com
Mobile Phone No	(Phone) +65-90463892
Alternative Phone No	+65-90463892

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	125

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00004645
Cover Note Number	-

#### DRIVER

Name of Driver	NICHOLAS TAN WEI ZHANG
NRIC No	SXXXX598E

Date Of Birth	12/03/1994
Occupation	Outdoor
Date Of Driving Pass	16/12/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90463892
Alt. Phone Number	+65-90463892
Email Address	94ntwz@gmail.com
Address	7D JALAN KECHUBONG
Address complement	-
Postcode	799421
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	Side Swipe
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	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 POLICE REPORT:T/20220103/7030

#### 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	SMJ5459X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NG CHIEN WEN,ANGELINE
NRIC No	SXXXX790I
Contact Number	(Phone) +65-91281022
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	NICHOLAS TAN WEI ZHANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CUTS & BRUISES
Injured person in which vehicle?	FY1841E
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 willful 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.

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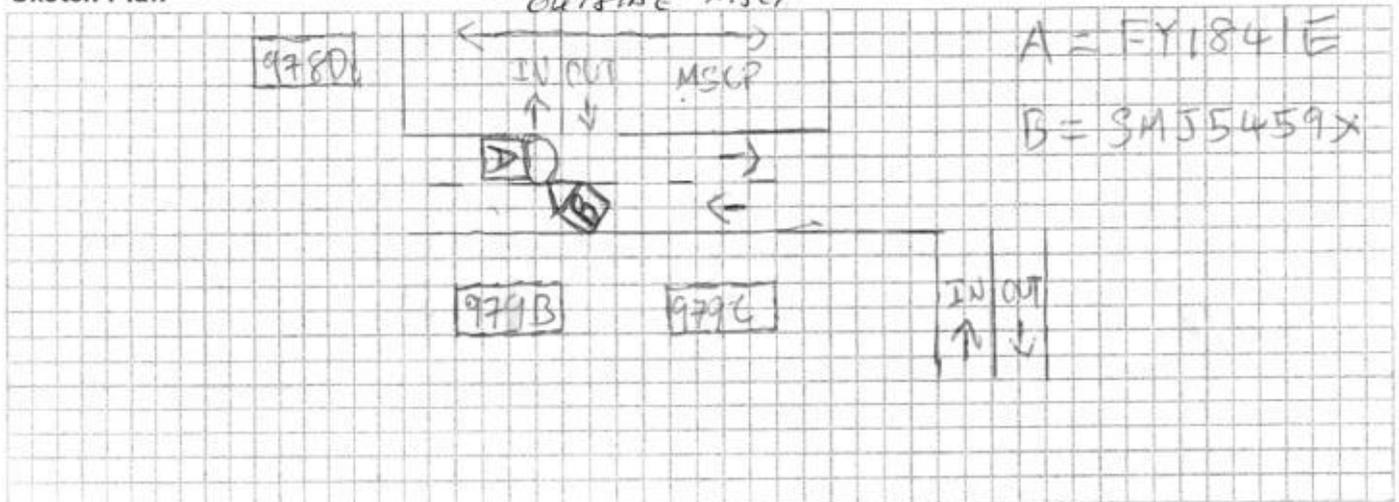
*Sym 03/01/22*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**









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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY1841E	FWD Singapore Pte. Ltd	PNMC2021-00004645	24/10/2021	23/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NICHOLAS TAN WEI ZHANG		ID No.	S9408598E
Related Vehicle	FY1841E (Motorcycle)		Contact No.	90463892
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3A Date of Expiry: NIL
Date	03/01/2022		Date	03/01/2022
No. of Days granted Medical Leave	05		Degree of	Serious
Driver				
Name	NG CHIEN WEN , ANGELINE		ID No.	S8624790I
Related Vehicle	SMJ5459X (Car)		Contact No.	91281022
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

**Brief Details:**

On the stated date and time , i was doing grabfood delivery at block 978D Buangkok cresent. After the delivery , while i was on the way to exit the estate , as i am going straight , there is a on coming vehicle plated (SMJ5459X) opposite me did not see me and turn right into the multi storey and hit onto my right side of the bike and resulted in me falling onto my left. The driver did not stop the vehicle and decided to park the vehicle into the multi storey carpark before coming to assist me. The driver claim that she did not see me as it was raining. Driver also admitted liability and as she did not know what to do so she called her father down , i was offered 300 compensation by them but i did not accept the offer and thus , we had come to resolved the issue via insurance claim. I have cuts and bruises resulted in the accident and had since consulted doctor and was given 5days MC.



**SINGAPORE  
POLICE FORCE**



T/20220103/7030

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

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Report No. T/20220103/7030

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20220103/7030

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

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Report No. T/20220103/7030

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

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

Date/Time:  
03/01/2022 14:06

Classification Of Case:

Date of Accident : 02/01/2022 Accident Time: 2015 hrs (24-HR-Format)  
 Accident Place : 980 Buangkok Crescent outside Multi Storey Carpark  
 Vehicle Reg. No. (Car Plate No.) : FY1841E  
 Vehicle Make/Model : HONDA WAVE  
 Insurance Company : FWD Policy No. PWMC2021-0000465  
 Owner or Company Name /IC No. : NICHOLAS TAN WEI ZHANU  
 Owner or Company Contact No. : 90463892 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : \_\_\_\_\_ S9408598E  
 DRIVER'S Date Of Birth : 12/03/1994 DRIVER'S License Pass Date 16/12/2015  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 70 JALAN KECUBONG  
 DRIVER'S Contact No./ Alt No. : 1) 90463892 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : 94NTWZ@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

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMJ 5459X</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>HONDA JAZZ/FIT</u>	Vehicle Make/Model: _____
Name Driver: <u>NG CHEN WEN, ANGELENE</u>	Name Driver: _____
IC No. Driver: <u>8624790I</u>	IC No. Driver: _____
Driver's Contact & Add: <u>91281022</u>	Driver's Contact & Add: _____

## 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: PNMC2021-00004645

Plan name: Third Party

Motorcycle plate number: FY1841E

Your name (As the policyholder): Nicholas Tan Wei Zhang

Coverage start date: 24/10/2021

Coverage end date: 23/10/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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 commercial use in accordance with your contract.

This Policy does not cover use for any renting or leasing purposes.

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

Issued on: 24/10/2021



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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.

## Your third party motorcycle insurance summary

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 : PNMC2021-00004645

**About this policy**

Premium paid : S\$450.29  
(Inclusive of GST)  
Who is insured to ride: : You Only

Coverage start date : 24/10/2021  
Coverage end date : 23/10/2022

**About you (As the policyholder)**

Your name : Nicholas Tan Wei Zhang  
Address : 7D Jalan Kechubong 7D Singapore 799421  
Email : 94ntwz@gmail.com  
NRIC/FIN : S9408598E  
Current no claims discount : 20%  
Years of riding experience : >=3  
Date of birth : 12/03/1994

Gender : Male  
Mobile number : 90463892  
Certificate of merit : Yes

**About your motorcycle**

Motorcycle make and model : Honda Wave 125  
Motorcycle plate number : FY1841E  
Overseas booster : No  
Daily transport allowance : No  
Issued on : 24/10/2021

Year of first registration : 2004  
Authorised rider : No  
Hospitalisation expenses due to accident : No



**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

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 Motorcycle Insurance Summary needs to be changed.