

NATIONAL Assessment Centre Services

Date In: 03/01/2022	Job description:	Date & Time Completed:	Done by:
Ref No: NA/FWD22000077/m4	SAS e-filing		
Veh No: SKZ 5935C	E-mail (w/for stat. AP, Burs)		
D.O.A: 01/01/2022 01:15	i-Motor Claim Form		
OD: (P) 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: SLG 6710R	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

NA 2200021		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
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			
		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:-			
		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 \$10			
		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	03/01/2022 17:46 (SGT)
Date of Accident	01/01/2022 01:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUANGKOK GREEN WITH YIO CHU KANG ROAD, JUNCTION ALONG ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5935C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON JONG
NRIC No	SXXXX542Z
Email Address	limyian@gmail.com
Mobile Phone No	(Phone) +65-97658012
Alternative Phone No	+65-97658012

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2017-00000277-04
Cover Note Number	-

DRIVER

Name of Driver	LIM YIAN (LIN YAN)
----------------	--------------------

NRIC No	SXXXX555I
Date Of Birth	30/12/1978
Occupation	Indoor
Date Of Driving Pass	10/05/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98802797
Alt. Phone Number	-
Email Address	limyian@gmail.com
Address	29 WEST COAST RISE
Address complement	#01-14 MONTEREY PARK CONDOMINIUM
Postcode	127472
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN BOON JONG
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 POLICE REPORT : T/20220101/7006

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	WITH THE POLICE OFFICER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6710R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJB5522Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJS7202U
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)	-

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.

John Tan

Policyholder's Signature / Date & Time

Li

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

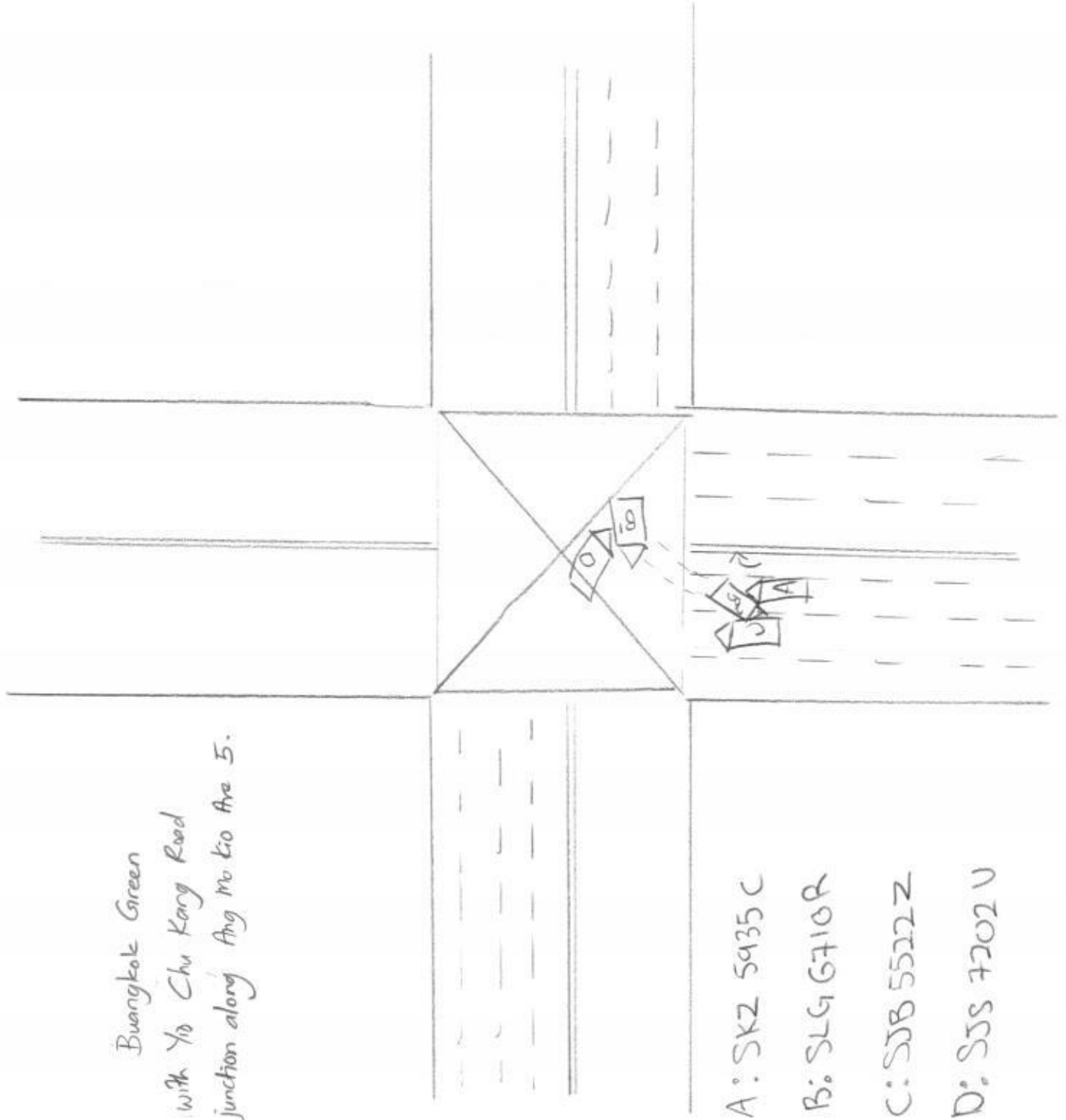
R 03/1/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

- AS Attached -

Buangkok Green
with Ys Chu Kang Road
Junction along Ang Mo Kio Ave 5.



A: SKZ 5935 C

B: SLG 6710 R

C: SJB 5522 Z

D: SJS 7202 U

Describe Circumstances of the Accident

I, vehicle 'A', was stationary waiting for the traffic light
Suddenly, I felt a huge impact,

I alighted to check, it was a 4 car collision.

A: SKZ 5935C

B: SLG 6710 R

C: SJB 5522 Z

D: SJS 7202 V

— Pls refer to the police report: T/20220101/7006.

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/20220101/7006

1 of 4

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

Report No. T/20220101/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2022 13:02		Vide Report No.: F/20220101/0048		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YIAN			Address: 29 WEST COAST RISE #01-14 MONTEREY PARK CONDOMINIUM SINGAPORE 127472		
ID Type / ID No.: NRIC NO / S7839555I			Contact No.: Home/Office: Mobile: 98802797		
Nationality: SINGAPORE CITIZEN			Email: LIMYIAN@GMAIL.COM		
Sex: Female	Age: 43	Date of Birth: 30/12/1978	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other teaching professionals nec		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2022 01:15	Type of Location: X-Junction
Location: BUANGKOK GREEN				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKZ5935C	Car	MAZDA	3+281.51% 29	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ5935C	FWD Singapore Pte. Ltd	PNPV2017- 00000277-04	29/01/2021	28/01/2022



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

Report No. T/20220101/7006

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN BOON JONG		ID No.	S7904542Z
Related Vehicle	SKZ5935C (Car)		Contact No.	97658012
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	LIM YIAN		ID No.	S7839555I
Related Vehicle	SKZ5935C (Car)		Contact No.	98802797
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

Our vehicle was travelling along Buangkok Green towards Ang Mo Kio Ave 5. We came to a stop at a signalised junction along Ang Mo Kio Ave 5/ Buangkok Green with Yio Chu Kang Road. (The traffic lights were already red and we had stopped on the third lane from the right, beside a white Toyota Harrier, SJB5522Z, on our left). Both our vehicles were behind the white stop line.

While waiting for the traffic lights to turn green in our favour, I heard a loud bang. At the next instance, a white Honda Vezel, SLG6710R, travelling along Yio Chu Kang Road (towards Ang Mo Kio Ave 3) veered left towards the Harrier and our vehicle. The Vezel crashed head-on onto the right side of the Toyota Harrier first before hitting the front of our car.

After getting out of our vehicle to survey the bigger area, we noticed that a collision had occurred between a grey Toyota, SJS7202U, and the Honda Vezel in the middle of the junction, which resulted in the accident. We took some photos of the scene with our handphones.

An ambulance arrived to transport an injured passenger from the Honda Vezel. Thereafter, the Traffic Police arrived at the scene. The police officer also removed the SD card from our in-car camera for their investigations.



**SINGAPORE
POLICE FORCE**



T/20220101/7006

3 of 4

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

Report No. T/20220101/7006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220101/7006

4 of 4

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

Report No. T/20220101/7006

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 /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

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

Date/Time:
01/01/2022 13:02

Classification Of Case:

0115

Date of Accident : 1/1/2022 Accident Time: 0120 (24-HR-Format)
Accident Place : Budngkok Green & Yio Chu Kong Rd X - Junction
Vehicle. No. (Car Plate No.) : SKZ 5935C Make/Model: Mazda 3 (1496cc)
Insurance Company : FWD Policy No: PNPV2017-00000277-04
Owner or Company Name /IC No. : Tan Boon Jang 57904542/2
Owner or Company Contact No. : — Owner's Hp 97658012 Company Tel
DRIVER'S Name / IC No. : Lim Yian (Lin Yan) 57839555/1
DRIVER'S Date Of Birth : 30/12/1978 DRIVER'S License Pass Date 10/5/2001
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 29 West Coast Rise #01-14 S(127472)
DRIVER'S Contact No./ Alt No. : 1) 9880 2797 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : limyian@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): 2
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 Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: SLG 6710 R (B)

Vehicle. No: S3B 5522 Z (C)

Vehicle Make/Model: Honda Vezel

Vehicle Make/Model: Toyota Harrier

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

S3S 7202 V (D)

*** NEW - Passenger's name & gender:**



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: PNPV2017-00000277-04 (Comprehensive - Executive Plan)

Car plate number: SKZ5935C

Your name (As the policyholder): Tan Boon Jong

Coverage start date: 29/01/2021

Coverage end date: 28/01/2022

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: UOB Limited

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

Issued on: 29/11/2020

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 if any details
in this Certificate of Insurance need to be changed.