

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SN092260004**

Date In: 13/06/2022 10:28	Job description	Date & Time Completed	Done by
Ref No: N/A/IND220055514	SAS e-filing		
Veh No: SMD 9661H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/06/2022 03:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Asslgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **YR 7106H** 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	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

**NA2201623**

Statement's Particulars	Invoice Preparation Checklist	INC Bill	Non-INC 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		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jun 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N3: 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: Idao Mobile \$0		
	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 .....	13/06/2022 10:28 (SGT)
Date of Accident .....	11/06/2022 03:20 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	TOWARDS CTE AFTER WOODLANDS AVENUE 12 EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD9661H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAI YEK SUAN
NRIC No .....	SXXXX989E
Email Address .....	taisybille@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-93805419
Alternative Phone No .....	+65-93805419

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	PNCV2021-00000195
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAI YEK SUAN
NRIC No .....	SXXXX989E

Date Of Birth .....	31/07/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	15/05/2001
Driving experience .....	21 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-93805419
Alt. Phone Number .....	+65-93805419
Email Address .....	taisybille@yahoo.com.sg
Address .....	BLK 766 YISHUN AVENUE 3 #07-291
Address complement .....	-
Postcode .....	760766
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 .....	YP7706X
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	TAI YEK SUAN
Gender .....	Female
Phone No .....	(Phone) +65-93805419
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD, SHOULDER AND NECK PAIN
Injured person in which vehicle? .....	SMD9661H
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 willful misrepresentation or withholding of material facts may allow insurance companies to renege their 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:

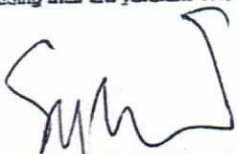
(a) my insurer, my insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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.

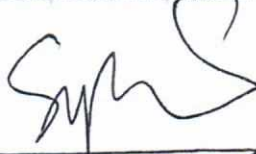
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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.

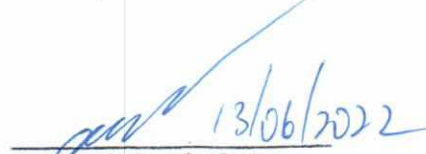


Policyholder's Signature / Date & Time



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

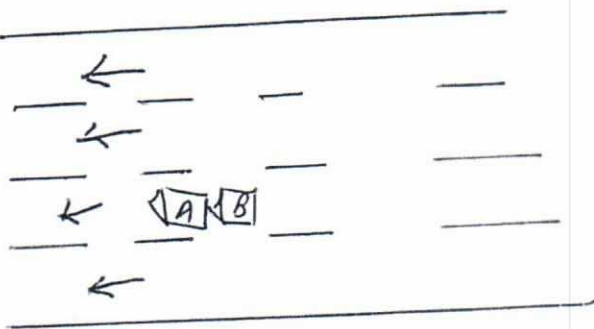
13/06/2022



Witnessed by Reporting Centre Personnel

Sketch Plan

SLE toward  
 LTE After  
 Woodland Ave  
 12



(A) SMD 9661H

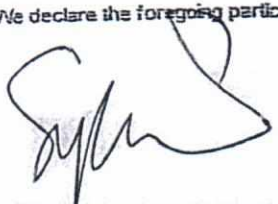
(B) YP7706X

**Describe Circumstances of the Accident**

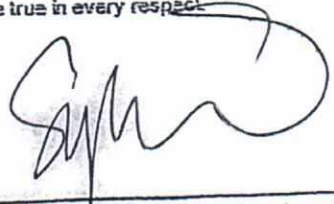
On the stated date and time, I vehicle A was traveling at the stated location. The vehicle in front of me slowed down, I follow suit. Out of a sudden I felt a huge impact on my rear and I realised vehicle B collided onto my vehicle rear portion.

**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

13/06/2022

Witnessed by Reporting Centre Personnel

Date of Accident : 11/06/2022 Accident Time: 0320 hrs (24-HR-Format)  
 Accident Place : SLE second LGE After Woodland Ave/2 Exit.  
 Vehicle No. (Car Plate No.) : SMD 966/H Make/Model: Toyota Vios  
 Insurance Company : FWD Policy No: PNCV 221-00000195  
 Owner or Company Name / IC No. : TAJ YEK SUAH 1/2: 52616989 E  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 93805419 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : TAJ YEK SUAH 1/2: 52616989 E  
 DRIVER'S Date Of Birth : 31/07/1967 DRIVER'S License Pass Date 15-05-2001  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 766, Yishu Ave 3 #07-29 / 5676266  
 DRIVER'S Contact No. / Alt No. : 1) 93805419 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : taisubille@yahoo.com.sg  
 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): 01

Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (if YES, Pls state): Yes. Head, shoulder, neck

Other Party Driver's Particular (if any)

Vehicle No: <u>YP 7706 X</u>	Vehicle No: _____
Vehicle Make \ Model: <u>ISUZU</u>	Vehicle Make \ Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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 or by the next working day of the incident regardless of whether it will lead to a claim.

Policy number: PNCV2021-00000195

Car plate number : SMD9661H

Coverage start date: 13/09/2021

Coverage end date: 12/09/2022

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Tai Yek Suan

NRIC/FIN: S2616989E

Address: 766 Yishun Avenue 3 Singapore 760766

Email: Taisybille@yahoo.com.sg

Mobile number : 93805419

Date of birth: 31/07/1967

Gender : Female

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: TOYOTA VIOS 1.5

Year of first registration : 2018

Plan type: Comprehensive

Standard excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas booster: Yes

Premium paid (inclusive of GST): S\$1,745.00



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	989E
Vehicle Details	
Vehicle No.:	SMD9661H
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jul 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5 E (AUTO)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	2NR5259888
Chassis No.:	MR2B23F3901143036
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,390.00
Original Registration Date:	13 Sep 2018
First Registration Date:	13 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$13,390.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Sep 2028
PARF Rebate Amount:	\$10,042.00
Intended COE Rebate Details	
COE Expiry Date:	12 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,798.00
COE Rebate Amount:	\$20,870.00
<b>Total Rebate Amount:</b>	<b>\$30,912.00</b>

The information contained herein is correct as at 13 Jun 2022

OK