

# NATIONAL Assessment Centre Services

Date In: 11/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/FWD02007609/13	SAS e-filing		
Veh No: SJQ8649Z	E-mail (within 2hrs. At 2hrs)		
DOA 10/08/22 1517	i-Motor Claim Form		
OD (IP) 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: SJQ8649Z	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

NA202146	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) 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) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	* 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 (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$30		
Cat 2/3:	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 Actual 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	12/08/2022 10:46 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 15:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI B4 THOMSON RD TPY EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8649Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAY YONG LEE
NRIC No	SXXXX871B
Email Address	hay0408@gmail.com
Mobile Phone No	(Phone) +65-96942012
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00004090

#### DRIVER

Name of Driver	HAY CHOON LEONG
NRIC No	SXXXX354A
Date Of Birth	04/04/1996
Occupation	Indoor

Date Of Driving Pass	21/08/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-91910200
Alt. Phone Number	-
Email Address	hay0408@gmail.com
Address	BLK 409A NORTSHORE DRIVE
Address complement	#19-236
Postcode	821409
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	HENG LEMIAN,NATHANIEL
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6885R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KO MING BOON
NRIC No	SXXXX324H
Contact Number	(Phone) +65-97398858
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	SJM179G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEUNG CHUNG HONG
NRIC No	SXXXX379J
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	HAY CHOON LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDERS, CHEST & BACK
Injured person in which vehicle?	SJP8649Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	HENG LEMIAN, NATHANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	KNEES
Injured person in which vehicle?	SJP8649Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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:

- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "**Purposes**")

- Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

PIE THINGS CHANGE!  
REF THOMPSON AD  
TOM EXIT

(C) SIM HQ 6  
(A) STA 86492  
(B) SIG 68852

(4) (3) (2) (1)

1

Describe Circumstance of the Accident

ON 10/08/2022 15:17PM, AS I WAS TRAVELLING @ LANE 1

ALONG AIE TWDS CHANGI BEF THOMSON RD / TPT EXIT.

WHEN I SAW THE VEHICLE IN FRONT OF ME (S1M179.9?)

HAD CAME TO A STOP. I STOPPED MY CAR (SIP 86492) AND KEPT  
A  
A DISTANCE IN BETWEEN. SUDENLY, THERE WAS A HUGE IMPACT  
(S106882) & CAUSED

FROM BEHIND, CAUSING MY VEHICLE COLLIDED TO THE CAR IN FRONT  
OF ME.

Declaration

I/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

 11/08/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220811/7023

1 of 4

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

Report No. T/20220811/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2022 15:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HAY CHOON LEONG			Address: 409A NORTHSHORE DRIVE #19-236 SINGAPORE 821409		
ID Type / ID No.: NRIC NO / S9627354A			Contact No.: Home/Office:                      Mobile: 91910200		
Nationality: SINGAPORE CITIZEN			Email: hay0408@gmail.com		
Sex: Male	Age: 26	Date of Birth: 04/08/1996	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Student		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2022 15:15	Type of Location:
Location:  PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP8649Z	Car				Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

Report No. T/20220811/7023

**CONTINUATION OF REPORT**

Driver			
Name	HAY CHOON LEONG	ID No.	S9627354A
Related Vehicle	SJP8649Z (Car)	Contact No.	91910200
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SJP8649Z along PIE(Changi) when I had gradually come to a stop before Onraet Road due to traffic conditions.

My friend, Nathaniel Heng, was my front passenger at that time.

We were chatting while waiting for traffic in front to move off when suddenly, a massive impact slammed into the rear of my vehicle.

Having been caught off guard, our bodies lurched forward due to the impact only to be restrained by our seat belts.

Despite keeping ample safety distance from the vehicle in front, the impact was so huge that my vehicle surged forward to hit onto the vehicle in front, when I was already stepping on my brakes.

Nathaniel knocked both his knees against the glove compartment as a result of the accident.

Upon alighting, I realised that we were involved in a 3 car chain collision involving:

SJM179G  
SJP8649Z  
SJQ6885R

where mine was the middle vehicle.

Shortly after the accident, I started feeling aches in my neck, shoulders, chest and back areas while Nathaniel complained of pain in his neck, shoulders, back and knees.

We proceeded to seek treatment at Sunshine Family Clinic near my clubhouse the same evening.

Both Nathaniel and I were given 5 days MC each for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20220811/7023

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

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Report No. T/20220811/7023

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20220811/7023

4 of 4

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

Report No. T/20220811/7023

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
11/08/2022 15:05

Classification Of Case:

Date of Accident : 10/8/22 Accident Time: 1517HRS. (24-HR-Format)  
Accident Place : PIE TOWARDS CHANGI BEF THOMSON RD TPY EXIT  
Vehicle No. (Car Plate No.) : SJD 8649Z Make/Model: AYANTE  
Insurance Company : FWD Policy No: ANN2021-0004090  
Owner or Company Name /IC No. : HAY YONG LEE S1810871B  
Owner or Company Contact No. : 9694 2012 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : HAI CHUAN LEONG S9627354A  
DRIVER'S Date Of Birth : 04/08/1996 DRIVER'S License Pass Date 21/08/2015  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: SON  
DRIVER'S Address : BLK 409A NORTHSHORE DR #19-236  
DRIVER'S Contact No./ Alt No. : 1) 9191 0200 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : HAY0408@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 Heng Liewan, Nathaniel (MALE)

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): —

**Other Party Driver's Particular (if any)**

Vehicle. No: (B) SJQ 6885 R  
Vehicle Make \Model: ALATIS  
Name Driver: DARIUS KO MING BOON  
IC No. Driver/Contact: S9417324H  
9739 8858

Vehicle. No: (C) SJM 179 G  
Vehicle Make \Model: CARENS  
Name Driver: LEUNG CHUNG HONG  
IC No. Driver/Contact: S7270379J

\* NEW – Passenger's name & gender:

hay0408@gmail.com  
no

## 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: PNPV2021-00004090 (Comprehensive - Executive Plan)**

Car plate number: SJ8649Z

Your name (As the policyholder): Hay Yong Lee

Coverage start date: 15/10/2021

Coverage end date: 14/10/2022

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:

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

Issued on: 04/10/2021



**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.