

52692299004

Offered Wksp / INC Assign Wksp / QW: (		Tel: (		Fax: (
Particulars: (		Veh No: (		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%; F: 21-79%; P: 80-100%]			
Year of Registration: (		Warranty: YES () / NO ()			
Excess: (\$		Loading: \$1,000 () / \$2,000 ()			

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	Date of the Check	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check/ Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

January 2

[illegible]

NA2202456

NA2202456	Invoice Preparation Charge	\$100
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TF: Towing Fee	\$40/Day	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Estimate)	\$30	
For claiming against INC Only (over 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: 1 day DA + SMRT Survey	\$160	
8) NTC: Additional Services		
ON:		
*N3: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$20	
*N8: DV / Collision Process Coordination	\$5	
TP (Nil) : TP (Nil INC) against INC	\$20	
9) NI2: 1 day 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 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	09/09/2022 17:32 (SGT)
Reported by	Both
Date of Accident	08/09/2022 17:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR26J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN ZI FENG (CHEN ZIFENG)
NRIC No	SXXXX904J
Email Address	tzifeng@yahoo.com.sg
Mobile Phone No	(Phone) +65-97434445
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	86
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	1998

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00002130-03

DRIVER

Name of Driver	TAN ZI FENG (CHEN ZIFENG)
NRIC No	SXXXX904J
Date Of Birth	19/08/1982
Occupation	Indoor

Date Of Driving Pass	03/03/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97434445
Alt. Phone Number	-
Email Address	tzifeng@yahoo.com.sg
Address	950 DUNEARN ROAD #02-02
Address complement	-
Postcode	589474
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS3999E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH6344X
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

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE TOWARDS MAS

A - SDR J6J
B - SJS 3999 E
C - SKH 6344X

Describe Circumstance of the Accident

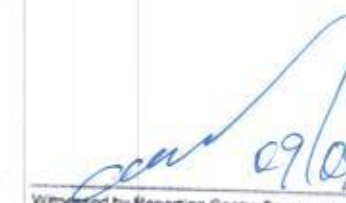
I was travelling on the extreme right lane after the front car stop I stop behind car stop too. A few second later I felt an impact from the rear. I come out and discovered there's two car involved and it was a chain collision.

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

 09/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08 / 09 / 2022 (dd/mm/yy) Time of Accident: 17 : 20 (24-HR-FORMAT)

Vehicle No.: SDR26J Vehicle Make & Model: TOYOTA 86GT

*Transmission : ☒ Manual ☐ Auto *C.c : 1998

Exact location of Accident: PIE TOWARDS TUAS

Policyholder's Name: TAN ZI FENG (CHEN ZIFENG) NRIC/FIN/REG No.: S8227904J

*Policyholder's email address : TZIFENG@YAHOO.COM.SG

Driver's Name: TAN ZI FENG (CHEN ZIFENG) NRIC/FIN/REG No.: S8227904J

*Driver's email address : TZIFENG@YAHOO.COM.SG

Driver's Contact No.: 97434445 Company Contact No (If any): _____

Date of birth: 19/08/1982 Driving Pass Date: 03/03/2003

Driver's Address: 950 DUNEARN ROAD, #02-02, SINGAPORE (589474)

Insurance Company: FWD

Policy No.: PNPV2019-00002130-03 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report field: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJS3999E

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SKH6344X

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency
if your car breaks down or is involved in an accident

All accidents must be reported within 24 hours of the incident regardless of the severity

Policy number: PNPV2019-00002130-03 (Comprehensive - Classic Plan)

Car plate number: SDR26J

Your name (As the policyholder): Tan Zi Feng

Coverage start date: 12/02/2022

Coverage end date: 11/02/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive : You

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Policy, the Endorsements attached by us. These documents should be read together as one document. Any person you give permission to drive your car understands your duties under the Policy and its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in Singapore.

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 904J

Vehicle Details

Vehicle No.: SDR26J
Vehicle to be Exported: Yes
Intended Deregistration Date: 09 Sep 2022
Vehicle Make: TOYOTA
Vehicle Model: 86GT 6MT
Primary Colour: Grey
Manufacturing Year: 2015
Engine No.: FA20A817997
Chassis No.: ZN6058864
Maximum Power Output: 147.0 kW (197 bhp)
Open Market Value: \$29,225.00
Original Registration Date: 12 Feb 2016
First Registration Date: 12 Feb 2016
Transfer Count: 0
Actual ARF Paid: \$32,915.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Feb 2026
PARF Rebate Amount: \$21,394.00

Intended COE Rebate Details

COE Expiry Date: 11 Feb 2026
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$55,001.00
COE Rebate Amount: \$18,824.00
Total Rebate Amount: \$40,218.00

The information contained herein is correct as at 09 Sep 2022

OK