

NATIONAL Assessment Centre Services

Date In	31/01/2023	Job description	Date & Time Completed	Done by
Ref No	NM/FWD23000953/W	SAS e-filing		
Yeh No	SMX 5931 A	E-mail (within 2hrs. Aft 2hrs,		
DOA	30/01/2023	i-Motor Claim Form		
OD/ TP/	Reporting Only	i-MOTOR W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred	Wksp / INC Assign Wksp / QW: {
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Let:

17

TP Particulars:	Veh No: <b>SJU 105 C</b> 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.

Remarks	QC Hotline: 6788 6616	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )			
QC Check / Post Repair Inspection ( )			
Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury :

Date/Time	Actions

NA2300324 / NA2300325		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Insured's Particulars:-				1st Bill	Add'l
Insured/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$80)		
Insured Portion:		3) TF: Towing Fee	\$40/\$45		
		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:-			
Checked by (Engr-In-Charge):		OT:			
		* N5: Courtesy Car / Tpl Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
Insured's Comments:-		* N8: DV / Collect Excess Coordination	\$5		



## 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	31/01/2023 16:59 (SGT)
Reported by	Both
Date of Accident	30/01/2023 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	120 Adam Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX5931A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tay Yiwei
NRIC No	SXXXX135C
Email Address	yiwei_tay@hotmail.com
Mobile Phone No	(Phone) +65-83283004
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2023-00000046

#### DRIVER

Name of Driver	Tay Yiwei
NRIC No	SXXXX135C
Date Of Birth	30/10/1988
Occupation	Indoor

Date Of Driving Pass .....	30/03/2007
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83283004
Alt. Phone Number .....	-
Email Address .....	yiwei_tay@hotmail.com
Address .....	Blk 153C Bedok South Road
Address complement .....	#17-580
Postcode .....	463153
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? .....	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 .....	Ong Shi Min
Gender .....	Female

#### 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

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 .....	SJU105C
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 .....	SH6054M
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Tay Yiwei
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Back and Neck
Injured person in which vehicle? .....	SMX5931A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	Ong Shi Min
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

Date of Accident : 30/1/2023 Accident Time: 09:10 hrs (24-HR-Format)  
Accident Place : 120 Adam Rd  
Vehicle No. (Car Plate No.) : SMX5931A Make/Model: Kia Cerato 1.6  
Insurance Company : FWD Policy No: PMPV 2023 - 00000046  
Owner or Company Name /IC No. : Tay Yiwei (S8842135L)  
Owner or Company Contact No. : 83283004 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : — Same As Above —  
DRIVER'S Date Of Birth : 30/10/1988 DRIVER'S License Pass Date 30 Mar 2027  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : Blk 153L Bedok South Rd #17-580 (S) 463153  
DRIVER'S Contact No./ Alt No. : 1) — 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : yiwei\_tay@hotmail.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): 02  
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): Driver & passenger

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

Vehicle No: SJU105C (B)

Vehicle No: SH 6054m (C)

Vehicle Make\Model: —

Vehicle Make\Model: —

Name Driver: —

Name Driver: —

IC No. Driver/Contact: —

IC No. Driver/Contact: —

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

(1) ong shi min (F)



## SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

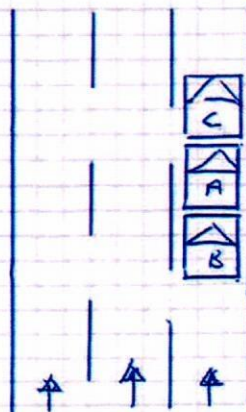
Driver's Signature (If driver is not the policyholder) / Date & Time

31/01/2023

Witnessed by Reporting Centre Personnel

### Sketch Plan

veh A: SMX5931A  
veh B: SJH105L  
veh C: SH6054M



120 Adam Road

**Describe Circumstances of the Accident**

Handwritten notes in blue ink on lined paper:

- Top right: A large, stylized signature or set of initials.
- Middle right: A smaller signature or set of initials.
- Bottom left: A signature that appears to be "Peter".
- Bottom center: A signature that appears to be "No".

**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

31/01/2023



On the stated date and time. I, Vehicle A (SMX5931A) was travelling straight on Lane 1 of 120 Adam Road. When the front Vehicle C (SH6054M) slowed down and stopped, I followed suit without having any collision with the front Vehicle C (SH6054M). Suddenly I felt a huge impact from the rear portion of my stationary vehicle, the huge impact cause my vehicle to propel forward and hit onto Vehicle C (SH6054M) rear portion. After I alighted I then realize that is Vehicle B (SJU105C) that had collided onto my vehicle. I wish to state that this is a 3 cars chain collision.

I got 1 passenger in my car.

**Vehicle A : SMX5931A**

**Vehicle B : SJU105C**

**Vehicle C : SH6054M**





**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: PNPV2023-00000046 (Comprehensive - Executive Plan)**

Car plate number: SMX5931A

Your name (As the policyholder): Tay Yiwei

Coverage start date: 21/01/2023

Coverage end date: 20/01/2024

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

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

Issued on: 21/11/2022



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