

NATIONAL Assessment Centre Services (only for use by) **820923260003**

Date In: 06/01/2023 14:34	Job description	Date & Time Completed	Done by
Ref No: N/A/FWD28001207	SAS e-Billing		
Veh No: SLM-76352	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/01/2023 22:38	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within OD time, 24 hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **SHD 9070-Y** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () TOWER: ()

Insured/Driver Liability: () % (Note: Hst 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 repeller.

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

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

Remarks: () (INC Ref: 6788.0010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date: () Time: ()

Actions: ()

NA2300370

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$55)
3) TF: Towing Fee (\$20/\$40)	
4) FT: Follow-Through Survey (\$150)	
5) FT: Follow-Through Survey (Resurvey) (\$30)	
Excluding Insurer's INC Only (up to 10 Jan 2023)	
6) TR: Re-inspection (\$75)	
7) NI: Use DA + SMPT Survey (\$140)	
8) NTC Additional Services:	
OD:	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$10
*NI: DV / Collect Excess Coordination	\$5
*NI: (1) TP (Non-INC) against INC	\$10
*NI: (2) Use Motor	\$10
Inspector Sited	Fee Charged
Inspector Sited	Fee Charged

Checked by (Engi-In-Charge): ()

Comments: ()

CL

12/3



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	06/02/2023 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 22:38 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER SIMS AVENUE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7635L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BAY JING ZHI
NRIC No	SXXXX712H
Email Address	williard_y2k@hotmail.com
Mobile Phone No	(Phone) +65-91878173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	PNPV2022-00004027

DRIVER

Name of Driver	BAY JING ZHI
NRIC No	SXXXX712H
Date Of Birth	04/05/1985
Occupation	Indoor

Date Of Driving Pass	28/01/2011
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91878173
Alt. Phone Number	-
Email Address	williard_y2k@hotmail.com
Address	BLK 298 BUKIT BATOK STREET 22 #07-30
Address complement	-
Postcode	650298
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	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)	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	YAW BOON TEANG
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20230205/7011

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	SHD9070Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SNA8878K
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	BAY JING ZHI
Gender	Male
Phone No	(Phone) +65-91878173
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLM7635L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YAW BOON TEANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLM7635L
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 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' 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

06/01/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE fuds changi
After Sims Ave Exit

C
A
B


A : SLM7635L
B : SHD9070Y
C : SNAB878Y


Describe Circumstances of the Accident


Refer to Police Report / 7/20230205/7011

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/20230205/7011

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

1 of 4

Report No. T/20230205/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2023 15:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BAY JING ZHI			Address: 298 BUKIT BATOK STREET 22 #07-30 SINGAPORE 650298		
ID Type / ID No.: NRIC NO / S8512712H			Contact No.: Home/Office: Mobile: 91878173		
Nationality: SINGAPORE CITIZEN			Email: williard_y2k@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 04/05/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2023 22:35	Type of Location:
Location: GEYLANG BAHRU				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLM7635L	Car	HONDA	CIVIC 3DRS TYPE R	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7635L	FWD Singapore Pte. Ltd	PNPV2022-00004027	07/10/2022	06/10/2023



**SINGAPORE
POLICE FORCE**



T/20230205/7011

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

2 of 4

Report No. T/20230205/7011

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	YAW BOON TEANG		ID No.	NIL
Related Vehicle	SLM7635L (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious
Driver				
Name	BAY JING ZHI		ID No.	S8512712H
Related Vehicle	SLM7635L (Car)		Contact No.	91878173
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my friend (Yaw Boon Teang) on board vehicle SLM7635L.

I was travelling straight on lane 1 along PIE towards Changi.

As the vehicle in front stopped I gradually follow suit.

Suddenly I felt a great impact from behind and the impact propelled my vehicle forward to hit onto my front vehicle.

The impact was great and causes my forehead to hit onto something.

I then check on my friend and realised that he was lunged forward only to be restrained by her seatbelt.

I then alighted and realised that I was involved in a 3 vehicles chain collision and I am the 2nd vehicle.

Order of the vehicles are as follow:

1. SNA8878K



**SINGAPORE
POLICE FORCE**



T/20230205/7011

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

3 of 4

Report No. T/20230205/7011

CONTINUATION OF REPORT

- 2. SLM7635L
- 3. SHD9070Y

After a while we start to feel pain on our neck, shoulders and back areas.

TP and ambulance came, no one was conveyed.

The next day the pain on our body worsen and both of us proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and we were given 3 days MC each.



**SINGAPORE
POLICE FORCE**



T/20230205/7011

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

4 of 4

Report No. T/20230205/7011

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 /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

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

Date/Time:
05/02/2023 15:42

Classification Of Case:

9

Date of Accident : 03/02/2023 Accident Time: 2238 (24-HR-FORMAT)
Accident Place : PIE TWDs Changi After Sims Ave Exit
Vehicle Reg. No (Car plate No.) : SLM7635L Vehicle Make/Model: Honda Civic
Insurance Company : FWD Policy No. PNPV 2022 - 00004027
Name of Registered Owner : Company / Individual Bay Jing Zhi
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8512712H
: Co Contact No: _____ Owner's Contact No: 9187 8173
DRIVER'S Name : Bay Jing Zhi DRIVER'S NRIC No: S8512712H
DRIVER'S Date of Birth : 04-05-1985 DRIVER'S License Pass Date 28-01-2011
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 298 Bukit Batok Street 22 #07-30 S (650298)
DRIVER'S Contact No / Alt No. : 1) 9187 8173 2) _____
DRIVER'S Occupation : INDOOR (eg. working inside or outside of an ofc)
Email Address : Willard_y2k@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 Passenger Name: YAW BOON TEANG Gender: M/☒ F
Was the accident reported to the police? ☒ YES \ NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES \ ☒ NO Any Injuries: ☒ YES \ NO Injured Name: BAY JING ZHI
Injured Name: YAW BOON TEANG
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No <u>SHD9070Y</u>	Vehicle Reg No <u>SNA887BK</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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: PNPV2022-00004027 (Comprehensive - Classic Plan)

Car plate number: SLM7635L

Your name (As the policyholder): Bay Jing Zhi

Coverage start date: 07/10/2022

Coverage end date: 06/10/2023

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 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: Maybank Singapore

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

Issued on: 29/09/2022



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.