

NATIONAL Assessment Centre Services

Date: 09/05/2023	Job description	Date & Time Completed	Done by
RefNO NA/FWD23004692/d4	SAW e-filing		
VehNo SKZ 7131S	E-mail (within 2hrs, A/C 2hrs)		
DOA 06/05/2023 15:35	I-Motor Claim Form		
OD/TP 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: () Tol: () Fax: ()

TP Particulars: Veh No: SMT9479J 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

NA2301351	Invoice Preparation Checklist	Amc (\$)	Amc Add
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect License Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	09/05/2023 10:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7131S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG SWEE CHYE (WANG RUICAI)
NRIC No	SXXXX254Z
Email Address	VINSENHENG@GMAIL.COM
Mobile Phone No	(Phone) +65-90018502
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2017-00000636-06

DRIVER

Name of Driver	HENG SWEE CHYE (WANG RUICAI)
NRIC No	SXXXX254Z
Date Of Birth	18/04/1977
Occupation	Indoor

Date Of Driving Pass	17/08/2000
Driving experience	22 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90018502
Alt. Phone Number	-
Email Address	VINSENHENG@GMAIL.COM
Address	APT BLK 122 KIM TIAN ROAD
Address complement	# 21-80
Postcode	160122
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	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)	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?	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 THE ATTACHED POLICE REPORT - T/20230507/7004

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT9479J
Vehicle Manufacturer	Honda
Vehicle Model	Vezei

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	CHEN KHENG HUAT
NRIC No	SXXXX440F
Contact Number	(Phone) +65-96195506
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	HENG SWEE CHYE (WANG RUICAI)
Gender	Male
Phone No	(Phone) +65-90018502
Address	APT BLK 122 KIM TIAN ROAD
Address Complement	# 21-80
Post Code	160122
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK AND BODYPAIN-GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SKZ7131S
Were seat belts worn?	-
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 **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

Sketch Plan



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

Jalan Bukit Merah

 9/5/2023

Witnessed by Reporting Centre
Personnel



Ⓐ SKZ #131 S
Ⓑ SMT 9479 J

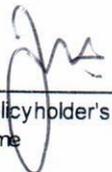
Describe Circumstances of the Accident

Refer to police report

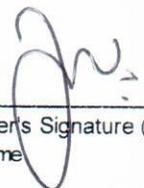
-T | 20230507 / 7004 -

Declaration

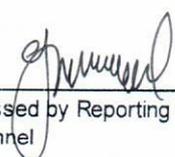
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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

 9/5/2023

Witnessed by Reporting Centre
Personnel



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ7131S	FWD Singapore Pte. Ltd	PNPV2017-00000636-06	29/01/2023	28/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	HENG SWEE CHYE		ID No.	S7710254Z
Related Vehicle	SKZ7131S (Car)		Contact No.	90018502
Hospital/Clinic	CHUA & PARTNERS FAMILY CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	06/05/2023		Date	06/05/2023
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	CHEN KHENG HUAT		ID No.	S7177440F
Related Vehicle	SMT9479J (Car)		Contact No.	96195506
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was travelling along Lower Delta Road, towards the AYE (Tuas). My car was stationary as I was waiting for the traffic light to turn green. The nearby building is Cendex Centre.

A car, Honda Vezel SMT 9479J, approached my car at a relatively fast speed and banged into the rear of my car.

I do have pictures and videos of the accident.



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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
07/05/2023 09:53

Classification Of Case:

YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident

6/5/23 15:35 PM

Exact Location of Accident

JALAN BUKIT MERAH

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKZ 71315

Name of Registered Owner

Heng Swee chye (Wang Rui Cai)

NRIC Number / Co Reg. Number

S77102542

Vehicle Make & Model

VEZBL

Exact Purpose for which vehicle was being used at time of accident

Private Use / Work Use / Private Hire Use

Please state action to be taken for type of insurance claim

Own Damage / Third Party / Reporting Only.

Vehicle Category

Private Car / Commerical / Private Hire / Others

Name of Insurance Company

FWD

Policy Number

PNP V2017-00000636-06

Name of Driver

HENG SWEET CHYE

NRIC Number

Date of Birth

18-04-1977

Date of Driving Pass

17-08-2000

Contact Number

9001 8503

Address

APT BLK 122 Kim Jian Road # 21-80, S160122

Relationship of the Driver with the Insured

email:

WASENHENG12@GMAIL.COM

Weather Conditions

Clear / Raining / Others

Road Surface

Wet / Dry / Others

Was anybody injured in the Accident?

Yes / No

Was any other vehicle or property damaged?

Yes / No

Number of Passengers (Incl Driver) 1

Name & Gender

Name & Gender

Was the Accident reported to the Police?

Yes / No

Was there any video captured?

Yes / No

with owner

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number

SMY 94799 J

Name of Driver

NRIC Number

Contact Number

Address

Vehicle Category

Private Car / Commerical / Private Hire / Others

Details of Witness

Name & Contact Number

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: PNPV2017-0000636-06 (Comprehensive - Executive Plan)

Car plate number: SKZ7131S

Your name (As the policyholder): HENG SWEE CHYE

Coverage start date: 29/01/2023

Coverage end date: 28/01/2024

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: AXA INSURANCE SINGAPORE PTE LTD

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

Issued on: 30/12/2022



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.