

NATIONAL Assessment Centre Services (wef 1 Jan 05)

SU092375000A

Date In: 05/07/2023 16:24
 Ref No: NBS/PWD280067754
 Veh No: SL8 574
 D.O.A: 05/07/2023 at 1:30
 OD / (TP) / Reporting Only
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 2hrs)		
i-Motor Claim Form		
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: () Tel: () Fax: ()
 TP Particulars: Vet. No: **8ME 7942E** 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)

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

N#2802025

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add.
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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	05/07/2023 16:24 (SGT)
Reported by	Actual Driver
Date of Accident	05/07/2023 08:30 (SGT)
Exact Location of Accident	Penjuru Rd, Singapore
Additional Location Information	TOWARDS PENJURU CLOSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS57U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YIP FUI PING
NRIC No	SXXXX685Z
Email Address	lishen006@gmail.com
Mobile Phone No	(Phone) +65-91076360
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1498

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2023-00002807

DRIVER

Name of Driver	YEO LI SHEN
NRIC No	SXXXX064E
Date Of Birth	17/12/1995
Occupation	Indoor

Date Of Driving Pass	13/10/2014
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98596265
Alt. Phone Number	-
Email Address	lishen006@gmail.com
Address	3 ALEXANDRA VIEW #35-08
Address complement	-
Postcode	158749
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)	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	SME7942E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG BOON SUN
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 GBL1347G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver LI YITTE
 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 YEO LI SHEN
 Gender Male
 Phone No (Phone) +65-98596265
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SLS57U
 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.

Ry

Policyholder's Signature / Date & Time

Wish

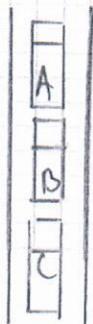
Driver's Signature (If driver is not the policyholder) / Date & Time

05/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

Return Case

Pen Dam Rd



- (A) SLS 57U
- (B) SME 7942E
- (C) 6BL 13476

Describe Circumstances of the Accident

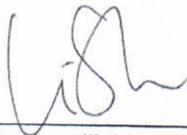
On 05.07.2023 at about 0850hrs, I was travelling along Penryn Rd Junction towards Penryn Clo&. Upon reaching the traffic Junction, I slow down stop. Once the traffic turn green and was about to move, all of a sudden I felt an hard impact from the rear. I alighted and realised a vehicle SME 7942E had collided onto my rear. Total 3 vehicles involved in the accident.

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



05/07/2023
Witnessed by Reporting Centre Personnel

Date of Accident : 05.07.23 Accident Time: 0830hrs (24-HR-Format)
 Accident Place : Pentum Rd Pulo Permu Close
 Vehicle No. (Car Plate No.) : SLS57U Make/Model: Honda Jazz 1.5 CVT
 Insurance Company : FWD Policy No: PNPV 2023-0002857
 Owner or Company Name /IC No. : YIP FUI PING (C57271685Z)
 Owner or Company Contact No. : _____ Owner's Hp 91076360 Company Tel _____
 DRIVER'S Name / IC No. : Yeo Li shen (C9547064E)
 DRIVER'S Date Of Birth : 17.12.1995 DRIVER'S License Pass Date 13.10.2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 3 Alexander View #35-08 S(158749)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 98596265
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : lishenpp@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): Driver only
 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): Yes

Other Party Driver's Particular (if any)

Vehicle No: SME 7942E
 Vehicle Make/Model: _____
 Name Driver: Tang Boon Sun
 IC No. Driver/Contact: _____

Vehicle No: GBL 13476
 Vehicle Make/Model: _____
 Name Driver: LI YITTE
 IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: PNPV2023-00002807 (Comprehensive - Executive Plan)

Car plate number: SLS57U

Your name (As the policyholder): Yip Fui Ping

Coverage start date: 12/06/2023

Coverage end date: 11/06/2024

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:

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

Issued on: 29/05/2023



Adrian Vincent
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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 685Z

Vehicle Details

Vehicle No.: SLS57U
Vehicle to be Exported: No
Intended Deregistration Date: 09 Sep 2023
Vehicle Make: HONDA
Vehicle Model: JAZZ 1.5 CVT
Primary Colour: White
Manufacturing Year: 2018
Engine No.: L15B33113548
Chassis No.: JHMGK5850JX206779
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$16,793.00
Original Registration Date: 13 Jun 2018
First Registration Date: 13 Jun 2018
Transfer Count: 0
Actual ARF Paid: \$16,793.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Jun 2028
PARF Rebate Amount: \$11,755.00

Intended COE Rebate Details

COE Expiry Date: 12 Jun 2028
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$38,001.00
COE Rebate Amount: \$18,082.00
Total Rebate Amount: \$29,837.00

The information contained herein is correct as at 05 Jul 2023

OK