

NATION 11 Assessment Centre Services

Date In: 11/04/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/FWD18006640/13			
Veh No: 5GS4764U	E-mail (w/dm, slm, AD 2hrs)		
DOC: 10/04/18 1745	i-Motor Claim Form		
QIR: 11 Reporting Only	i-Motor W/O (Within 01) 2hrs, TP 4hrs		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GX663C	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)	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

NA1802241	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc-INC) against INC \$20		
	9) N12: Idac 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 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 ability.
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 Report	11/04/2018 09:19
Date Of Accident	10/04/2018 17:45
Exact Location Of Accident	SLE(BKE) B4 WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS4764U
Insured/Policyholder	
Name Of Registered Owner	LEON TECK YOKE
NRIC No	S1766400Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91776815
Alternative Phone No	OTHERS-91776815

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00001535
Cover Note Number	

Driver

Name of Driver	LEON TECK YOKE
NRIC No	S1766400Z
Date Of Birth	24/09/1966
Occupation	INDOOR
Date Of Driving Pass	05/12/1992
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91776815
Fax Number	
Contact Number	OTHERS-91776815
EMail Address	NOEMAIL

Address	BLK 518 WOODLANDS DRIVE 14 #08-251
Postcode	730518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : KOH LIAN TEE GENDER: : FEMALE
Passenger 2	NAME: : LEOH KHAI VON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX663C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG8193U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FX1242P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEON TECK YOKE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGS4764U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KOH LIAN TEE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGS4764U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name	LEOH KHAI VON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGS4764U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SLE(BKE) before woodland Ave 12 exit.



Veh A : SG S 4764 U.
 Veh B : GX 663 C.
 Veh C : SLG 8193 U.
 Veh D : FX 1242 P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SLE(BKE) on the left most lane of a 3-lane expressway. Somewhere before woodland Ave 12 exit, I saw vehicles ahead slowing down as much I also slowed down and stopped behind vehicles ahead of me - moments after I stopped, I suddenly felt a strong impact from the rear portion of my vehicle. The impact caused my vehicle to surge forward and collided into the vehicle ahead of me. After the accident, I alighted to see that my vehicle's rear portion badly damaged and the impact from the rear caused my front portion to hit onto the rear portion of the vehicle ahead of me. Hence I was the center vehicle of a 3-car collision. A motorcycle bearing vehicle FX 1242 P also collided into the right hand portion of my vehicle, and the bike fell on the 2nd lane of the expressway whilst our 3-vehicle are joined together.

Veh A SG S 4764 U.

Veh B GX 663 C.

Veh C SLG 8193 U

Veh D FX 1242 P.

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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Date of Accident : 10 Apr 2018 Accident Time: 1743 hrs (24-HR-Format)
Accident Place : SLE (BKE) before woodland Ave 12 exit.
Vehicle No. (Car Plate No.) : SGS 4764 U Make/Model: Toyota Wish.
Insurance Company : FWD Policy No: PNVP 2018 - 00001535.
Owner or Company Name / IC No. : Leoh Teck Yoke S17664002.
Owner or Company Contact No. : 9177 6815. Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Leoh Teck Yoke.
DRIVER'S Date Of Birth : 24 Sept 1966 DRIVER'S License Pass Date 05 Dec 1992.
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
DRIVER'S Address : Blk 518 Woodland drive 14 #08-251 s(730518)
DRIVER'S Contact No / Alt No. : 1) 9177 6815. 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : Shengzhou848@gmail.com / sales@w.a.com.sg.
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): 01 - Driver 02 - Passenger.
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 - Driver + Passengers.

Other Party Driver's Particular (if any)

Vehicle No: GX 663 C
Vehicle Make/Model: Nissan
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle No: SL 6 8193 U.
Vehicle Make/Model: Mitsubishi.
Name Driver: _____
IC No. Driver/Contact: _____
veh D: FX 1242P.

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

01 Passenger - wife (female)
Koh Lian Tee.
S69337832.

02 Passenger - son (male)
Leoh Khai Von
70418485D.

Driver/Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1766400Z



LEOH TECK YOE

黎德育

CHINESE
24-09-1966 M
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor Cars and Motor Tractors the weight of which, unless stated, does not exceed 2500 kilograms

PASS DATE

05 Dec 1992

MP 428A



License No. S1766400Z

2256747

S1766400Z

APRIL 5th 1966

SINGAPORE 73518

NRIC No. S1766400Z

Date: 22-07-1999

No. 2947035

08-08-1994

8+

2256747

REPUBLIC OF SINGAPORE

LEOH TECK YOE

License Number: S1766400Z

Birth Date: 24 Sep 1966

Issue Date: 09 Oct 2003

000306076X



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: PNPV2018-00001535 (Comprehensive - Classic Plan)

Car plate number: SGS4764U

Your name (As the policyholder): Leon Teck Yoke

Coverage start date: 15/03/2018

Coverage end date: 14/03/2019

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.

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

Issued on: 17/01/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888
or email us at contactus@fwd.com.sg if any details
in this Certificate of Insurance need to be changed.