

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 118103680

Date In: 11/8/18 12:39	Job description	Date & Time Completed	Done by
Ref No: MAL FWD 18014560164	SAS e-filing		
Veh No: SCK 99555	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/8/18 11:20	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: (

Tel: (

Fax: (

TP Particulars:

Veh No:

FBD 9932G

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

MAL 1805089

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

320.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao Mobile \$0

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

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	11/08/2018 13:39
Date Of Accident	10/08/2018 11:20
Exact Location Of Accident	CRANE RD JUNCTION ONAN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCK9955S
Insured/Policyholder	
Name Of Registered Owner	TEE KIM SAN
NRIC No	S2585483G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90035393
Alternative Phone No	OFFICE-90035393
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
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	PNPV2018-00004609
Cover Note Number	-
Driver	
Name of Driver	TEE KIM SAN
NRIC No	S2585483G
Date Of Birth	09/03/1966
Occupation	INDOOR
Date Of Driving Pass	02/07/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90035393
Fax Number	
Contact Number	OFFICE-90035393
EMail Address	NOEMAIL

Address	3 LOR 28 GEYLANG ATRIUM RESIDENCES #07-05
Postcode	398408
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	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD9932G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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:

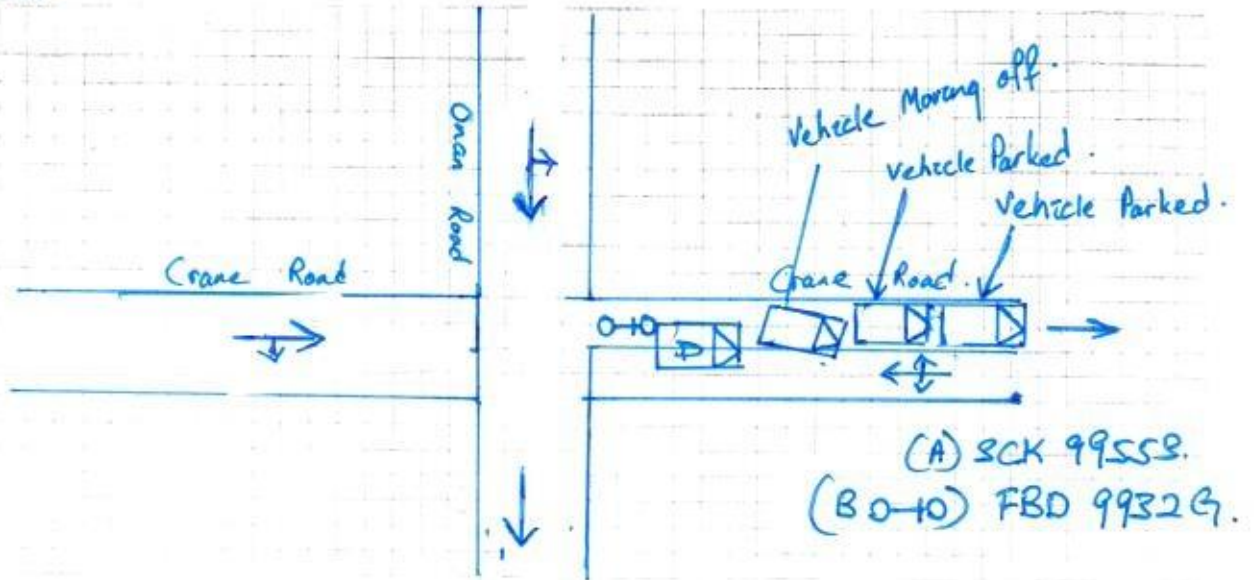
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
No: T/20180810/2078.

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.:

Vehicle No.	SCK 99558	Model / Make	Mercedes CLA 200
Date of Accident	10/08/18		
Time of Accident	1120 HRS		
Location of Accident	Crane Road junction Chan Road		
Exact purpose use during accident	Private Used		
Name of Owner	Tee Kim San		
Telephone No.	H/P: 90035393	Home:	Office:
NRIC	S2585483 G		
Address	BLK 3, Lor 28 Geylang #07-05 Atrium Residences (S) 398408		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	FWD		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PNPV2018-00004609		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	N.A.
Date of birth	09/03/1966		
Occupation	Outdoor / Indoor		
Driving License Pass Date	02/07/1991		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.	Owner	
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?	Traffic Police Division HQ	
Vehicle B No.	FBD 9932 G	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	
Accident Portion	Rear left portion		
Camera Recorder	Yes / No		
Email Address	tkimsan@yahoo.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20180810/2078

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

1 of 3

Report No. T/20180810/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 14:50			Vide Report No.: G/20180810/0133		Station Diary No.:
Informant's Particulars					
Name of Informant: TEE KIM SAN			Address: APT BLK 3 LOR 28 GEYLANG #07-05 ATRIUM RESIDENCES SINGAPORE 398408		
ID Type / ID No.: NRIC NO / S2585483G			Contact No.: Home/Office: Mobile: 90035393		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 09/03/1966	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SERVICE CONTROLLER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2018 11:20	Type of Location:
Location: Along Road 1 CRANE ROAD BY ONAN ROAD				
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	Condition	No of Passenger
FBD9932G	Motorcycle	PIAGGIO	GILERA RUNNER ST 200			0
SCK9955S	Car	MERCEDES BENZ	CLA200 (R18)	Purple		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police Division HQ
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
SCK9955S	FWD Singapore Pte. Ltd	PNPV2018-00004609	04/04/2018	03/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE KIM SAN		ID No. S2585483G
Related Vehicle	SCK9955S (Car)		Contact No. 90035393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 10/08/2018 AT ABOUT 1120 HRS AT SAID LOCATION, I WAS TRAVELLING ON A 1 LANE ROAD TOWARDS CRANE ROAD. AS I WAS TRAVELLING, A VEHICLE WHICH WAS PARK AT THE SIDE OF THE ROAD WANTED TO MOVE OFF, SO I STOP MY VEHICLE TO GIVE WAY. JUST WHEN THE VEHICLE WAS ABOUT TO MOVE OFF, I FELT AN IMPACT ON MY REAR AND SAW A MOTORCYCLE SQUEEZE FROM MY LEFT AND PROCEEDED FORWARD WITHOUT STOPPING. I THEN TRIED TO GAVE CHASE BUT LOST SIGHT OF HIM SHORTLY. I THEN CALLED FOR THE POLICE AND THEY ADVISED ME TO GO BACK TO THE SCENE AND WAIT FOR RESOURCE TO ARRIVE. MY VEHICLE SUFFERED CRACK ON THE REAR LEFT LAMP, DENTED BUMPER AND DAMAGE REAR SENSOR



**SINGAPORE
POLICE FORCE**



T/20180810/2078

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

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Report No. T/20180810/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/08/2018 14:50


Classification Of Case:




**SINGAPORE
POLICE FORCE**

Signature: _____


REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **S2585483G**
 Name: **TEE KIM SAN**
 Birth Date: **09 Mar 1966**
 Issue Date: **02 Jun 2003**

1000535566F



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S2585483G**
 Name: **TEE KIM SAN**
 郑金山
 Race: **CHINESE**
 Date of Birth: **09-03-1966** Sex: **M**
 Country of Birth: **MALAYSIA**



S2585483G

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	02 Jul 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Jul 1991

NP 428A



8162938



NRIC No. **S2585483G**


 Nationality: **MALAYSIAN**
 Blood Group: **O+** Date of issue: **04-07-1995**

3 LOR 28 GEYLANG, ATRIUM RESIDENCES #07-05
SINGAPORE 398408

NRIC No: **S2585483G** Date: **27/06/2009** No: **6223613**



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: PNPV2018-00004609 (Comprehensive - Classic Plan)

Car plate number: SCK99555

Your name (As the policyholder): Tee Kim San

Coverage start date: 04/04/2018

Coverage end date: 03/04/2019

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.

Finance company: Mercedes-Benz Financial Services Singapore Ltd

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

Issued on: 03/04/2018

Abhishek Bhatia
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.