

# NATIONAL Assessment Centre Services. (wef 1 Jan'05)

Date In: 13/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/KW018018584/13	SAS e-filing		
Veh No: 5LZ 56264	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/18 1710	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: (

TP Particulars:	Veh No: 5K65687	INC ( ) / Non-INC ( )	Tel: ( )	Fax: ( )
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%. P: 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

NA1806527

Claimant's Particulars:	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		Inc Bill	Add Bill
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		
	5) FT: 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:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref 1:

Ref 2/3:



## 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 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. 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 13/10/2018 11:02  
 Date Of Accident 12/10/2018 17:10  
 Exact Location Of Accident PIE(CHANGI)B4 TOA PAYOH LOR 2 EXIT  
 Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ5626H  
 Insured/Policyholder  
 Name Of Registered Owner LOW JUN MING  
 NRIC No S8304847F  
 Email Address JIMMY.LOW@NERA.NET  
 Mobile Phone No (LOCAL) +65-91818912  
 Alternative Phone No OTHERS-91818912

### Vehicle Particulars

Manufacturer BMW  
 Model 318I  
 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 PNPV2018-00006800  
 Cover Note Number

### Driver

Name of Driver LOW JUN MING  
 NRIC No S8304847F  
 Date Of Birth 07/02/1983  
 Occupation INDOOR  
 Date Of Driving Pass 21/04/2004  
 Driving Experience 14 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91818912  
 Fax Number  
 Contact Number OTHERS-91818912  
 Email Address JIMMY.LOW@NERA.NET

Address	BLK 212C COMPASSVALE DRIVE
Postcode	#15-107
Was driver an employee of the Insured's Company	543212
If No, Relationship of the Driver with the Insured	NO
Vehicle Registration Number of Driver's Own Vehicle	OWNER
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)	2
Passenger 1	
	NAME: : GAN SUN KAI
	GENDER: : MALE

#### 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

PLS REFER TO THE POLICE REPORT: T/20181012/2136

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC6568T
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 2

Vehicle Registration Number SJU1757P  
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 INJURED PERSON 1

Name LOW JUN MING  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ5626H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GAN SUN KAI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ5626H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

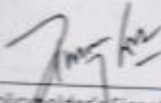
### IMPORTANT NOTICE

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.

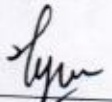
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

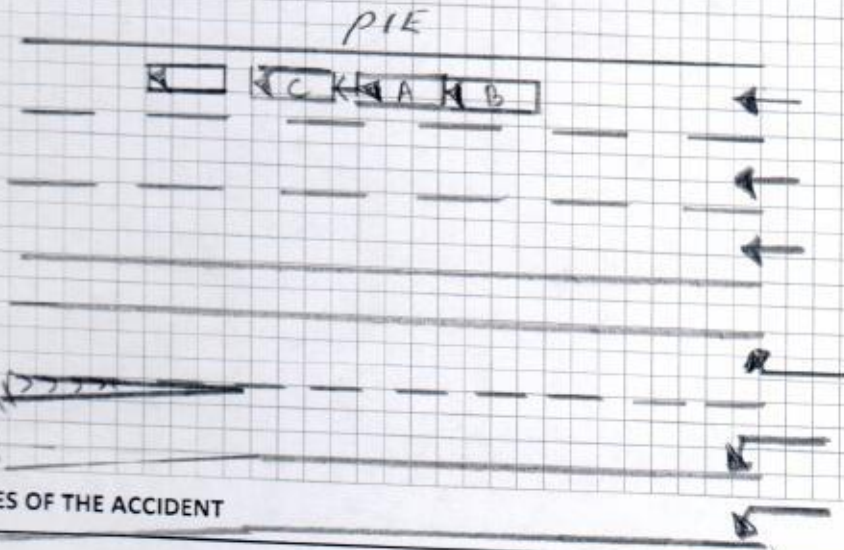
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 13/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

A - SLZ 5626H  
B - SKC 6568T  
C - SJU 1757P

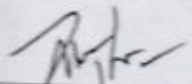


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

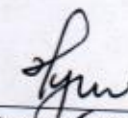
Pls refer to the police report: T/2018/012/2136

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:

 13/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE

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



T/20181012/2136

1 of 4

Report No. T/20181012/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
12/10/2018 19:19

Vide Report No.:

Station Diary No.:

### Informant's Particulars

Name of Informant:  
LOW JUN MING

Address:  
APT BLK 212C COMPASSVALE DRIVE #15-107  
COMPASSVALE PEARL SINGAPORE 543212

ID Type / ID No.:  
NRIC NO / S8304847F

Contact No.:  
Home/Office:

Mobile: 91818912

Nationality:  
SINGAPORE CITIZEN

Email:

Sex:  
Male

Age:  
35

Date of Birth:  
07/02/1983

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:

SENIOR PROJECT MANAGER

Driving Licence Information:  
Class: 2B, 2A, 2, 3

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Non-Injury

Drink  
Drive:  
No

Date/Time of  
Accident:  
12/10/2018 17:10

Type of Location:  
Straight Road

Location:

PAN ISLAND EXPRESSWAY

PIE > CHANGI BEFORE TOA PAYOH LOR 2 EXIT

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:  
Not Controlled

Traffic Volume:  
Moderate

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU1757P	Car	TOYOTA	VIOS E AUTO	Silver		0
SKC6568T	Car	KIA	CERATO FORTE Koup 1.6 AT SX ABS D/AB SR	Green		0





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



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Report No. T/20181012/2136

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5626H	Car	BMW	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Grey		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ5626H	FWD Singapore Pte. Ltd	PNPV2018- 00006800	19/05/2018	25/05/2019

00006800		19/05/2018		25/05/2019	
<b>Details of Person Involved</b>					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL					
Driver			Use of Pedestrian Crossing: NA		
Name	LOW JUN MING		ID No.	S8304847F	
Related Vehicle	SLZ5626H (Car)		Contact No.	91818912	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	12/10/2018		Date Discharge	12/10/2018	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
<b>Passenger</b>					
Name	GAN SUN KAI		ID No.	S8582807Z	
Related Vehicle	SLZ5626H (Car)		Contact No.	NIL	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	12/10/2018		Date Discharge	12/10/2018	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
<b>Brief Details.</b>					
On the 12/10/2018					

**Brief Details.**

On the 12/10/2018 at about 1710hrs, I was travelling along PIE > Changi before Lor 2 Toa Payoh Exit on the extreme right lane, vehicle(SJU1757P) in front of me slow down and came to a stop due to moderate traffic, therefore I also slow down and managed to stop in time, suddenly vehicle(SKC6568T) behind collided into my vehicle rear portion, which causes my vehicle to move forward and collided into the vehicle in front rear portion. All of the driver step out and exchanged particulars and left location. After which my passenger and I went to Mount Alvernia Hospital and both of us receive 3 days of MC.





**SINGAPORE  
POLICE FORCE**

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



T/20181012/2136

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Report No. T/20181012/2136

**CONTINUATION OF REPORT**

That's all.





**SINGAPORE  
POLICE FORCE**

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



T/20181012/2136

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Report No. T/20181012/2136

**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 /  
TONG HWEE SIONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/10/2018 19:19

Classification Of Case:

SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8304847F



Name

LOW JUN MING  
(LIU JUNMING)

刘俊明

Race

CHINESE

Date of birth

07-02-1983

Sex  
M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



License Number

S8304847F

Name

LOW JUN MING  
(LIU JUNMING)

Birth Date: 07 Feb 1983

Issue Date: 04 Dec 2003



4938411

NRIC No. S8304847F



Date of issue

19-02-2013

Address

APT. BLK 212C COMPASSVALE DRIVE  
#15-107  
SINGAPORE 543212

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

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motorcycles > 400 CC  
Class 3 Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

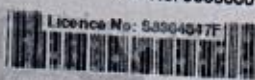
PASS DATE

04 Dec 2003  
16 Aug 2005  
26 Aug 2008  
21 Apr 2004

S8304847F

S / No. 9000080725

NP 428A







## 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: PNPV2018-00006800 (Comprehensive - Classic Plan)**

Car plate number: SLZ5626H

Your name (As the policyholder): Low Jun Ming

Coverage start date: 23/05/2018

Coverage end date: 22/05/2019

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: Hong Leong Finance Limited

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

Issued on: 17/05/2018

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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.