

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA118167513**

Date In: 31/12/18-12:13	Job description	Date & Time Completed	Done by
Ref No: 40 / FWD18023349/24	SAS e-filing		
Veh No: SL4878C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/12/18-19:25	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: SLR5278B

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% 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

NA1900062

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) QD*
- *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: 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 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	31/12/2018 12:13
Date Of Accident	30/12/2018 19:05
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4878C
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Insured/Policyholder

Name Of Registered Owner	CHAN CHUAN YONG KELVIN
NRIC No	S8837676E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82228965
Alternative Phone No	OFFICE-82228965

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	PNPV2018-00001679
Cover Note Number	

Driver

Name of Driver	CHAN CHUAN YONG, KELVIN
NRIC No	S8837676E
Date Of Birth	12/09/1988
Occupation	INDOOR
Date Of Driving Pass	19/01/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82228965
Fax Number	
Contact Number	OFFICE-82228965
Email Address	NOEMAIL

Address	BLK 449B BUKIT BATOK WEST AVENUE 9 #16-94
Postcode	652449
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 (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : WONG FANG FEI GENDER: : FEMALE
Passenger 2	NAME: : SNG KEER HONG GENDER: : MALE
Passenger 3	NAME: : EILEEN SNG WENJING GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20181230/7009.

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	SLQ5278B
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 CHAN CHUAN YONG, KELVIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLL4878C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WONG FANG FEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLL4878C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name SNG KEER HONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLL4878C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name EILEEN SNG WENJING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLL4878C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

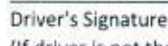
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

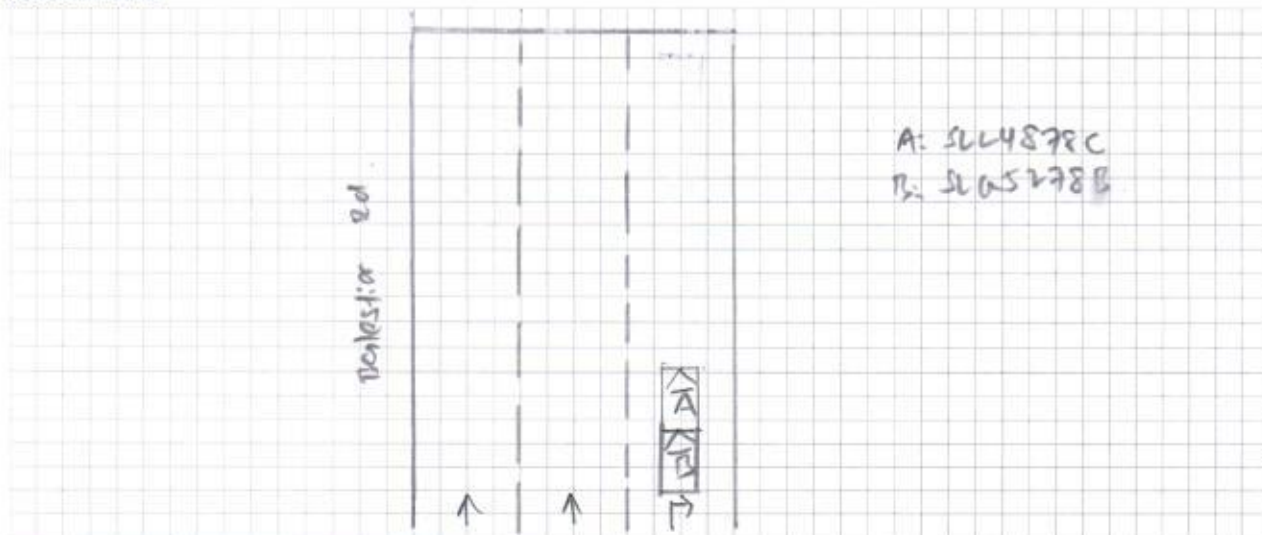


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2018/30/2009.

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.:



SINGAPORE POLICE FORCE



T/20181230/7009

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

1 of 4

Report No. T/20181230/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2018 23:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN CHUAN YONG, KELVIN			Address: APT BLK 449B BUKIT BATOK WEST AVENUE 9 #16-94 SINGAPORE 652449		
ID Type / ID No.: NRIC NO / S8837676E			Contact No.: Home/Office: Mobile: 82228965		
Nationality: SINGAPORE CITIZEN			Email: kelvinchan321@gmail.com		
Sex: Male	Age: 30	Date of Birth: 12/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Purchasing agent			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2018 19:05	Type of Location: T-Junction
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		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
SLL4878C	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Seriously Damaged	3
SLQ5278B	Car	HONDA	Vezel	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL4878C	FWD Singapore Pte. Ltd	PNPV2018-00001679	28/02/2018	27/02/2019



**SINGAPORE
POLICE FORCE**



T/20181230/7009

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

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Report No. T/20181230/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHUAN YONG, KELVIN	ID No.	S8837676E
Related Vehicle	SLL4878C (Car)	Contact No.	82228965
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Wong Fang Fei	ID No.	S1241753E
Related Vehicle	SLL4878C (Car)	Contact No.	98712168
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Sng Keer Hong	ID No.	S1185038C
Related Vehicle	SLL4878C (Car)	Contact No.	90300581
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20181230/7009

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

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Report No. T/20181230/7009

CONTINUATION OF REPORT

Passenger			
Name	Eileen Sng Wenjing	ID No.	S8411850H
Related Vehicle	SLL4878C (Car)	Contact No.	90216568
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/12/2018 at about 1905hrs, I was driving my vehicle (SLL4878C) along Balestier Road. My vehicle was stationed and was waiting to Turn Right to Whampoa Road, suddenly a vehicle (SLQ5278B) hit my rear.

At that point of accident my Wife and my parents in law was in the car together with me. We sustained injuries on our neck and lower back.



**SINGAPORE
POLICE FORCE**



T/20181230/7009

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

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Report No. T/20181230/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/12/2018 23:45

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8837676E**

Name: **CHAN CHUAN YONG, KELVIN**

Birth Date: **12 Sep 1988**

Valid Date: **27 Dec 2007**

001555519B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8837676E

Name: **CHAN CHUAN YONG, KELVIN**

陳 傳 勇

Race: **CHINESE**

Date of birth: **12-09-1988**

Country/Place of birth: **SINGAPORE**

Sex: **M**





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

Class 2B: Motorcycles \leq 200 CC

Class 2: Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg

27 Dec 2007

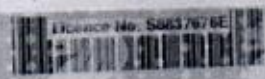
19 Jan 2011

S/No. 9000137793

S8837676E

Licence No. S8837676E

NP 428A



6069049

NPIC No. S8837676E

Date of issue: **21-11-2018**

Address: **APT BLK 449B BUKIT BATOK WEST AVENUE 9
#16-94
SINGAPORE 652449**






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: PNPV2018-00001679 (Comprehensive - Executive Plan)

Car plate number: SLL4878C

Your name (As the policyholder): CHAN CHUAN YONG KELVIN

Coverage start date: 28/02/2018

Coverage end date: 27/02/2019

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: United Overseas Bank Limited

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

Issued on: 19/01/2018

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.