

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **NA19015964**

Date In: <b>21/1/19 13:49</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1 FWD 900088/24</b>	SAS e-filing		
Veh No: <b>5J3372</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>11/1/19 15:40</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>56N85114</b>	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

<b>Claimant's Particulars:</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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: 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:**

Lat. 1:

Lat. 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	02/02/2019 13:49
Date Of Accident	01/02/2019 15:40
Exact Location Of Accident	ALONG TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ37Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN KIN SOON
NRIC No	S7925356A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98784608
Alternative Phone No	OFFICE-98784608
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	JAZZ 1.5L AT ABS D/AB HID 2WD 5DR
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007020-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN KIN SOON
NRIC No	S7925356A
Date Of Birth	02/09/1979
Occupation	INDOOR
Date Of Driving Pass	24/04/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98784608
Fax Number	
Contact Number	OFFICE-98784608
Email Address	NOEMAIL

Address	BLK 887B WOODLANDS DRIVE 50 #02-591
Postcode	732887
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 (including own vehicle) involved in the accident	5
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)	1

#### 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

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN8511H
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	SJJ2625M
-----------------------------	----------

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

SJL734J

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 4

Vehicle Registration Number

SJU4053S

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 KIN SOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJJ37Z

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.:

	A	B	C	D
E				
A				
B				
C				
D				

A - SJJ37Z  
 B - SGV8511H  
 C - SJJ2625M  
 D - SJL734J  
 E - SJU4053S

On the stated date and time, I was driving my vehicle (A) along TPE towards SLE. I stop my car due to in front of the vehicle (E) stop. I follow suit, with hazard light on. I saw, at the rear mirror, vehicle B stop too. Suddenly I felt an impact from behind and another impact again. There were 5 cars involved in an accident.

## 2



Date of Accident : 1/02/19 Accident Time: 3.40pm (24-HR-Format)  
Accident Place : Along TPE towards SLE  
Vehicle No. (Car Plate No.) : SJS37Z Make/Model: Honda Jazz 1.5  
Insurance Company : FWD Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : Chan Kin soon / 57925356A  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 98784608 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 2/9/1979 DRIVER'S License Pass Date 24/4/1999  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : BLK 887B WOODLANDS DRIVE SO #02-59/5 (732887)  
DRIVER'S Contact No./ Alt No. : 1) 98784608 2) 98801895  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): 1 Driver  
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: <u>SGN 8511 H (WTC)</u>	Vehicle No: <u>SJS 2625 M</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

SJL 734 J  
SJU 4053 S

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S7925356A**  
 Name: **CHAN KIN SOON (ZENG QINGSHUN)**  
 Birth Date: **02 Sep 1979**  
 Issue Date: **22 Mar 2003**

000300091E

**SINGAPORE ARMED FORCES IDENTITY CARD**



 Name: **CHAN KIN SOON**  
 NRIC No: **S7925356A**

The card is the property of the Singapore Armed Forces. Any person finding this card is requested to find it without delay to Central Mailroom Base or any Police Station.

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

<b>Class 3</b>	<b>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b>	<b>PASS DATE</b> <b>24 Apr 1999</b>
----------------	---	--

NP 428A

Licence No: S7925356A

900 949138105 13821017

NRIC No./Colour <b>S7925356A / PINK</b>	Race <b>CHINESE</b>	Blood Group <b>O+</b>
Date Of Birth <b>02/09/1979</b>	Country Of Birth <b>SINGAPORE</b>	Sex <b>M</b>
Service Status <b>REGULAR</b>	MILITARY Rank/grade <b>MILITARY EXPERT M08303</b>	

WOODLANDS DRIVE 50 #02-59

CashCard

Use governed by CashCard Terms & Conditions 1111020103882733





## 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:** PNPV2017-00007020-01 (Comprehensive - Classic Plan)

**Car plate number:** SJJ37Z

**Your name (As the policyholder):** CHAN KIN SOON

**Coverage start date:** 14/11/2018

**Coverage end date:** 13/11/2019

**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:** 22/09/2018

**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.