

NATIONAL Assessment Centre Services.

(wrt 1 Jan 2003)

19 MAY 19 04 46 14

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/04/2019 17:46 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/FWD19006094/4 | SAS e-filing | | |
| Veh No: 3MC 166K | E-mail (Wjola 3hrs, AIC 2hrs) | | |
| D.O.A: 04/04/2019 20:25 | I-Motor Claim Form | | |
| OID: 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: SLQ 4302X | 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 () | |
| () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair. | | |
| () Total Loss Case: to e-mail Insurer URGENTLY. | | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | | |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

Date: _____

| | | |
|------------------|--|--|
| NA1902480 | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$50) | |
| Contact No: | 3) TP: Towing Fee \$10/\$45 | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | 9) NI: Idao Mobile | |
| | 10) NI: Idao Mobile | |
| | 11) NI: Idao Mobile | |
| | 12) NI: Idao Mobile | |
| | 13) NI: Idao Mobile | |
| | 14) NI: Idao Mobile | |
| | 15) NI: Idao Mobile | |
| | 16) NI: Idao Mobile | |
| | 17) NI: Idao Mobile | |
| | 18) NI: Idao Mobile | |
| | 19) NI: Idao Mobile | |
| | 20) NI: Idao Mobile | |

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 | 05/04/2019 17:46 |
| Date Of Accident | 04/04/2019 20:25 |
| Exact Location Of Accident | AYE (TUAS) AFTER BUONA VISTA EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SMC166K |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN JI PUNG, GILBERT (CHEN JIPENG) |
| NRIC No | S8711714F |
| Email Address | BERT.87@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-88580698 |
| Alternative Phone No | OTHERS-88580698 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | CAMRY |
| 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 | PNPV2019-00001768 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | TAN JI PUNG, GILBERT (CHEN JIPENG) |
| NRIC No | S8711714F |
| Date Of Birth | 02/05/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/04/2009 |
| Driving Experience | 9 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88580698 |
| Fax Number | |
| Contact Number | OTHERS-88580698 |
| Email Address | BERT.87@GMAIL.COM |

| | |
|---|--|
| Address | BLK 690 JURONG WEST CENTRAL #07-205 |
| Postcode | 640690 |
| 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 | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 9 |
| Was any body injured in the Accident? | NO |
| 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: : LEONG JIA SIN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI POLICE DIVISIONAL HQ (D DIVISION) |
| Police Station Address | ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7740000 - FAX NO: 67741705 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT D/2019405/7009

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 | SLQ4302X |
| 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 SKW3206C
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 SLV2263L
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 SJQ2412Z
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 5

Vehicle Registration Number SLV3721A
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 6

Vehicle Registration Number SLX4924P
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 7

Vehicle Registration Number SLD4035K
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 8

Vehicle Registration Number SJJ3363L
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)

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: Joseph Lim
NRIC/FIN No.: 9201 1234 5678

A: SMC 166K
B: SLQ 4302X
SKETCH PLAN C: SKW 3206C

D: SLV 2263L
E: SJQ 2412Z
F: SLV 3721A

G: SLX 4924P
H: SLD 4035K
I: SJJ 3363L



AVE (TUNIS) AFT BUONA VISTA.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I ~~IS~~ (SMC 166K) WAS TRAVELLING ALONG THE STATED VENUE ON THE RIGHT MOST LANE. SUDDENLY, THERE WAS A HUGE IMPACT FROM MY REAR AND PUSHED MY VEHICLE FORWARD TO COLLIDE ONTO (SLV 2263L). I ALIGHTED AND REALISED THAT IT WAS A CHAIN COLLISION INVOLVING 9 CARS. (SLQ 4302X) HAD COLLIDED ONTO MY REAR, PROPELLING MY VEHICLE TO COLLIDE ONTO (SLV 2263L)

POLICE REPORT D/20150405/7009

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**



D/20190405/7009

1 of 2

POLICE REPORT (NP299)

Report No. D/20190405/7009

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

| | | | | |
|--|--|-------------------|-----------------------------|-----------------|
| Date/Time Report Made 05/04/2019 12:02 | Vide Report No. | Station Diary No. | | |
| Name Of Informant TAN JI PUNG, GILBERT | Address APT BLK 690 JURONG WEST CENTRAL 1 #07-205 SINGAPORE 640690 | | | |
| ID Type / ID No. NRIC NO / S8711714F | Contact No. Home/Office: Mobile: 88580598 | | | |
| Nationality SINGAPORE CITIZEN | Email Address bert.87@gmail.com | | | |
| Occupation Interior designer | Sex Male | Age 31 | Date of Birth 02/05/1987 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 04/04/2019 20:25 - 04/04/2019 21:25 | Location Of Incident AYE (TUAS) AFTER BUONA VISTA EXIT | | | |

Brief details.

On the stated time and date, I (SMC166K) was travelling along the stated venue on the right most lane. As the front vehicle applied brakes, I followed suit. Suddenly there was a huge impact from my rear and pushed my vehicle forward and collided onto (SLV2263L). After alighting, I checked on my wife (Leong Jia Sin S9270572B) and realised that (SLU4302X) had collided onto me and resulting in a chain collision involving 9 cars.

1st SJJ3363L

2ND SLD4035K

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 05/04/2019 12:02 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20190405/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190405/7009

3RD SLX4924P
4TH SLV3721A
5TH SJQ2412Z
6TH SLV2263L
7TH SMC166K
8TH SKW3206C
9TH SLQ4302X

| Subjects Involved | | | |
|---------------------------|--|--------------|-----------------------|
| Victim | | | |
| Person Name | TAN JI PUNG, GILBERT | | |
| ID Type | NRIC NO | ID No | S8711714F |
| Gender | Male | Age | 31 |
| Race | Chinese | Language | English |
| Occupation | Interior designer | Address Type | |
| Address | APT BLK 890 JURONG WEST CENTRAL 1 #07-205 SINGAPORE 640690 | | Mobile No 88580598 |
| Is Informant A Victim? | Yes | | |
| Person Name | TAN JI PUNG, GILBERT (Informant) | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 05/04/2019 12:02 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

SINGAPORE ACCIDENT STATEMENT

| | | | |
|---|--------------------|----------------------------|---------|
| ACCIDENT DATE: 04.04.2019 | TIME: 2025 | (hh:mm) 24 hrs Format | |
| LOCATION AVE (THAS) AFTER BUONA VITA EXIT. | | | |
| VEHICLE NUMBER SMC 166 K | | | |
| INSURED NAME TAN JO PING, GILBERT | | | |
| NRIC/FIN S8711714 F | CONTACT: 8858 0698 | | |
| MAKE Toyota | MODEL CAMRY | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | |
| () Yes, If No, Pls Select: (✓) Third Party () Reporting Only | | | |
| INSURANCE COMPANY FWD | | | |
| TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT | | | |
| POLICY NUMBER: PNPV2019-00001768 | | | |
| NAME DRIVER: SAME AS INSURED (✓) SAME AS INSURED | | | |
| NRIC/FIN SAME AS INSURED CONTACT: | | | |
| DATE OF BIRTH: 02.05.1987 | | | |
| DRIVING PASS DATE: 06.04.2009 | | | |
| OCCUPATION: (✓) INDOOR (✓) OUTDOOR | | | |
| GENDER: (✓) MALE () FEMALE | | | |
| EMAIL ADDRESS: BERT.87@GMAIL.COM () NO EMAIL | | | |
| ADDRESS OF DRIVER: BLK 690, JURONG WEST CENTRAL 1, #07-205, 1640640 | | | |
| Number Of Passenger Include Driver: 02 | | | |
| Leong Jia Sin S9270572B (F) | | | |
| Was driver an employee of the Insured's Company? () YES (✓) NO | | | |
| If No, Relationship Of The Driver With The Insured | | | |
| (✓) Owner () Spouse () Friend () Relative () Children () Sibling () Others | | | |
| Does The Driver Own Any Other Vehicle?: () YES (✓) NO | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | |
| Insurance Company Of Driver's Own Vehicle | | | |
| Weather Conditions: () Clear () Raining (✓) Drizzling () Others | | | |
| Road Surface: () Dry (✓) Wet () Others | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO | | | |
| Was Anybody Injured In The Accident? () YES (✓) NO | | | |
| If YES, Injured details: | | | |
| Convey By Ambulance: () YES (✓) NO | | | |
| Was There Any Video Capture By Car Camera? () YES (✓) NO | | | |
| Was There Accident Reported To The Police? (✓) YES () NO If Yes Attach Police Report | | | |
| Police Report Number (if any) D12019040517009 | | | |
| Details Of 3rd Party | Name/ NRIC | No. of Paxs (incl' driver) | Contact |
| Veh B SLQ 4302 X | / | () / Not Sure () | |
| Veh C SKW 3206 L | / | () / Not Sure () | |
| Veh D SLV 2263 L | / | () / Not Sure () | |
| Veh E SJQ 2412 Z | / | () / Not Sure () | |
| Veh F SLV 3721 A | / | () / Not Sure () | |
| Veh G SLX 4924 P | / | () / Not Sure () | |

SLD 4035 K
SJJ 3363 L

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8711714F



Name

TAN JI PUNG, GILBERT
(CHEN JIPENG)

陈 己 朋

Race

CHINESE

Date of birth

02-05-1987

Sex

M

S8711714F

Country/Place of birth

SINGAPORE



5878224



NRIC No. S8711714F



Date of issue

24-02-2018

Address

APT BLK 690 JURONG WEST CENTRAL 1
#07-205
SINGAPORE 640690

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8711714F

Name:

TAN JI PUNG, GILBERT
(CHEN JIPENG)

Birth Date: 02 May 1987

Issue Date: 06 Apr 2009



001728338J

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

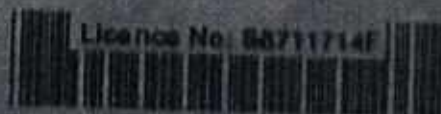
Class 3

Motor Cars \leq 3000kg with \leq 7 passengers, exclusive
of the driver, and other motor vehicles \leq 2500kg

PASS DATE

06 Apr 2009

NP 428A



Licence No: S8711714F



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: PNPV2019-00001768 (Comprehensive - Classic Plan)

Car plate number: SMC166K

Your name (As the policyholder): TAN JI PUNG, GILBERT

Coverage start date: 26/02/2019

Coverage end date: 25/02/2020

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: 08/01/2019

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.