NATIONAL Assessment Cent	re Services (services		± .	
Date In: 03/05/19	Job description	Date & Time Completed	Done by	e N
KCINU NA/FWB19007696/13	SAS e-filing			
Veh No 52638420	E-mail (w.thm 8hrs, AIC 2hr	s,		
DOA 01/05/19 1630	i-Motor Claim Form			
	i-Motor W/O (Within: Ol	2 2hrs. TP 4hrs)		
OD (1P) Peporting Only	i-Photo Uploaded		memmen as	
TP Insurer:	Assessment/Survey Repo	rt		
11 Insurer	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (MASSIVE	Tel: Fax:		
TP Particulars: Veh No:	5 K x 9 1 1 / IN	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	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:-		gil fathrif e bitter i tyle va	en –	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
Date/Time Actions		The second second second second		
NA 19032	Invoice	Preparation Checklist	Amt (\$)	Amt (\$) Add Bil
Claimant's Particulars :-		ecident Reporting (\$30); amage Assessment (\$100); INC (\$30)		
Driver/Owner:	3) TF : To		27	
Contact No:	5) FT : Fo	llow-Through Survey (Resurvey) \$3	10	
		ming against INC Only (wef 10 Jan 2005) -inspection 5	15	
Damaged Portion:	7) N1 : id	nc DA + SMRT Survey \$10 Additional Services:-	50	
C Checked by (Engr-In-Charge):	OD*			
Checked by (Engr-in-Charge):			10	
Auditors' Comments :-	*N7: P	ost Repair Inspection S	25	
Control of the second s			\$5	
at. 1	TP(NI	1): TP (Non INC) against INC S:	20	
at. 1; at. 2 / 3;		Inc Mobile	30	Name of

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 witholding 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.	MANAGEMENT OF STREET STREET, STREET STREET, STREET STREET, STR
	ACCIDENT STATEMENT
Date Of Report	02/05/2019 11:38
Date Of Accident	01/05/2019 16:30
Exact Location Of Accident	CARPARK OF BLK 306B PUNGGOL PLACE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW3842D
Insured/Policyholder	
Name Of Registered Owner	MEIBEN LIMOUSINE SERVICES
Co Reg No	53375723A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000144
Cover Note Number	
Driver	
Name of Driver	TAN YEW BENG

 Name of Driver
 TAN YEW BENGE

 NRIC No
 \$1590023G

 Date Of Birth
 01/10/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/08/1981

Driving Experience 37 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96852872

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 251 PASIR RIS ST 21

#06-141

Postcode 510251

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

5

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? NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

City St

Number of Passengers (Including Driver)

5

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 3

: UNKNOWN

GENDER: : MALE

Passenger 4

NAME: : L

: UNKOWN

GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX911P

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category Name of Driver NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR CHEN WEI S8777733B 97680667

SKETCH PLAN

IIMPORTANT NOTICE

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- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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. CES * M

Driver's signature

(If driver a not the policyholder)

Reporting Centre Personnel's Signature

Name

NRIC/FIN No :

Policyholder's Signature Date & Time:

AESTRICES

Date & Time

On 015/2019 @ ord 1630hrs, I was sonding my passengers to Punggol Place I stopped at 31k 3063 to alight my passengers. Suddenly I telt an strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh B (SKX 9117) had collided into my vehicle rear portion.

DECLARATION CES * A JUNE 1/We declare the Toregoing Barticulars 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.:

ACCIDENT STATEMENT

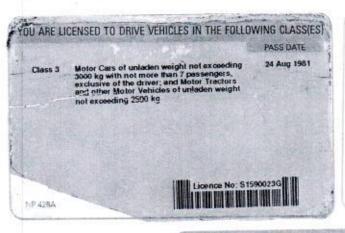
			property and the second	
	AC	CIDENT DATE: O1 /OS/2019 (DD/MM/Y	YYY), TIME: (16 30) (HH:MM)	145
		CATION: Carpark of 3143068 7		
	LQC	AMON: Carpark of SIR3065 1	unddet track	
33		1. DETAILS OF VEHICLE		
		a) VEHICLE NUMBER: SW3842)		
		DINSURANCE COMPANY: FWD	1	150 (4
	10	CIPOLICY NUMBER: PACUZEIS - COC	MILL	
		d)POUCY TYPE: (COMPREHENSIVE) THIRD I		1/5
		e)MAKE & MODEL: Toupla Trim X	PARTY THIRD PARTY PIRE STREET	5 B
		TITYPE (SALOON / COUPE (MPV) YAN / LO	BOY (NOTOBOYOLE / OTHERS)	
		g) VEHICLE CATEGORY: (PRIVATE COMME		
		h) FURPOSE OF USING AT ACCIDENT TIME:		× 2
		i) ARE YOU CLAIMING LINDER YOUR OWN IN		1373 B
		IF NO, PLEASE STATE THIRD PARTY CLAIM?		2.7
11		INSURED / POLICY HOLDER	Email address:	
************	-	AINAME: Meiben Limousing Schol	(MALE/FEMALE)	
(2)	3.50	DINRIC/FIN/PASSPORT: 5337X-723A	CONTACT:	B 6
- *		CIADDRESS: BIK 2X1 PONIT RU ST 2		
4		<u> </u>		10
		* CONTINUE TO 3.d IF DRIVER ALSO FOLICY I	HOLDER	
	3.	DRIVER	Email address :	
		alname: Jan Jew Deng :	(MALEX FEMALE)	30
		DINRIC/FIN/PASSPORT: S13900336	CONTACT: 768X2872	***
9		CIADDRESS: 175 about		
* 11		10.19/		1 5 = 00 K
× (6)	43	*d) DATE OF BIRTH: (OL) 10/1963 IDE	D/MM/YYYY)	(do
		6)OCCUPATION: (INDOOR: / OUTDOOR)	1881 Cat Camera	(/E5 (NO)
	4.	WAS DRIVER AN EMPLOYEE OF THE INSUI	BED'S COMPANYS (VESV NO)	
		IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED:	¥
	5.	O) WEATHER CONDITION: (CLEAR PRAINING /	OTHERS	,
20		b) ROAD SURFACE: (DRY) WET / OTHERS		
	6.	WAS ANYBODY INJURED (YES / NO)	No. of passenger	incl driver D
	7.	a) REPORTED TO POLICE IYES / NO	Name	Gender_
		IF YES, PLEASE STATE WHICH POLICE STATION	4:	3 male
	В.	THIRD PARTY VEHICLE	> 44. \	The state of the s
		a) VEHICLE NUMBER: SKX 911 P	MODEL: BMW	1 Female
		b) DRIVER'S NAME: Chen Wes	ZH772-174	
		c) NRIC/FIN/PASSPORT: 587777333	CONTACT: 17680661	EC
	Ϋ.	THIRD PARTY VEHICLE		ir .
		d) VEHICLE NUMBÉR:	MODEL:	80
65	. 33	e) DRIVER'S NAME:		
-		fl NRIC/FINI/PASSPOOT.	COURTOR	

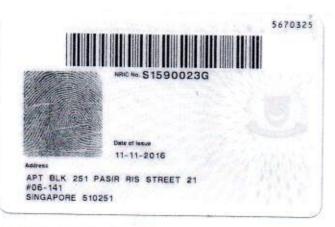




Country/Place of birth SINGAPORE







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

ype	Description	Issue Date
12	TAXI VL	26/10/2017
03	BUS VL	19/12/2017
04	BUS ATTENDANT	19/12/2017
111		
- 11		



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: PNCV2019-00000144

Car plate number

: SLW3842D

Coverage start date: 06/02/2019

Coverage end date: 05/02/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tan Yew Beng

NRIC/FIN: S1590023G

Address: 251 Pasir Ris Street 21 06-141 Singapore 510251

Email: william.tanwt10@gmail.com

Mobile Number: 96852872

Date of Birth: 01/10/1963

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company Name: MEIBEN LIMOUSINE SERVICES

ACRA Number: 53375723A

About your car and policy

Car make and model: TOYOTA PRIUS 1.8

Year of first registration: 2018

Standard Excess: S\$1,300

Plan type: Comprehensive NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,475.77

Finance company: Cheng Yong Credit Enterprises Pte Ltd