

NATIONAL Assessment Centre Services

(and 1 Jan 2005)

NA/1903297

Date to: 09/05/2019 16:03
Ref No: NA/1903297
Veh No: SM 8897S
D.O.A: 08/05/2019 18:05
OD (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs, AIC 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SM 1065K

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%; F: 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)

Remarks:	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

Date/Time	Actions

NA/1903297

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comment(s):

Cat. 1:

Cat. 2/3:

1/1/1

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$40)
- 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: Idnu DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N3: Courtesy Car / Tpt Allowance \$5
- 10) N6: Repair Co-ordination \$10
- 11) N7: Post Repair Inspection \$25
- 12) N8: DV / Collect Excess Coordination \$5
- 13) TP (N11): TP (N-in INC) against INC \$20
- 14) N12: Idnu Mobile \$0

Invoice dated

Fee Charged

Fee Charged

07-MAY-2019 16:39

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	09/05/2019 16:03
Date Of Accident	08/05/2019 18:05
Exact Location Of Accident	SHUNFU ROAD TOWARDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8397S
Insured/Policyholder	
Name Of Registered Owner	KOH LEONG NIGEL (GAO LONG)
NRIC No	S7504150J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93859022
Alternative Phone No	OFFICE-93859022

Vehicle Particulars

Manufacturer	LEXUS
Model	E250
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	PNPV2019-00004141
Cover Note Number	

Driver

Name of Driver	KOH LEONG NIGEL (GAO LONG)
NRIC No	S7504150J
Date Of Birth	23/02/1975
Occupation	INDOOR
Date Of Driving Pass	27/09/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93859022
Fax Number	
Contact Number	OFFICE-93859022
Email Address	NOEMAIL

Address	118 SERANGOON AVENUE 3 #08-10
Postcode	554773
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?	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: : ANDERS KOH CHEE YANG GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SLN1065R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG SZE KEOW
NRIC/Passport Number	S2558089C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.
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:

9/5/2019 1335

Driver's Signature
(If driver is not the policyholder)

Date & Time:

9/5/2019 1335

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A: SLN 8397S

B: SLN 1065R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/5/19 @ 1805 hrs, I was travelling along Shunfu Rd towards Marymount Rd.

The vehicles in front of me stopped to allow pedestrian to cross. I stopped too and my vehicle was stationary when suddenly I felt an impact in the rear.

I realised later, my vehicle was rear-ended by vehicle B, SLN 1065R who was travelling behind me.

My vehicle was damaged as a result of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 9/5/2019 1335

Driver's Signature
(If driver is not the policyholder)

Date & Time: 9/5/2019 1335

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	8/5/19	TIME:	1805	(hh:mm) 24 hrs Format
LOCATION	Shunfu Rd towards Marymount Rd			
VEHICLE NUMBER	SLM 8397S			
INSURED NAME	Koh Leong Xigel			
NRIC / FIN	S7504150J	CONTACT:	93859022	
MAKE	Lexus	MODEL	ES250	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	FWD			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER:	PNPV2019-000041415			
NAME DRIVER :	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	CONTACT:			
DATE OF BIRTH:	23/2/75			
DRIVING PASS DATE:	27/9/95			
OCCUPATION :	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER :	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	118 Serangoon Ave 3 #08-10 (554773)			
Number Of Passenger Include Driver:	1 driver + 1 pax = 2 <i>Anders Koh Chee Yang</i> T0913665C			
Was driver an employee of the Insured's Company? () YES () NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES () NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact	
Veh B	SLN 1065R	Chong Sze Keow	() / Not Sure ()	-
Veh C	S2558089C	() / Not Sure ()		
Veh D	() / Not Sure ()			
Veh E	() / Not Sure ()			
Veh F	() / Not Sure ()			
Veh G	() / Not Sure ()			

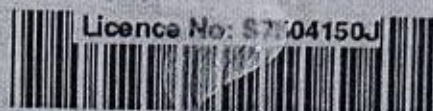
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

27 Sep 1995

NP 428A



Licence No: S7504150J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7504150J**

Name:

**KOH LEONG
(GAO LONG)**

Birth Date: **23 Feb 1975**

Issue Date: **12 Mar 2003**



000282359F

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: PNPV2019-00004141 (Comprehensive - Prestige Plan)

Car plate number: SLM8397S

Your name (As the policyholder): Koh Leong Nigel

Coverage start date: 13/04/2019

Coverage end date: 12/04/2020

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.

Finance company: DBS Bank Ltd

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

Issued on: 22/02/2019



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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
 Owner ID: 4150J

Vehicle Details

Vehicle No.: SLM8397S
 Vehicle to be Exported: No
 Intended Deregistration Date: 31 May 2019
 Vehicle Make: TOYOTA
 Vehicle Model: LEXUS ES250 A/T S/R
 Primary Colour: White
 Manufacturing Year: 2016
 Engine No.: 2ARF257739
 Chassis No.: JTHBJ1GG202095422
 Maximum Power Output: 135.0 kW (181 bhp)
 Open Market Value: \$36,195.00
 Original Registration Date: 13 Apr 2017
 First Registration Date: 13 Apr 2017
 Transfer Count: 0
 Actual ARF Paid: \$42,673.00

Intended PARF Rebate Details

PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 12 Apr 2027
 PARF Rebate Amount: \$32,004.00

Intended COE Rebate Details

COE Expiry Date: 12 Apr 2027
 COE Category: E - Open Category
 COE Period(Years): 10
 QP Paid: \$54,501.00
 COE Rebate Amount: \$42,480.00
Total Rebate Amount: \$74,484.00

The information contained herein is correct as at 09 May 2019

OK