

NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MNA 119068235-

Date In: 27/5/19 11:44	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 19099272164	SAS e-Ming		
Veh No: SLA 6288A	E-mail (within 2hrs, AIC 2hrs)		
DDA: 25/5/19 17:00	I-Motor Claim Form		
(1) <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Incent:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whist		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLM 7209J. 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: \_\_\_\_\_

Only one \_\_\_\_\_

MNA1903939	1) AIC: Accident Reporting - (\$30)	20.00
Client's Name:	2) DA: Damage Assessment - (\$100) INC (\$80)	
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) PT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Bgr-In-Charge):	For claiming against INC Only (ver 10 Jan 2003)	
Workshop Comments:	6) TR: Re-inspection	\$73
Sub J:	7) NI: Idea DA + SMRT Survey	\$160
2/3	8) NTUC Additional Services:	
	9) NI: Idea Mobile	\$30
	10) NS: Courtesy Car / Tpt Allowance	\$35
	11) N6: Repair Coordination	\$10
	12) N7: Post Repair Inspection	\$25
	13) N8: DV / Collect Excess Coordination	\$35
	14) TP (NI): TP (Sgn INC) against INC	\$20
	15) N12: Idea 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	27/05/2019 11:44
Date Of Accident	25/05/2019 17:00
Exact Location Of Accident	NEWTON FLYOVER TWDS ROCHOR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6288A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THOMAS
NRIC No	S1819551H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469860
Alternative Phone No	OFFICE-91469860

### Vehicle Particulars

Manufacturer	BMW
Model	-
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	PNPV2019-00005585
Cover Note Number	-

### Driver

Name of Driver	LEH CHWEE PING
NRIC No	S1819551H
Date Of Birth	27/08/1967
Occupation	INDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91469860
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 30 MARINE CRES #15-167
Postcode	440030
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLM7209J
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	LEH CHWEE PING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA6288A
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:

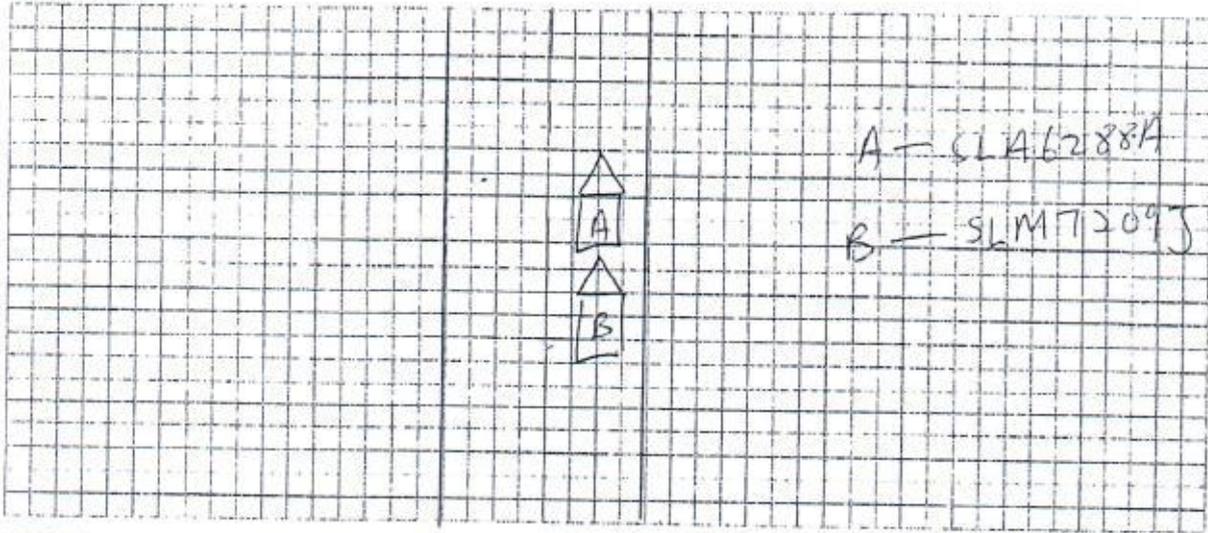


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time. I was driving my  
vehicle A along Dunearn Road. Suddenly vehicle B hit  
on my rear portion.

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.:

Hlw.

Date of Accident : 25/5/19 Accident Time: 5pm (24-HR-Format)  
Accident Place : Along Dunearn Road  
Vehicle No. (Car Plate No.) : SLA 6288A Make/Model: BMW  
Insurance Company : FWD Policy No: PNPV2019-00005585  
Owner or Company Name /IC No. : Lee Chwee Ping / S1819551H  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 91469860 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 27/8/1967 DRIVER'S License Pass Date 6/7/1987  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : Blk 30 Marine Crescent #15-167  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 5440030  
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 Drive  
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>SLM7209S (MS16)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



T/20190526/2057

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190526/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2019 15:22	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: LEH CHWEE PING		Address: APT BLK 30 MARINE CRESCENT #15-167 SINGAPORE 440030	
ID Type / ID No.: NRIC NO / S1819551H		Contact No.:	Mobile: 91469860
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 27/08/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self-employed		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2019 17:00	Type of Location: Flyover
Location: Along Road 1 NEWTON ROAD  Newton Flyover towards Rochor				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SLA6288A	Car	BMW	520I AT 2WD 4DR HID NAV	Brown	Slightly Damaged	0
SLM7209J	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLA6288A	FWD Singapore Pte. Ltd	PNPV2019-00005585	23/03/2019	22/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEH CHWEE PING		ID No.	S1819551H
Related Vehicle	SLA6288A (Car)		Contact No.	91469860
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/05/2019		Date Discharge	26/05/2019
No. of Days granted Medical Leave	07		Degree of Injury	NIL
Driver				
Name	Kara		ID No.	NIL
Related Vehicle	SLM7209J (Car)		Contact No.	81189101
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 25/05/2019, at about 1700hrs, I was driving along Newton Flyover towards Rochor.

At that point of time, the traffic at the said location was quite heavy. Hence, the traffic was very slow. While I driving, I noticed that the car in front of my stop, and I followed. As my car had come to a complete stop. I felt a knocking impact from the rear of my car. I then see the rear mirror of my car, and saw the driver at the back of my car was apologising to me.

I then went down of my car, and realised that my car was knocked by another car (SLM7209J). There are 2 dents at the rear bumper of my car. While the front bumper of the car behind my car was slightly dented. We then took photos of the said incident and left the scene.

When I went back home, I realised that the back of my neck was in pain, I then took pain killer and went to sleep.



**SINGAPORE  
POLICE FORCE**



T/20190526/2057

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190526/2057

**CONTINUATION OF REPORT**

Earlier today I went to consult the doctor and was given a 7 days of medical leaves.



**SINGAPORE  
POLICE FORCE**



T/20190526/2057

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

4 of 4

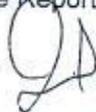
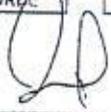
Report No. T/20190526/2057

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt KWOK WEI JIE, DANIEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2019 15:22
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="518 1859 1037 2072" style="border: 1px solid black; padding: 5px;">  <p style="text-align: center;">SINGAPORE POLICE FORCE</p>   <hr/> <p style="text-align: center;">SIGNATURE</p> </div>

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1819551H



LEH CHWEE PING  
吕水平  
Race  
CHINESE  
Date of Birth  
27-08-1967  
Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1819551H  
Name  
LEH CHWEE PING  
Birth Date 27 Aug 1967  
Issue Date 15 Apr 2004




8011963558

3002612



3002612

Identification No. S1819551H



Health Group: A+ Date of issue: 12-01-1998

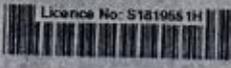
Address:  
APT BLK 30 MARINE CRESCENT #15-187  
SINGAPORE 440030  
NRIC No: S1819551H Date: 22-09-2005 No: 8265903

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

Class of	PASS DATE
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Jul 1967

NP 428A

Licence No: S1819551H





## 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: PNPV2019-00005585 (Comprehensive - Classic Plan)**

Car plate number: SLA6288A

Your name (As the policyholder): Thomas

Coverage start date: 23/03/2019

Coverage end date: 22/03/2020

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: UOB Limited

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

Issued on: 20/03/2019

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.