

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA 1904724**

Date In: 24/6/19 12:11	Job description	Date & Time Completed	Done by
Ref No: NA/FWD/19011065/24	SAS e-filing		
Veh No: SLG2J74	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/6/19-22/40	i-Motor Claim Form		
OD: 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: **SLG2J74**

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

NA 1904724	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments:-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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 24/06/2019 12:11
 Date Of Accident 22/06/2019 22:40
 Exact Location Of Accident TPE TWDS PIE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL9057Y
Insured/Policyholder
 Name Of Registered Owner TAN KWONG BOON
 NRIC No S1447251G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90185918
 Alternative Phone No OFFICE-90185918

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA ALTIS 1.6 CVT
 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 PNPV2019-00004048
 Cover Note Number

Driver

Name of Driver TAN KWONG BOON
 NRIC No S1447251G
 Date Of Birth 18/10/1960
 Occupation INDOOR
 Date Of Driving Pass 03/03/1986
 Driving Experience 33 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90185918
 Fax Number
 Contact Number OFFICE-90185918
 EMail Address NOEMAIL

Address	BLK 429 PASIR RIS DRIVE 6 #07-13
Postcode	510429
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	4
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190623/7000.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD400M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PHUA KOK SIONG
NRIC/Passport Number	S7342534D
Contact Number	85419767
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGR6387S
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHEONG TECK MENG
NRIC/Passport Number S1839366B
Contact Number 96771077
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKF5285A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KHOO PEI JIA
NRIC/Passport Number S8182739G
Contact Number 94790549
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KWONG BOON
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLL9057Y
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:

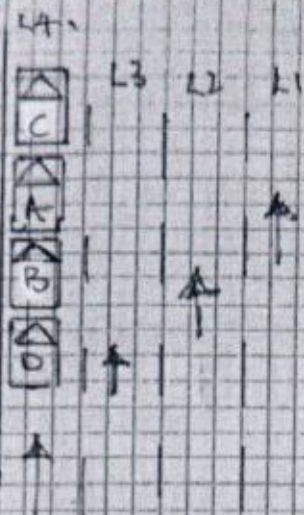

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

THE TOWN OF P.T.E.

BEFORE CAMPUS 101



CAR A : SL 9057Y

CAR B : SHD400M

CAR C : SGR6387S

CAR D : SKF 5295A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

(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.:

Date of Accident : 22/06/2019 Accident Time: 2240 (24-HR-Format)
 Accident Place : TPE TOWARD PIE BEFORE LAMPOL
 Vehicle Reg. No. (Car Plate No.) : SLL 9057Y
 Vehicle Make/Model : TOYOTA ACTIS
 Insurance Company : FWD Policy No. _____
 Owner or Company Name / IC No. : TAN KWONG BOON. S14472516
 Owner or Company Contact No. : _____ Owner's Hp 9018 5918 Company Tel _____
 DRIVER'S Name / IC No. : AS. ABAR
 DRIVER'S Date Of Birth : 18/10/1960 DRIVER'S License Pass Date 02/03/1996
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 81K 429 PASIR RIS DR 6 #07-13
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 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
 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

Other Party Driver's Particular (if any)

(A) Vehicle Reg. No: SGR 6387 S.

Vehicle Make/Model: TOYOTA WISH

Name Driver: CHEONG TACK MEEH

IC No. Driver: 919393 663

Driver's Contact & Add: 9677 1077

(B) Vehicle Reg. No: SHD 400M.

Vehicle Make/Model: TAXI

Name Driver: PHUA KOK SIONG

IC No. Driver: S734253AD

Driver's Contact & Add: 0541 9767

(C) VEG REG NO: SGR 5285A

VEHICLE MODEL:

NAMES IC NO: KHO PEE JIA

S818 2739 G

DRIVER CONTACT: 9479 0549



SINGAPORE POLICE FORCE



T/20190623/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190623/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2019 02:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KWONG BOON			Address: APT BLK 429 PASIR RIS DRIVE 6 #07-13 SINGAPORE 510429		
ID Type / ID No.: NRIC NO / S1447251G			Contact No.: Home/Office: Mobile: 90185918		
Nationality: SINGAPORE CITIZEN			Email: nicedtkb@gmail.com		
Sex: Male	Age: 58	Date of Birth: 18/10/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical engineer (general)			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: 22/06/2019 22:40	Type of Location: Flyover
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLL9057Y	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL9057Y	FWD Singapore Pte. Ltd	PNPV2019- 00004048	15/03/2019	14/03/2020

**SINGAPORE
POLICE FORCE**

T/20190623/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190623/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KWONG BOON	ID No.	S1447251G
Related Vehicle	SLL9057Y (Car)	Contact No.	90185918
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/06/2019	Date Discharge	23/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and time

22/06/2019

2240hrs

I was travelling along TPE towards PIE on lane 4

My car bearing SLL9057Y .

I stop my vehicle follow by the front car bearing SGR6387S Toyota wish

Suddenly I felt a huge impact from my rear , the impact was so huge that my vehicle move forward to collided the front car , I realise that there are 2 more cars involved in this accident

Car bearing ShD400M red taxi follow by the last Car bearing SKF5285S Mini Cooper

4 cars chain collision

We did exchange particulars and agreed to proceed insurance claim

I felt unwell after a while and proceed to see a Doctor. I was given 5days MC

**SINGAPORE
POLICE FORCE**

T/20190623/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190623/7000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/06/2019 02:18

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1447251G

Name: TAN KWONG BOON

Birth Date: 18 Oct 1960

Issue Date: 03 Jan 2004

1001871810C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1447251G

Name: TAN KWONG BOON

陳廣本

Race: CHINESE

Date of Birth: 18-10-1960

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

PASS DATE: 03 Mar 1996

NP 42BA

License No: S1447251G

NRC No. S1447251G

Blood Group: B+

Date of issue: 14-01-1994

Address: APT BLK 429 PASIR RIS DRIVE 6 #07-13 SINGAPORE 1851



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: PNPV2019-00004048 (Comprehensive - Executive Plan)

Car plate number: SLL9057Y

Your name (As the policyholder): TAN KWONG BOON

Coverage start date: 15/03/2019

Coverage end date: 14/03/2020

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.

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

Issued on: 20/02/2019

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.