

NATIONAL Assessment Centre Services

(cont. of JAR016)

MAY 19 08 33

Date In: 27/06/2019 16:59	Job description	Date & Time Completed	Done by
Ref No: NAA/PND/190114424	SAS e-filing		
Veh No: SPP 6128D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/06/2019 01:45	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBE 1340C 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)	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. J:	6) TR: Itc-Inspection \$75		
Chk 2/3	7) NI: Idau DA + SMRT Survey \$160		
1/1 P	8) NTUC Additional Services:		
	9) NI: Idau Mobile \$30		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	Invoice date:	Fax Charged	
	Invoice desc:	Fine 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 judgement 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	27/06/2019 16:59
Date Of Accident	26/06/2019 01:45
Exact Location Of Accident	TPE TOWARDS PIE AFTER SELETAR LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6178D
Insured/Policyholder	
Name Of Registered Owner	LIM SWEE YUN, PRICILLA
NRIC No	S8930012F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96929539
Alternative Phone No	OTHERS-96837831

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
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	PNPV2019-00009907
Cover Note Number	

Driver

Name of Driver	TANG GUO HAO
NRIC No	S9520122I
Date Of Birth	13/06/1995
Occupation	INDOOR
Date Of Driving Pass	23/11/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96929539
Fax Number	
Contact Number	OTHERS-96837831
Email Address	NOEMAIL

Address	BLK 855 TAMPINES STREET 83 #11-250
Postcode	520855
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	YES
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: : LEE SOK YEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190626/7028

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	GBE1340L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TANG GUO HAO
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJP6178D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE SOK YEE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJP6178D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.

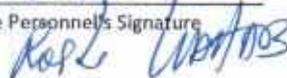


Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

A: SJP 6178 D
B: GBE 1340 L



TPE (PIE)



SELETAR
LINK GCTT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT,
F/20190626/7028

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/06/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190626/7028

small object that will not cause any accident. I then move back to my vehicle slowly by the side of the road and checked for oncoming vehicle before opening my driver side door and entered my car. While I just put on my safety belt, suddenly there was a very huge impact from my rear that threw my vehicle forward and towards the left side concrete barricade. I have a passenger on my vehicle whom is my girlfriend namely (Lee Sok Yee G3423471Q) who injured her neck after the impact. I alighted and realised that vehicle (GBE1340L) had collided onto the rear of my stationary vehicle at a high speed resulting the collision. We waited for ambulance to arrive and the both of us was conveyed to Yishun Health A&E. I was given 3 days of mc and my girlfriend was given 5 days of mc.

Subjects Involved			
Victim			
Person Name	TANG GUO HAO		
ID Type	NRIC NO	ID No	S9520122I
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Salesperson (door-to-door)	Address Type	
Address	APT BLK 855 TAMPINES STREET 83 #11-250 SINGAPORE 520855	Mobile No	96837831
Is Informant A Victim?	Yes		
Person Name	TANG GUO HAO (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: 26/06/2019 14:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26/06/2019	TIME: 01:45	(hh:mm) 24 hrs Format	
LOCATION TPE Towards PIE After Seletar Link Exit			
VEHICLE NUMBER STP 6178D			
INSURED NAME Lim Swee Yun, Priscilla			
NRIC / FIN S8930012F	CONTACT: 9692 9539		
MAKE Honda	MODEL Fit 1.3A		
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 : PNPV 2019 - 00009907			
NAME DRIVER : Tang Guo Hao () SAME AS INSURED			
NRIC / FIN S95201221	CONTACT: 9683 7831		
DATE OF BIRTH: 13-06-1995			
DRIVING PASS DATE: 23-11-2016			
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: ediantang@gmail.com () NO EMAIL			
ADDRESS OF DRIVER: Blk 855 Tampines Street 83 #11-250 Singapore 520855			
Number Of Passenger Include Driver: Two			
Passenger : Lee Sok Yee (G3423471Q) F			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend (<input checked="" type="checkbox"/>) 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? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details : Tang Guo Hao (S95201221)			
Lee Sok Yee (G3423471Q)			
Convey By Ambulance: (<input checked="" type="checkbox"/>) YES () NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () 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 GBE1340L		() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9520122I



Name

TANG GUO HAO

邓 国 豪

Race

CHINESE

Date of birth

13-06-1995

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only



4824544

NRIC No. S9520122I



For LKK/NAC Use Only

Date of issue

01-09-2010

Address

APT BLK 855 TAMPINES STREET 83
#11-250
SINGAPORE 520855

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S95201221**

Name:

TANG GUO HAO

For LKK/NAC Use Only

Birth Date: **13 Jun 1995**

Issue Date: **23 Nov 2016**

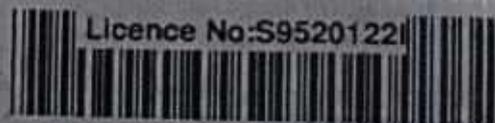


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	23 Nov 2016

For LKK/NAC Use Only

NP 428A





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: PNPV2019-00009907 (Comprehensive - Classic Plan)

Car plate number: SJP6178D

Your name (As the policyholder): Lim Swee Yun

Coverage start date: 29/05/2019

Coverage end date: 28/05/2020

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: Maybank Singapore

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

Issued on: 29/05/2019

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.