

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA1904893-01**

Date In: <b>12/19-12:03</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1904893-01</b>	SAS e-filing		
Veh No: <b>12/19-12:03</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/6/19-18:15</b>	i-Motor Claim Form		
OD: <b>TP</b> / 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: <b>511446D</b>	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)

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

**NA1904893**

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Ref 1:

Ref 2 / 3:



## 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	01/07/2019 17:03
Date Of Accident	29/06/2019 18:15
Exact Location Of Accident	SIN MING AVE TWDS UPP THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8044K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIA HAO
NRIC No	S8138529G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81888581
Alternative Phone No	OFFICE-81888581

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.3L 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2017-00009308-01
Cover Note Number	

### Driver

Name of Driver	TAN JIA HAO (CHEN JIAHAO)
NRIC No	S8138529G
Date Of Birth	23/11/1981
Occupation	INDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81888581
Fax Number	
Contact Number	OFFICE-81888581
EMail Address	NOEMAIL

Address	BLK 407 SIN MING AVENUE #03-217
Postcode	570407
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : TAY BOH TUA GENDER: : FEMALE
Passenger 2	NAME: : TAN ENG CHYE GENDER: : MALE

#### 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/20190701/7005.

#### 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	SJU1449D
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 TAN JIA HAO (CHEN JIAHAO)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAY BOH TUA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN ENG CHYE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:



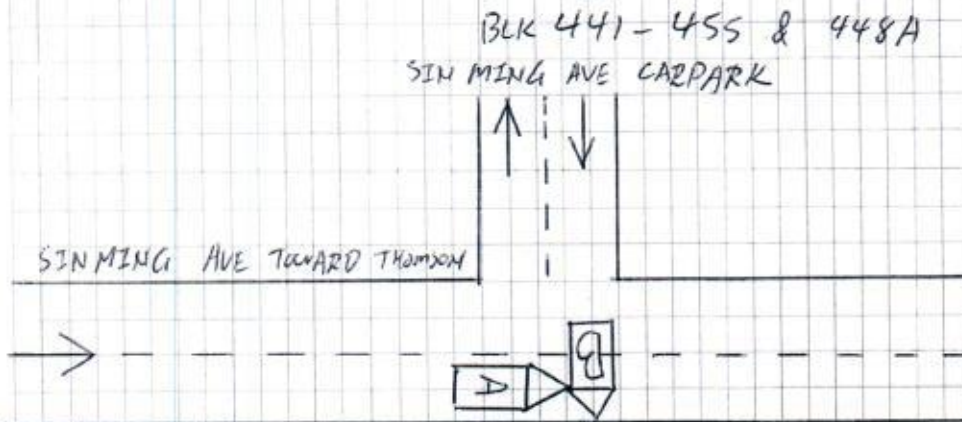
Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

SKETCH PLAN

A - SKA 8044K  
B - SJU 1449D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT

DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	29 JUN 2019	(DD/MM/YY)
Time of accident	1817	(HH:MM)
Exact location of accident	SIM MING AVE TOWARD UPPER THOMSON RD	

## DETAILS OF VEHICLE

Vehicle registration number	SKA 8044K			
Vehicle make and model	HONDA <del>FIT</del> JAZZ			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	FWD		
Policy number	PNPV02017-00009308-01		
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input checked="" type="checkbox"/> TP only <input type="checkbox"/>		

## INSURED / POLICY HOLDER

Name	TAN JIAHAO	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8138529G	
Contact	8188 8581	
Address	407 SIM MING AVE #03-217 SINGAPORE 570407	

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	youcanreachme @ libe.com	
Date of birth		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>03</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Tan Eng Chye</u>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>Tan Boon Twa</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SJB 1449D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

1 of 4

Report No. T/20190701/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2019 11:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN JIAHAO			Address: APT BLK 407 SIN MING AVENUE #03-217 SINGAPORE 570407		
ID Type / ID No.: NRIC NO / S8138529G			Contact No.: Home/Office: Mobile: 81888581		
Nationality: SINGAPORE CITIZEN			Email: youcanreachme@live.com		
Sex: Male	Age: 37	Date of Birth: 23/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2019 18:20	Type of Location:
Location: SIN MING AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJB1449D	Car					0
SKA8044K	Car	HONDA	HONDA JAZZ 1.3L A	Purple		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA8044K	FWD Singapore Pte. Ltd	PNPV2017-00009308-01	01/04/2019	31/03/2020



**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

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Report No. T/20190701/7005

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN JIAHAO	ID No.	S8138529G
Related Vehicle	SKA8044K (Car)	Contact No.	81888581
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	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAY BOH TUA	ID No.	NIL
Related Vehicle	SKA8044K (Car)	Contact No.	NIL
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	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN ENG CHYE	ID No.	NIL
Related Vehicle	SKA8044K (Car)	Contact No.	NIL
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	03	Degree of Injury	Slight

**Brief Details.**

On 29 June 2019, 1817 hours, I was travelling straight along Sin Ming Ave towards Upper Thomson on the right lane with my vehicle (SKA8044K). Vehicle B (SJB1449D) which was turning out from car park of Blk 441 Sin Ming Ave did not check the major road is clear and collide onto front portion of my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

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Report No. T/20190701/7005

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

4 of 4

Report No. T/20190701/7005

**CONTINUATION OF REPORT**

Sketch 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 /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

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:  
01/07/2019 11:42

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum Form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA 119085567 Vehicle Registration No: SKA 8044 K  
Name (as shown on NRIC): Tan Jia Hao NRIC/FIN/Passport No: S8138529 G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: Blk 407 Sin Ming Avenue #03-217 Singapore (570407)  
Contact (Tel): 8188 8581 Mobile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Accident: 29/06/2019 Time of Accident: 1815  
Place of Accident: Sin Ming Ave towards Upper Thomson Road  
Insurance Company: FWD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

3rd party vehicle number change to SJU1449D.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8138529G



Name

TAN JIAHAO  
(CHEN JIAHAO)

陈 家 豪

Race

CHINESE

Date of birth

23-11-1981

Sex

M

Country of birth

SINGAPORE

S8138529G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8138529G



TAN JIAHAO  
(CHEN JIAHAO)

Birth Date: 23 Nov 1981

Issue Date: 11 Oct 2007



4870757

S8138529G



Date of issue  
13-08-2012

Address

APT BLK 407 SIN MING AVENUE  
#03-217  
SINGAPORE 570407

For LKK/NAC Use Only

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

PASG DATE

Class	Description	PASG DATE
Class 2B	Motorcycles <= 500 CC	11 Oct 2007
Class 2A	Motorcycles between 501 CC and 400 CC	17 Feb 2009
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 May 2009

S / No. 8000092783

S8138529G



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: PNPV2017-00009308-01 (Third Party Fire And Theft)**

Car plate number: SKA8044K

Your name (As the policyholder): Tan Jia Hao

Coverage start date: 01/04/2019

Coverage end date: 31/03/2020

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: Maybank Singapore

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

Issued on: 13/03/2019

**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  
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