

# NATIONAL Assessment Centre Services. [part 1 Jan'03] : MNA119092515

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 25.17.19 16:44    | Job description                        | Date & Time Completed | Done by |
| Ref No: MA1 FL/D1903146164 | SAS e-filing                           |                       |         |
| Veh No: SMA 1319R          | E-mail (within 2hrs, AIC 2hrs)         |                       |         |
| TELEA: 24/7/19 19:00       | I-Motor Claim Form                     |                       |         |
| QD: TP: Reporting Only     | I-Motor W/O (Within: OD 2hrs, TP 4hrs) |                       |         |
| TP Incident:               | I-Photo Uploaded                       |                       |         |
|                            | Assessment/Survey Report               |                       |         |
|                            | Ass't Report by Fax/Hand to Owner/Whn  |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Whorp / HIC Analysis Whorp / GW: ( | Tel:   | Fax:                  |
| TP Particulars:                              | Veh No: SGW 183B   | 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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury:

Body:

|                                 |   |             |
|---------------------------------|---|-------------|
| MA1905576                       | 1) AIC: Accident Reporting (\$30)               | 2000        |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100)                | INC (\$80)  |
| Contact No:                     | 3) TP: Towing Fee                               | \$40/\$45   |
| Damaged Portion:                | 4) TP: Yellow Through Survey                    | \$120       |
| QC Checked by (Sign-In-Charge): | 5) TP: Follow-Through Survey (Resurvey)         | \$30        |
| Additional Comments:            | For claiming against INC Only (wef 10 Jan 2003) |             |
| Sub L1:                         | 6) TIR: Re-inspection                           | \$75        |
|                                 | 7) NI: Idao DA + SMRT Survey                    | \$160       |
|                                 | 8) NTUC Additional Services:                    |             |
|                                 | ON:   |             |
|                                 | *N5: Courtesy Car / Tpl Allowance               | \$35        |
|                                 | *N6: Repair Coordination                        | \$10        |
|                                 | *N7: Post Repair Inspection                     | \$25        |
|                                 | *N8: DV / Collect Excess Coordination           | \$35        |
|                                 | TP (NI) / TP (Non-INC) against INC              | \$20        |
|                                 | 9) NI2: Idao Mobile                             | \$0         |
|                                 | 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   | 25/07/2019 16:44                   |
| Date Of Accident   | 24/07/2019 19:00                   |
| Exact Location Of Accident   | PIE (CHANGI) AFTER PAYA LEBAR EXIT |
| Country/State of Loss  | SINGAPORE                          |
| DETAILS OF OWN VEHICLE   |                                    |
| Vehicle Registration Number  | SMA1319R                           |
| Insured/Policyholder   |                                    |
| Name Of Registered Owner   | TAN YEOW CHONG                     |
| NRIC No  | S7700388F                          |
| Email Address  | NOEMAIL                            |
| Mobile Phone No  | (LOCAL) +65-98891989               |
| Alternative Phone No   | OFFICE-98891989                    |
| Vehicle Particulars  |                                    |
| Manufacturer   | TOYOTA                             |
| Model  | ALTIS                              |
| 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  | PNCV2019-00000608                  |
| Cover Note Number  | -                                  |
| Driver   |                                    |
| Name of Driver   | TAN YEOW CHONG                     |
| NRIC No  | S7700388F                          |
| Date Of Birth  | 03/01/1977                         |
| Occupation   | OUTDOOR                            |
| Date Of Driving Pass   | 25/09/1995                         |
| Driving Experience   | 23 YEARS AND 9 MONTHS              |
| Gender   | MALE                               |
| Mobile Number  | (LOCAL) +65-98891989               |
| Fax Number   |                                    |
| Contact Number   | OFFICE-98891989                    |
| Email Address  | NOEMAIL                            |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 100 BEDOK NORTH AVE 4 #04-1940 |
| Postcode  | 460100                             |
| 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 - CHANGE/CROSS LANE |
| 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?  |     |
| 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?  | 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 ATTACHED STATEMENT.

#### 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         | SGW183B     |
| 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) |             |


## 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:

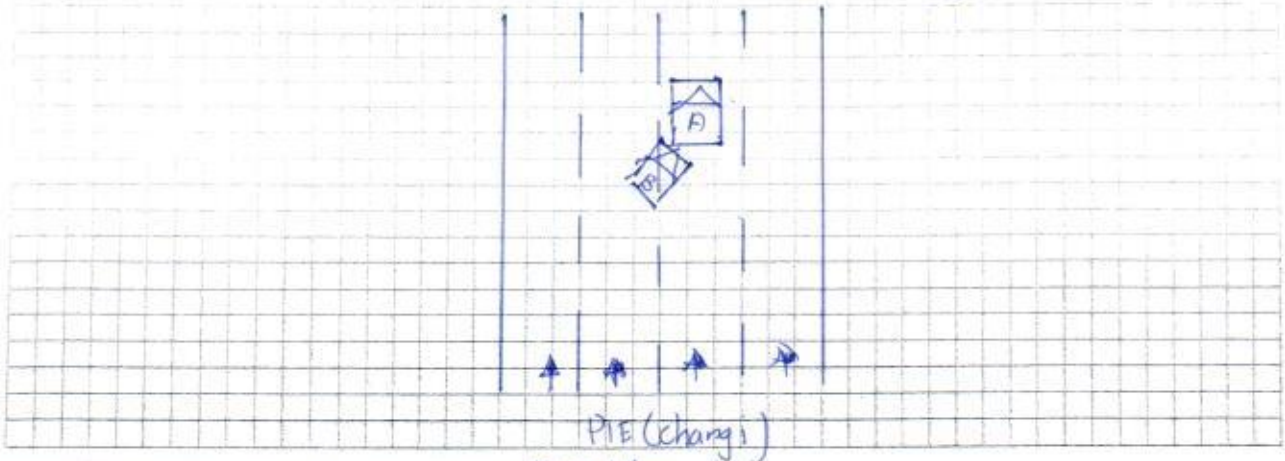
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Eunos Exit

Vehicle A: SMH 1319R

Vehicle B: SGW 183B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Kayon Lehor Exit

On the stated date & time. I, vehicle A was travelling straight on the stated venue. Suddenly I felt an huge impact from the rear of my vehicle I then realise is vehicle B that collided onto my vehicle 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 7 / 19 (DD/MM/YYYY) TIME: 19 : 00 (HH:MM)

LOCATION: PIE (Changi) After Rega Labor Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SmA1319R  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PN CV2019-00000608  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota n-tis  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Tan Yeow Chong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7700388F CONTACT: 9889 6989  
c) ADDRESS: BK 100 Bedok North Ave 4 #04-1940  
(S) 460100

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 3 / 1 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGW 183B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(01)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Email = [ric060autoservices@gmail.com](mailto:ric060autoservices@gmail.com)

fax = 6286 7060

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7700388F**

Name: **TAN YEOW CHONG (CHEN YAOZONG)**

Birth Date: **03 Jan 1977**

Issue Date: **24 Sep 2003**

000860971A

*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7700388F**

Name: **TAN YEOW CHONG (CHEN YAOZONG)**  
**陳 姚 仲**

Race: **CHINESE**

Date of birth: **03-01-1977**

Country/Place of birth: **SINGAPORE**

Sex: **M**

**S7700388F**

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **S7700388F**

Name: **TAN YEOW CHONG (CHEN YAOZONG)**

**PDVL/TDVL**  
**25 SEP 2006**  
**261490**

*For LKK/NAC Use Only*

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**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**  
**25 Sep 1996**

**Licence No: S7700388F**

**NP 428A**

*For LKK/NAC Use Only*

**6140058**

**NRIC No S7700388F**

**Date of issue**  
**07-03-2019**

**Address**  
**APT BLK 100 BEDOK NORTH AVENUE 4**  
**#04-1940**  
**SINGAPORE 460100**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description         | Issue Date |
|------|---------------------|------------|
| 13   | PRIVATE HIRE CAR VL | 02/05/2018 |

*For LKK/NAC Use Only*





## 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: PNCV2019-00000608**

Car plate number : SMA1319R

Coverage start date: 06/06/2019

Coverage end date: 05/06/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: Tan Yeow Chong

NRIC/FIN: S7700388F

Address: 100 Bedok North Avenue 4 04-1940 Pearl Garden Singapore 460100

Email: tyc7700@yahoo.com.sg

Mobile Number : 98891989

Date of Birth: 03/01/1977

Gender : Male

Marital status: Single

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

### About your car and policy

Car make and model: TOYOTA COROLLA ALTIS 1.6

Year of first registration : 2009

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,330.48