

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119110310

Date In: 22/8/19 09:51	Job description	Date & Time Completed	Done by
Ref No: NA1 FWD19014731144	SAS e-filing		
Veh No: SLX 9962 X	E-mail (within 8hrs, AIC 2hrs)		
DOA: 21/8/19 16:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SLT 4767Y	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 repai.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Completed by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	Action

NA 1906236

Claimants Particulars:	Invoice No: NA 1906236	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Date:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (N11) against INC \$20		
	9) N12: 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	22/08/2019 09:51
Date Of Accident	21/08/2019 16:30
Exact Location Of Accident	PIE TWDS CHANGI AFTER KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX9962X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THNG SOW KENG WINNIE
NRIC No	S7719839C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90604657
Alternative Phone No	OFFICE-90604657
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00006865
Cover Note Number	-
<b>Driver</b>	
Name of Driver	THNG KIM YONG
NRIC No	S0014657I
Date Of Birth	17/06/1952
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088811
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 274 TAMPINES ST 22 #06-110
Postcode	520274
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	5
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)	2
Passenger 1	NAME: : MARICHU GUZON GUZMANA GENDER: : FEMALE

#### 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

REFER TO 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	SLT4767Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HERNG JIUNN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SHC8077R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
DETAILS OF OTHER VEHICLE PROPERTY 3	
Vehicle Registration Number	SJH4135H
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 OTHER VEHICLE PROPERTY 4	
Vehicle Registration Number	SFU1877Z
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	THNG KIM YONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9962X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	
DETAILS OF INJURED PERSON 2	

Name	MARICHU GUZON GUZMANA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9962X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

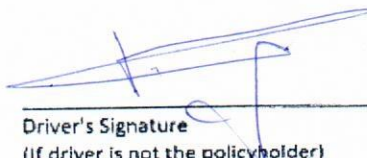
### IMPORTANT NOTICE


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

P/E TOWARDS CHANGI After Km KEAT LINK

A - SLX9962X  
B - SLT4767Y  
C - SHC8077R  
D - SJH4135H  
E - SFU1877Z

→ I

→ W

→ N

→ [Diagram showing a sequence of vehicle icons (A, B, C, D, E) in a line, representing a chain collision.]

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along P/E towards CHANGI on the most extreme right lane, 4-lane expressway. Somewhere after Km KEAT LINK Exit, vehicle in front of me slowed down due to heavy traffic ahead. Therefore, I applied brake and stop fully. Out of sudden, I felt an impact from the rear. I alighted and realised vehicle (B) collided onto my vehicle rear portion. I was involved in a 5 vehicles chain collision. We exchange particulars and left the scene.

## 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.:



<b>Vehicle No.</b>	SLX9962X	<b>Model / Make</b>	HYUNDAI ELANTRA
<b>Date of Accident</b>	21/8/2019		
<b>Time of Accident</b>	1632	<b>HRS</b>	
<b>Location of Accident</b>	Pte TANARAS CHANGE AFTER K2M REAT LINK EXRT.		
<b>Exact purpose use during accident</b>	Personal		
<b>Name of Owner</b>	THNG SOW KENG, WINNIE		
<b>Telephone No.</b>	H/P : 9060 4657	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7719839C		
<b>Address</b>	274 TAMPINES STR 22 #06-110 Singapore 520274		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	FWD.		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	PNPV2019-0000 6865		
<b>Name of Driver</b>	As Above If No, THNG K2M YONG.		
<b>NRIC</b>	S0014657I	<b>Any Passengers :</b>	1 FEMALE
<b>Date of birth</b>	17/06/1952		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	: 01/03/2000		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P : 90088811	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	274 TAMPINES STR 22 #06-110 Singapore 520274		
<b>Driver have any own vehicle</b>	No	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Father - Daughter.	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who? THNG K2M YONG (Driver)	
<b>Name And Contact No.</b>	MARICHU GUZON GUZMANA (Passenger) 8318.2328.		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No	If Yes, Where?	
<b>Vehicle B No.</b>	SLT 4767Y.	<b>Any Passengers :</b>	Nil
<b>Name of Driver</b>	ONG HERNG JIANN	<b>Contact No. :</b>	—
<b>Vehicle C No.</b>	SHC8077R.	<b>Any Passengers :</b>	Nil
<b>Vehicle D No.</b>	SJH4135H.	<b>Any Passengers :</b>	Nil
<b>Vehicle E no.</b>	SFU1877Z.	<b>Any Passengers :</b>	Nil.
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear portion.		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	glass1t@yahoo.com		
<b>PARTICULAR WORKSHOP</b>	Twin car Automotive Pte Ltd.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S00146571**  
Name: **THNG KIM YONG**

Birth Date: 17 Jun 1952  
Issue Date: 12 Jan 2004

001083107K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S00146571**

Name: **THNG KIM YONG**  
**汤锦荣**

Race: **CHINESE**  
Date of birth: **17-06-1952** Sex: **M**

Country of birth: **SINGAPORE**

S00146571

Driver

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: 01 Mar 2000

NP 428A

Licence No: S00146571

For LKK/NAC Use Only

4657468

NRIC No. **S00146571**

56102

Date of issue: 10-12-2010

Address: **APT BLK 274 TAMPINES STREET 22  
#06-110  
SINGAPORE 520274**

**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: PNPV2019-00006865 (Comprehensive - Classic Plan)**

Car plate number: SLX9962X

Your name (As the policyholder): Thng Sow Keng Winnie

Coverage start date: 20/04/2019

Coverage end date: 19/04/2020

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: 13/04/2019

**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.

