

# NATIONAL Assessment Centre Services

Date In: 09/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/PWD/9015924/13	SAS e-filing		
Veh No: SMC2514B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/09/19 0855	i-Motor Claim Form		
OD: (IP) 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: ( VISION AUTOWORK ) Tel: Fax: )

TP Particulars: Veh No: SKB56919 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

NA/906879

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

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 (N'n INC) against INC \$20

9) N12: Idac Mobile 30

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	09/09/2019 15:20
Date Of Accident	07/09/2019 08:55
Exact Location Of Accident	JUNC OF POTONG PASIR AVE 1 & UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC2514B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO SHU-WEI FELINA
NRIC No	S7831129J
Email Address	TEOFELINA78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98456164
Alternative Phone No	OTHERS-98456164
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I30
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	PNPV2019-00010226
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO HAK CHING
NRIC No	S1016780I
Date Of Birth	01/12/1949
Occupation	INDOOR
Date Of Driving Pass	26/09/1972
Driving Experience	46 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808344
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 624 HOUGANG AVE 8 #02-208
Postcode	530624
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB5691G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE AH SENG
NRIC/Passport Number	S2610356H
Contact Number	94766136
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1

Name	TEO HAK CHING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMC2514B
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:

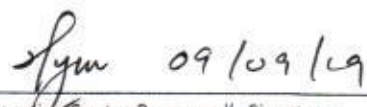
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



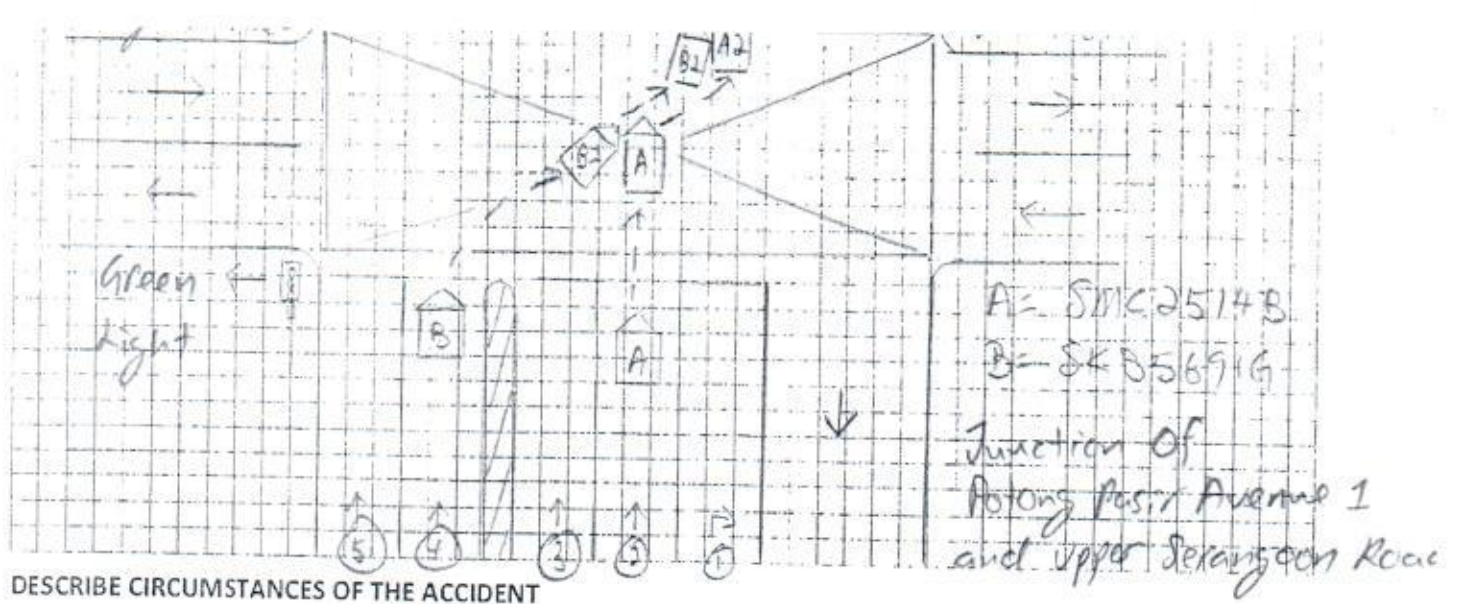
Policyholder's Signature  
Date & Time:



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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
T/20190907/2128

#### 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.:



**SINGAPORE  
POLICE FORCE**



T/20190907/2128

Police Station Of Origin:  
Hougang N.P.C  
80 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 4  
Report No: T/20190907/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2019 18:00	Vide Report No.: E/20190907/0089	Station Diary No.: 110
<b>Informant's Particulars</b>		
Name of Informant: TED HAK CHING	Address: APT BLK 624 HOUGANG AVENUE 8 #02-208 SINGAPORE 530624	
ID Type / ID No.: NRIC NO / S10167801	Contact No.: Home/Office:	Mobile: 97808344
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 69	Date of Birth: 01/12/1949
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Retiree	Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2019 08:55	Type of Location: X-Junction
Location: Along Road 1 POTONG PASIR AVENUE 1 UPPER SERANGOON ROAD Junction of Potong Pasir Avenue 1 and Upper Serangoon Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB5691G	Car				Totally Damaged	1
SMC2514B	Car				Totally Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin:  
Hougang N.P.C  
80 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No: T/20190907/2128

CONTINUATION OF REPORT

Driver			
Name	LEE AH SENG	ID No.	S2610356H
Related Vehicle	SKB5691G (Car)	Contact No.	94766136
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	NIL	Degree of Injury	NIL
Driver			
Name	TEO HAK CHING	ID No.	S1016780I
Related Vehicle	SMC2514B (Car)	Contact No.	97808344
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/09/2019	Date Discharge	07/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On the 07/09/2019 at about 0855hrs, I was driving one silver Hyundai I30 (Registration Plate Number: SMC2514B) along the 2nd lane of Potong Pasir Avenue 1 towards Upper Serangoon Road. As the traffic light turned green, I proceeded to drive straight. As I was doing so, there was one vehicle - One Brown Volkswagen (Registration Plate Number: SKB5691G) that came out from the road of the PIE Exit and collided into the left side of my vehicle. As a result of the collision, my vehicle then collided into a traffic light.

Upon collision, I got out of my vehicle and made a check on my vehicle. The damage on my vehicle was that the front and left region were smashed in. My left side mirror was damaged as well. As such I called for the tow truck who then informed that I have to wait for the police to come. At the point of time, I was feeling dizzy and was in shock. I also felt slight chest pains due to the impact and the airbags being deployed. The driver of the other vehicle - Lee Ah Seng (NRIC: S2610356H, H/P: 94766136) made a check on me as well. The damage to his vehicle was that the front bumper had came off and was not able to move as well. To my knowledge, he and his passengers were not injured.

The traffic police and ambulance came to scene. Para medics made a check on me. However, I refused conveyance and wanted to go to the hospital myself. The traffic police took down our particulars and took both mine and Mr Lee's CCTV SD Card as both of our CCTVs capture footage of the incident. I believe there should be a CCTV at the incident location. The traffic police officer gave me a case card - E/20190907/0089 and advised me to lodge a police report at any nearest police station.

After the incident, I went to Mount Elizabeth Hospital to get myself checked. I was given a 7 days MC for my injuries - abrasions and bruises on both my legs as well as swellings on the shin.



SINGAPORE  
POLICE FORCE



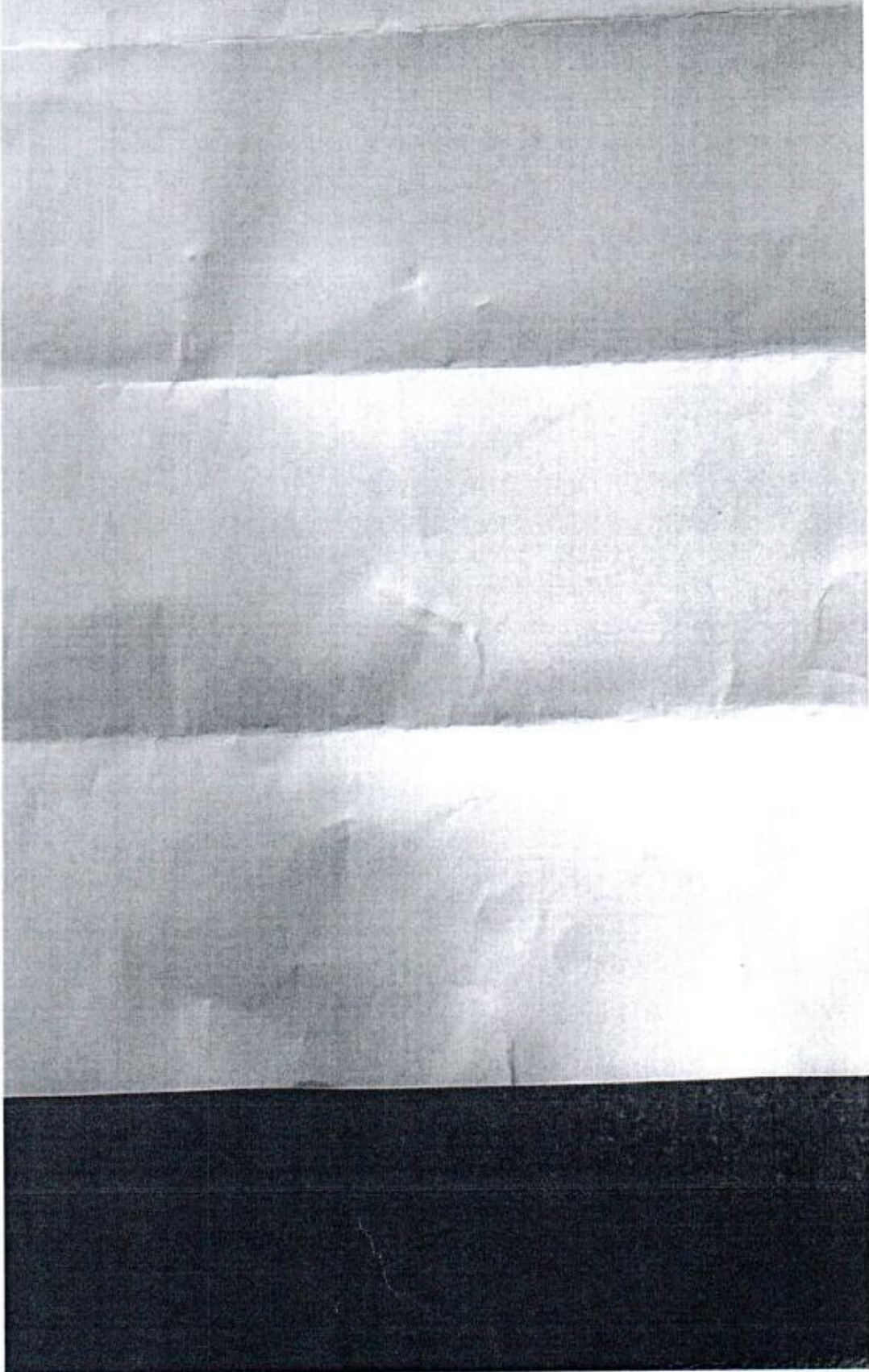
T/20190607/2128

3 of 4

Report No. T/20190607/2128

Police Station Of Origin:  
Hougang N.P.C.  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No. 1800-4890999

CONTINUATION OF REPORT





SINGAPORE  
POLICE FORCE



T/20190907/2128

4 of 4

Report No. T/20190907/2128

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 63474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /

Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN  
MOHD ZULKEFLEE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SI ONG CHEE HIEN  
Contact No.: 65476437

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
07/09/2019 18:00

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/09/19		Time: 08:55 (hh:mm) 24 hr format	
Location Junction of Potong Pasir Avenue 1 and Upper Serangoon Road			
Vehicle Number SMC 2514B			
Insured Name Teo Shu-wei Felina			
NRIC / FIN 57831129J		Contact Number 9845 6164	
Make Hyundai		Model i30	
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			
Insurance Company FWD			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number FNPV2019-00010226			
Name of Driver Teo Hak Ching		( ) Same as Insured	
NRIC / FIN S10167801		Contact Number 97808344	
Date of Birth 01/12/1949			
Driving Pass Date 26/09/1972			
Occupation ( ) Indoor ( ) Outdoor Retire			
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female			
Email Address teofelina78@gmail.com		( ) NO EMAIL	
Address of Driver B1K 624 Hengong Avenue 8 #02-209 S(530624)			
Was driver an employee of the Insured's Company? ( ) Yes ( ) No			
If No, Relationship of the Driver with the Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) 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 ( ) 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 detail Teo Hak Ching (Body Pain)			
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No			
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party		Name / Nric Contact	
Veh B SKB 56916			
Veh C			
Veh D			
Veh E			
Veh F			

Driver 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: PNPV2019-00010226 (Comprehensive - Classic Plan)

Car plate number: SMC2514B

Your name (As the policyholder): Teo Shu-Wei Felina

Coverage start date: 28/06/2019

Coverage end date: 27/06/2020

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:

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

Issued on: 03/06/2019



**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.