

# NATIONAL Assessment Centre Services. Page 1 Jan 2003 MNA 119126793.-01

Date In: 25/1/19 10:27	Job description	Date & Time Completed	Done by
Ref No: NA/FWD 19016862/64	SAS e-filing		
Veh No: SDF 6865	E-mail (within 2hrs, AIC 2hrs)		
TP OA: 24/1/19 17:50	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SMG 2370C	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 6788 6016)	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	Action

MNA 1907207		Invoice for Insurance Claim	Amf (\$)	Amf (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)			
Tel: 11/3	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (Nil): 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	25/09/2019 10:27
Date Of Accident	24/09/2019 17:50
Exact Location Of Accident	CTE TWDS AYE @ 6.5KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF686S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH MING LOON
NRIC No	S7712231A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94707998
Alternative Phone No	OFFICE-94707998

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000281
Cover Note Number	

### Driver

Name of Driver	KOH MING LOON
NRIC No	S7712231A
Date Of Birth	06/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94707998
Fax Number	
Contact Number	OFFICE-94707998
EEmail Address	NOEMAIL

Address	BLK 120 SERANGOON NORTH AVE 1 #08-217
Postcode	550120
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	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	4
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: : YAN WEIWEI GENDER: : MALE
Passenger 2	NAME: : SHAN JICHUN GENDER: : FEMALE

#### 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
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/20190924/7035

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2370C
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 2

Vehicle Registration Number SKX67B  
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 3

Vehicle Registration Number SLL8925Z  
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 YAN WEIWEI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SDF686S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KOH MING LOON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SDF686S  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name

SHAN JICHUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SDF686S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


VEHICLE NO.: SDF 686 S  
INSURER : FWD Insurance  
DATE & TIME: 24/09/2019 1750 hrs


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 falsereporting 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

CTE TWDS AYE @ 6.5 KM

Vehicle A: SDF 686S  
 Vehicle B: SMG 2370C  
 Vehicle C: SKX 67B  
 Vehicle D: SLL 8925Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20190924/7035

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

(/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/AN No.:

☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only  
☒ Claim SB/TP at other workshop (JWA International Pte Ltd)

**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 : MNA119126793 Vehicle Registration No: SDF686S

Name(as shown in NRIC) : KOH MING LOON NRIC/FIN/Passport No : S7712231A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 94707998

Email Address : \_\_\_\_\_

Date of Accident : 24/09/2019 Time of Accident : 17:50

Place of Accident : CTE TWDS AYE @ 6.5KM

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:

AMEND ADD IN INJURY, DRIVER AND BOTH PASSENGER

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 25/9/19

Date of Accident : 24/09/2019 Accident Time: 1750 (24-HR-FORMAT)  
 Accident Place : CTE TWDS AYE @ 6.5 KM  
 Vehicle Reg. No (Car plate No.) : SDF 686 S Vehicle Make/Model: Mitsubishi Outlander  
 Insurance Company : FWD Insurance Policy No. PNCV2019-00000281  
 Name of Registered Owner : Company / Individual Koh Ming Loon  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S7712231A  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9470 7998  
 DRIVER'S Name : Koh Ming Loon DRIVER'S NRIC No: S7712231A  
 DRIVER'S Date of Birth : 06/05/1977 DRIVER'S License Pass Date 31/10/1996  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : Blk 120 Serangoon North Avenue 1 #08-217 S(550120)  
 DRIVER'S Contact No./ Alt No. : 1) 9470 7998 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 3 Passenger 1 : Yan Weiwei (Male) HP: 8619 4111  
 Was the accident reported to the police? YES \ NO Passenger 2 : Shan Jichun (Female)  
 Was there any video Captured by car camera: YES \ NO with TP  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SMG 2370 C</u>	Vehicle Reg No: <u>SKX 67 B</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

SLL 8925 2



# SINGAPORE POLICE FORCE



T/20190924/7035

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

1 of 4

Report No. T/20190924/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2019 20:29		Vide Report No.: E/20190924/0105		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH MING LOON			Address: APT BLK 120 SERANGOON NORTH AVENUE 1 #08-217 SINGAPORE 550120		
ID Type / ID No.: NRIC NO / S7712231A			Contact No.: Home/Office: Mobile: 94707998		
Nationality: SINGAPORE CITIZEN			Email: sgscopic@gmail.com		
Sex: Male	Age: 42	Date of Birth: 06/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2019 17:50	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDF686S	Car	MITSUBISHI	OUTLANDE R 2.4 CVT ABS D/AIRBAG AWD BASIC	White		0
SKX67B	Car					0
SLL8925Z	Car					0
SMG2370C	Car					0



# SINGAPORE POLICE FORCE



T/20190924/7035

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

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Report No. T/20190924/7035

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDF686S	FWD Singapore Pte. Ltd	PNCV2019-00000281	12/03/2019	11/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KOH MING LOON	ID No.	S7712231A	
Related Vehicle	SDF686S (Car)	Contact No.	94707998	
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	Serious	
Passenger				
Name	SHAN JICHUN	ID No.	NIL	
Related Vehicle	SDF686S (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	NIL	Degree of Injury	NIL	
Passenger				
Name	YAN WEIWEI	ID No.	NIL	
Related Vehicle	SDF686S (Car)	Contact No.	86194111	
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	



**SINGAPORE  
POLICE FORCE**



T/20190924/7035

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

3 of 4

Report No. T/20190924/7035

**CONTINUATION OF REPORT**

Brief Details.

On the stated time and date, I (SDF686S) was driving along the stated venue on the first lane. As the vehicle in front of me bearing car plate number SKX67B came to a stop due to heavy traffic, i followed suit. Suddenly, the vehicle behind me bearing car plate number SMG2370C collided onto my vehicle causing me to propel forward and hit onto the vehicle in front of me. When I alighted, I then realise I was involved in a chain collision consisting of 4 cars.



**SINGAPORE  
POLICE FORCE**



T/20190924/7035

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

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Report No. T/20190924/7035

**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 /  
NOR HIDAYU BINTE ABDUL SAMAD  
Contact No.: 65476423

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:  
24/09/2019 20:29

Classification Of Case:



## 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: PNCV2019-00000281**

Car plate number : SDF686S

Coverage start date: 12/03/2019

Coverage end date: 11/03/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: Koh Ming Loon

NRIC/FIN: S7712231A

Address: 120 Serangoon North Avenue 1 08-217 Hwi Yoh Ville Singapore 550120

Email: sgscopic@gmail.com

Mobile Number: 94707998

Date of Birth: 06/05/1977

Gender : Male

Marital status: Married

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: MITSUBISHI OUTLANDER 2.4

Year of first registration : 2016

Plan type: Comprehensive

Standard Excess: S\$1,800

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,367.17

Finance company: Horizon Motoring