

Date In: 11/11/19 09:01	Job description	Date & Time Completed	Done by
Ref No: MA1 FWD 19019893/14	SAS e-filing		
Vehicle: SKL 10766	E-mail (within 3hrs, AIC 2hrs)		
Time: 7/11/19 10:05	I-Motor Claim Form		
TP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP hour:	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch Num: **SLP 4287L** 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) (within 6hrs) (2610)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

MA1908453		Invoice Preparation Checklist	Amount
Claimants Particulars:	1) AR: Accident Reporting (\$30)		20.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimants against INC Only (wa 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QR*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) 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	11/11/2019 09:01
Date Of Accident	07/11/2019 10:05
Exact Location Of Accident	1 NORTH LINK SLIM BARRACKS RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1076G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUNG YEW HON DAVID
NRIC No	S1733564B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96622807
Alternative Phone No	OFFICE-96622807

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	PNPV2018-00012482-01
Cover Note Number	

### Driver

Name of Driver	SALLY ENG KSA KOON
NRIC No	S1736003E
Date Of Birth	28/07/1966
Occupation	INDOOR
Date Of Driving Pass	28/01/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91111117
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 607 CHOU CHU KANG ST 62 #05-127
Postcode	680607
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT D/20191109/7000

#### 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	SLP4287L
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	SALLY ENG KSA KOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKL1076G
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.
3. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

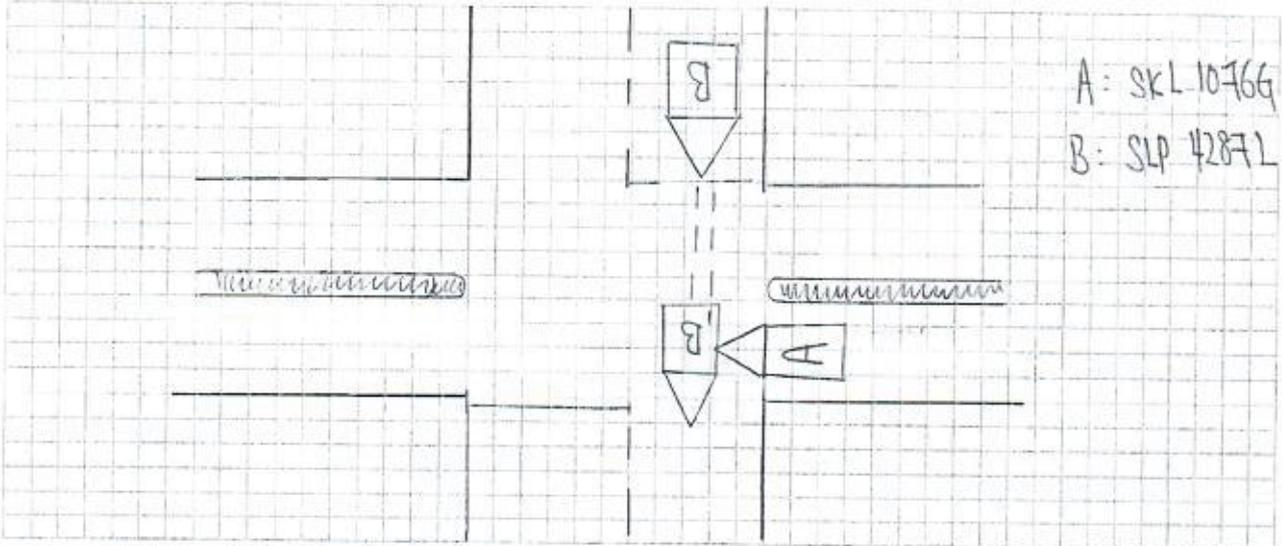
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

\* Refer to the attached Police Report No : D/20191109/7000

**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.:





and was given 5 days of medical leave with need for further consultation with a specialist.

Subjects Involved			
<b>Suspect</b>			
Person Name	Joyce Lin Xin Yi		
ID Type	NRIC NO	ID No	S7602881H
Gender	Female	Age	43
Race	Chinese	Language	English
Mobile No	88932881		
<b>Victim</b>			
Person Name	SALLY ENG KSA KOON		
ID Type	NRIC NO	ID No	S1736003E
Gender	Female	Age	53
Race	Chinese	Language	English
Occupation	Supply and distribution/Logistics/Warehousing manager	Address Type	
Address	APT BLK 607 CHOA CHU KANG STREET 62 #05-127 SINGAPORE 680607	Mobile No	91111117
Is Informant A Victim?	Yes		
Person Name	SALLY ENG KSA KOON (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

---

Signature Of Interpreter:  
Not applicable

---

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

---

Date/Time:  
09/11/2019 00:00

---

Classification Of Case:

Authentication Stamp

Date of Accident : 07.11.2019 Accident Time: 10.05 (24-HR-Format)

Accident Place : 1 North link Slim Bracks Rise.

Vehicle No. (Car Plate No.) : SKL 1076 G Make/Model: Toyota Camry.

Insurance Company : FYD Policy No: PNPY 2018 - 00012482-01

Owner or Company Name /IC No. : Yung Yew Hon David (S1733564B)

Owner or Company Contact No. : 96622 807 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Sally Eng Ksa Koon (S1736003E)

DRIVER'S Date Of Birth : 28.07.1966 DRIVER'S License Pass Date 28.01.1988

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : Blk 607 chao chu kang street 62 #05-127 (S) 680607

DRIVER'S Contact No./ Alt No. : (1) 9111 1117 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

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): 1 Driver

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SLP 4287L</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:





### YOUR PRESTIGE CAR INSURANCE SUMMARY

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 or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2018-00012482-01

#### About this policy

Premium paid : S\$1,473.93  
(Inclusive of GST)  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : PRESTIGE

Coverage start date : 27/09/2019  
Coverage end date : 26/09/2020

#### About you (As the policyholder)

Your name : YUNG YEW HON DAVID  
Address : 607 Choa Chu Kang Street 62 05-127 Singapore 680607  
Email : eng.sally@gmail.com  
NRIC/FIN : S1733564B  
Date of birth : 24/03/1966  
Marital status : Married  
Gender : Male  
Current no claims discount : 0%  
Mobile Number : 96699777  
Years of driving experience : Three or more  
Certificate of merit : Yes

#### About your car

Car make and model : TOYOTA CAMRY 2.4  
Year of first registration : 2012  
Car plate number : SKL1076G  
Issued on: : 08/09/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65 6620 8888  
or email us to [contact\\_sg@fwd.com](mailto:contact_sg@fwd.com) if any details in  
this Car Insurance Summary need to be changed.