

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NA11915313**

Date In: 20/11/19 - 09:04	Job description	Date & Time Completed	Done by
Ref No: NA/FWD/19020533/24	SAS e-filing		
Veh No: JS68362	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/11/19 - 10:42	i-Motor Claim Form		
OD: TP 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: (Tel:	Fax:
TP Particulars:	Veh No: JS68362	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 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

NA1908776	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	20/11/2019 09:04
Date Of Accident	19/11/2019 10:40
Exact Location Of Accident	JUNC JLN EUNOS & PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6836Z
Insured/Policyholder	
Name Of Registered Owner	TEH POH HOON
NRIC No	S1691027I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96556606
Alternative Phone No	OFFICE-96556606

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER G GRADE
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	PNPV2018-00011397-01
Cover Note Number	

Driver

Name of Driver	TEH POH HOON
NRIC No	S1691027I
Date Of Birth	17/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/12/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96556606
Fax Number	
Contact Number	OFFICE-96556606
EMail Address	NOEMAIL

Address	BLK 205 SERANGOON CENTRAL #10-136
Postcode	550205
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 - HEAD TO REAR
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)	5
Passenger 1	NAME: : TEH WAN YU GENDER: : FEMALE
Passenger 2	NAME: : TAN CHYE YOK GENDER: : FEMALE
Passenger 3	NAME: : TEH CHENG HOCK GENDER: : MALE
Passenger 4	NAME: : NGUYEN KIM NGAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191119/2130.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8470A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	KHOO KAI BOON
NRIC/Passport Number	G2540604X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEH POH HOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS6836Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN CHYE YOK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS6836Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TEH WAN YU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS6836Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	TEH CHENG HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS6836Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name NGUYEN KIM NGAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS6836Z

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:

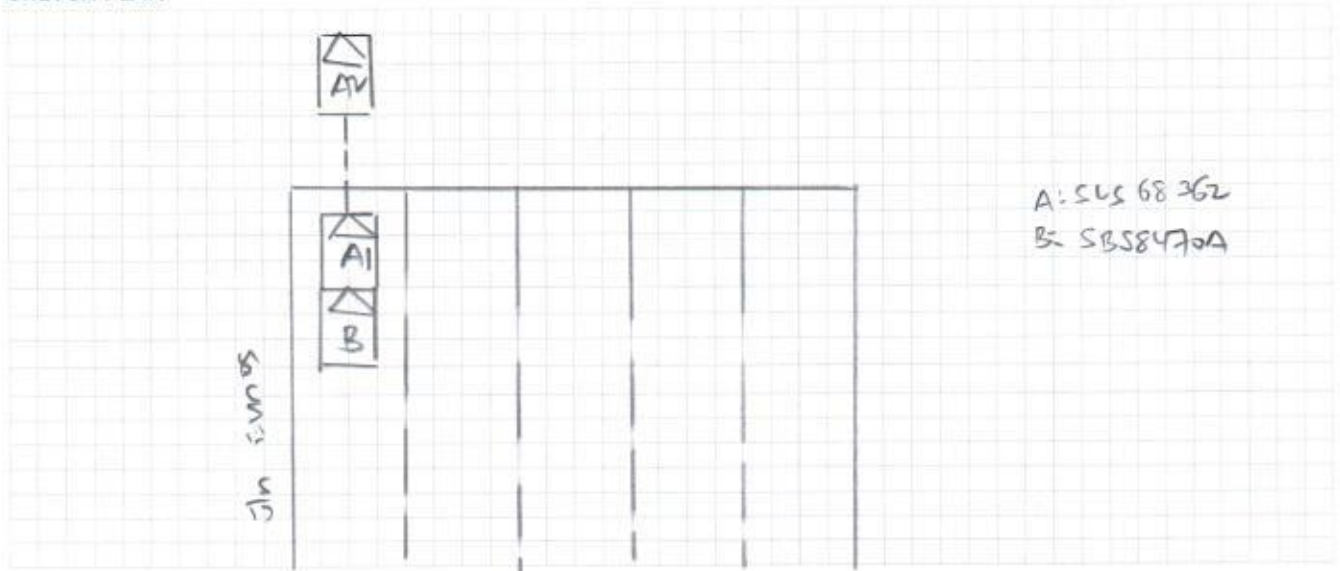
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report 1-7/2019/1119/2132.

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: (19/11/14) (DD/MM/YYYY), TIME: (10:40) (HH:MM)

LOCATION: Junc Jln Rendas & PIE.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS68362
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNPV018-02011397-a
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 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: Teh Poh Hoon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1691272 CONTACT: 9655 6606
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

d) DATE OF BIRTH: (17/9/1965) (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: SLS84777 MODEL:
 b) DRIVER'S NAME: Khoo Icar Boon
 c) NRIC/FIN/PASSPORT: K L2540604X CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 (5)

① Teh Wan Yu (f)

② Tan chye Yok (f)

③ Teh cheng Hock (m)

④ Nguyen Kim Ngien (f)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email =

fax =

video =



SINGAPORE POLICE FORCE



T/20191119/2130

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20191119/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 17:40	Vide Report No.:	Station Diary No.: 126
Informant's Particulars		
Name of Informant: TEH POH HOON	Address: APT BLK 205 SERANGOON CENTRAL #10-136 SINGAPORE 550205	
ID Type / ID No.: NRIC NO / S16910271	Contact No.: Home/Office:	Mobile: 96556606
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 54	Date of Birth: 17/09/1965
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Accountant	Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2019 10:40	Type of Location: Straight Road
Location: JALAN EUNOS Towards Ubi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8470A	Bus/Coach/Minibus					0
SLS6836Z	Car	TOYOTA	HARRIER G GRADE	White	Seriously Damaged	5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS6836Z	FWD Singapore Pte. Ltd	PNPV2018- 00011397-01	29/09/2019	28/09/2020



**SINGAPORE
POLICE FORCE**



T/20191119/2130

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20191119/2130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TEH WAN YU	ID No.	T1923158A
Related Vehicle	SLS6836Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019	Date Discharge	19/11/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NGUYEN KIM NGAN	ID No.	G1891181M
Related Vehicle	SLS6836Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019	Date Discharge	19/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TEH POH HOON	ID No.	S1691027I
Related Vehicle	SLS6836Z (Car)	Contact No.	96556606
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2019	Date Discharge	19/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL



Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20191119/2130

CONTINUATION OF REPORT

Passenger			
Name	TAN CYE YOK	ID No.	S0647072F
Related Vehicle	SLS6836Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019	Date Discharge	19/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	TEH CHENG HOCK	ID No.	S0943079B
Related Vehicle	SLS6836Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019	Date Discharge	19/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On 19/11/2019 at about 1043hrs, I was driving my vehicle SLS6836Z along Jalan Eunus towards Ubi. I stopped my vehicle at the traffic light and my vehicle was stationary. Suddenly a SBS bus with registration number SBS8470A hit against the rear of my vehicle. Due to the impact, my vehicle moved forward. I then came out from my vehicle and took some photos of the accident. I then exchanged particulars with the SBS driver; Khoo Kai Boon G2540604X.

I wish to state that the rear of my vehicle was damaged and the bumper was dislodged while there are some scratches on the front panel of the SBS bus and the front wiper slightly dented.

I wish to add that there are 5 passengers inside my vehicle including a baby aged 3 months old. As I was feeling some pain on my knees and my father complained that he has knocked his head and with the baby, we decided to seek medical treatment together with my family members. I was given 2 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20191119/2130

4 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No T/20191119/2130

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 YUANA BINTE KASSIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/11/2019 17:40

Classification Of Case:

SN 154

Signature:

Singapore Police Force



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: PNPV2018-00011397-01 (Comprehensive - Prestige Plan)

Car plate number: SLS6836Z

Your name (As the policyholder): TEH POH HOON

Coverage start date: 29/09/2019

Coverage end date: 28/09/2020

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.

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

Issued on: 29/07/2019

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 if any details
in this Certificate of Insurance need to be changed.