

# NATIONAL Assessment Centre Services. (ref 1 Jan 00) MAY 19/155965

Date In: 26/11/2019 11:15	Job description	Date & Time Completed	Done by
Ref No: NBO/FNO190208711	SAS e-filing		
Veh No: SMC 4202A	E-mail (to Julia Sims, AIC 2hrs)		
DOA: 25/11/2019 11:45	I-Motor Claims 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 / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SKX 7482P 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Repairer: ( )

Other: ( )

NG1908867

Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/145		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (NI) INC against INC \$20		
	*N12: Ideal 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	26/11/2019 11:19
Date Of Accident	25/11/2019 11:45
Exact Location Of Accident	AYE TOWARDS MCE AFTER ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4207A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LAY HIANG
NRIC No	S1367280F
Email Address	SOPHIACHEWYM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81684359
Alternative Phone No	OTHERS-96162711

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	PNPV2019-00009846
Cover Note Number	

### Driver

Name of Driver	CHEW YOU MIN, SOPHIA
NRIC No	S9104934A
Date Of Birth	23/01/1991
Occupation	INDOOR
Date Of Driving Pass	29/09/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96162711
Fax Number	
Contact Number	OTHERS-81684359
Email Address	SOPHIACHEWYM@GMAIL.COM

Address	136A HILLVIEW AVENUE #08-01
Postcode	669606
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	7
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKX7482P
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	SLP8707R
-----------------------------	----------

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

SLN8515M

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

SMF3538K

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 5

Vehicle Registration Number

SLD2369K

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 6

Vehicle Registration Number SHD6276R

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 INJURED PERSON 1

Name CHEW YOU MIN, SOPHIA

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SMC4207A

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:

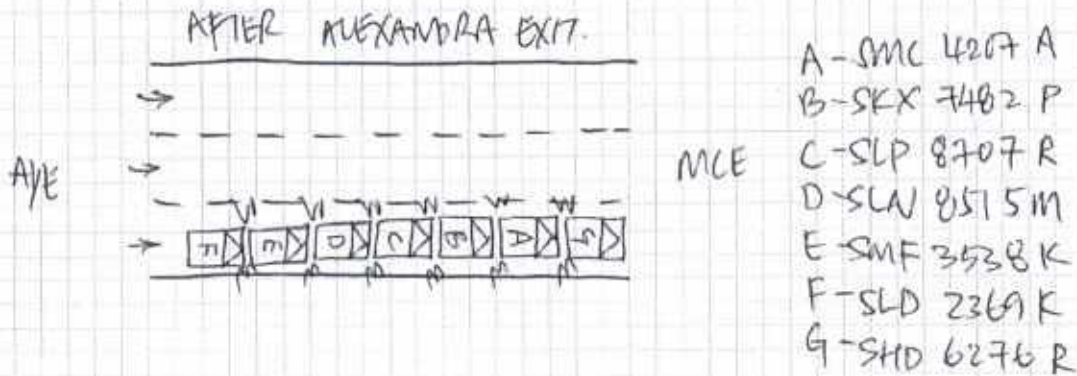
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I WAS TRAVELLING ALONG A/E TOWARD MCE IN THE EXTREME RIGHT LANE OF A 3 LANE ROAD, EXPRESSWAY. SOMEWHERE AFTER ALEXANDRA EXIT, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY BEHIND OF VEHICLE (G). AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD HIT ONTO THE REAR PORTION OF VEHICLE (G). AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 7 VEHICLE.

A - SMC 4207 A

B - SKX 7482 P /

C - SLP 8707 R /

D - SLN 8515 M /

E - SMF 3538 K /

F - SLD 2369 K

G - SHD 6276 R

## 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 ACCIDENT STATEMENT

ACCIDENT DATE: 25 NOV 2019		TIME: 11:45HRS (hh:mm) 24 hrs Format	
LOCATION: AYE TOWARD MCE AFTER ALEXANDRA EXIT.			
VEHICLE NUMBER: SMC 4207 A			
INSURED NAME: TAN LAY HIANG			
NRIC/FIN: S1367280 F		CONTACT: 8168 4359	
MAKE: HONDA		MODEL: VTEC	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: NTUC			
TYPE OF POLICY: ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: 5107753561			
NAME DRIVER: CHEW YUN MIN, SOPHIA		( ) SAME AS INSURED	
NRIC/FIN: S9104934 A		CONTACT: 9616 2711	
DATE OF BIRTH: 23 JAN 1991			
DRIVING PASS DATE: 29 SEP 2011			
OCCUPATION: ( ) INDOOR ( ) OUTDOOR			
GENDER: ( ) MALE ( ) FEMALE			
EMAIL ADDRESS: SOPHIA CHEW Y M @ GMAIL.COM ( ) NO EMAIL			
ADDRESS OF DRIVER: 136A HILLVIEW AVE #08-01 S(669606)			
Number Of Passenger Include Driver: DRIVER ONLY			
Was driver an employee of the Insured's Company? ( ) YES ( ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
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: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface: ( ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO			
Was Anybody Injured In The Accident? ( ) YES ( ) NO			
If YES, Injured details: CHEW YUN MIN, SOPHIA (BACK AND NECK)			
Convey By Ambulance: ( ) YES ( ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B SKX 7482 P		( ) / Not Sure ( )	
Veh C SLP 9707 R		( ) / Not Sure ( )	
Veh D SLN 8515 M		( ) / Not Sure ( )	
Veh E SMF 3938 K		( ) / Not Sure ( )	
Veh F SLD 2369 F		( ) / Not Sure ( )	
Veh G SHD 6296 R		( ) / Not Sure ( )	



## YOUR CLASSIC 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** : PNPV2019-00009846

### About this policy


Premium paid	:	S\$696.56	Coverage start date	:	29/06/2019
(Inclusive of GST)	:		Coverage end date	:	28/06/2020
Who is insured to drive:	:	You and any Authorised Driver			
Policy Type	:	CLASSIC			

### About you (As the policyholder)

Your name	:	Tan Lay Hiang			
Address	:	136A Hillview Avenue 08-01 Merawoods Singapore 669606			
Email	:	davidchew2000@yahoo.com			
NRIC/FIN	:	S1367280F	Date of birth	:	17/11/1959
Marital status	:	Married	Gender	:	Female
Current no claims discount	:	50%	Mobile Number	:	96343220
Years of driving experience	:	Three or more	Certificate of merit	:	Yes

### About your car

Car make and model	:	HONDA VEZEL 1.5
Year of first registration	:	2018
Car plate number	:	SMC4207A
Issued on:	:	28/05/2019

  
**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 +65-6820-8888 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.