

ASS. REC. BY:

REF:

CS3/PWD1904806/Aqd31

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Muhammed Josey Koth

of

FWD

Date/Time: 02/12/2019

Estimated Cost:

Bill to:

OT / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLX 9962X

Insured:

SLT 4767Y

at Workshop in/s:

N-SI Automotive

Tel:

68420051

at

2 Kalki Bulkit Ave 2 # 01-18

Policy No: PNV2018-0001952

Claim No:

1201900025125

Sum Insured:

Excess:

Make of Vehicle:

(Client's Record)

D.O.A. 21/8/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 21/12/2019

Person Contacted:

ziting

Vehicle: IN/OUT

Date/Time	Action/Instruction	Priority	X
	SLX 9962X - NA/FWD1904806/h4 DOA: 21/8/2019		
	SLT 4767Y - CCH/LCR18010280/Kob392 DOA: 21/5/2018		
	Disassemble: 23/8/2019		
	After repair: 27/8/2019		

10/01/20 submit us to \$500, 6 days (Red to \$500, 50%)

RECEIVED 10 JAN 2020

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

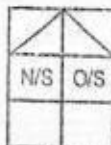
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLX9962X Yr Regn: 2018 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra C.C. 1591

Colour: Gold Beige A/C: Insured / Std / NI / NA

Sp. Reading: 99750 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D84CMJU 665502

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 22/08/19

Survey held at Twinkl

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP FWD PRS

\$5.5k - \$6.5k 06 Days

He S

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1) PRS - 2 drips

2)

3)

4)

5)

6)

Preli. Report

Final Report

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

Nivitha (LKK Auto)

From: josey.loh@fwd.com
Sent: Monday, 2 December 2019 12:30 PM
To: admin-d@lkkauto.com; sur@lkkauto.com; assignments@lkkauto.com
Cc: motorclaims.sg@fwd.com
Subject: [Paper Resurvey] SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS
Attachments: TP survey report.pdf

Hi LKK team,

Please conduct a paper resurvey on an urgent basis.

Kindly let us have the paper resurvey report soonest possible via email.

Thank you.

Regards,
Josey

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 22 August 2019 2:28 PM
To: Venessa Chan - SGUser; SUR; assignments
Cc: Motor Claims SG - SG Common; Josey Loh Kah Wai - SGUser
Subject: RE: SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: venessa.chan@fwd.com [mailto:venessa.chan@fwd.com]
Sent: Thursday, 22 August 2019 11:48 AM
To: admin-d@lkkauto.com; admin-a@lkkauto.com
Cc: motorclaims.sg@fwd.com; josey.loh@fwd.com
Subject: SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Nivitha,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen & our insured has yet to report.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

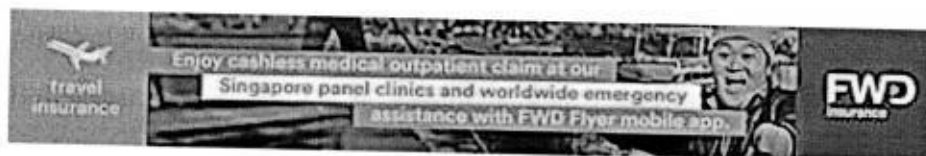


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: Venessa Chan - SGUser

Sent: Thursday, August 22, 2019 11:44 AM

To: Chio Ziting

Cc: Motor Claims SG - SG Common; Josey Loh Kah Wai - SGUser

Subject: SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Zi Ting,

We regret that we are objecting to your proposed list of surveyors.

We will be appointing, M/s **LKK Auto Consultants Pte Ltd**, to conduct the pre-repair survey (PRS) on your client's vehicle, SLX9962X. We seek your cooperation to inform your client's workshop to arrange the vehicle readily for dismantling with repair estimates during the pre-repair survey.

If there is a change in your client's workshop, please inform us soon. We reserve our rights for re-inspection.

**Please note that we do not accept fax. Hence, please send in any correspondences related to Motor Claims via e-mail to motorclaims.sg@fwd.com.*

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

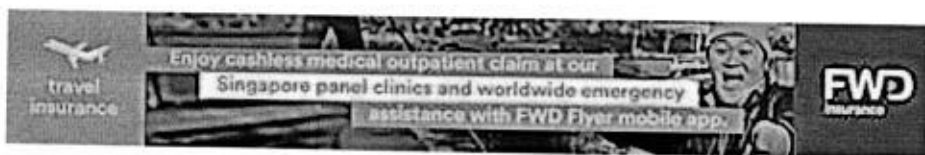


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: Chio Ziting [<mailto:ziting@n51.com.sg>]

Sent: Thursday, August 22, 2019 11:26 AM

To: Venessa Chan - SGUser

Subject: Re: SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Sir / Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you.

Regards,

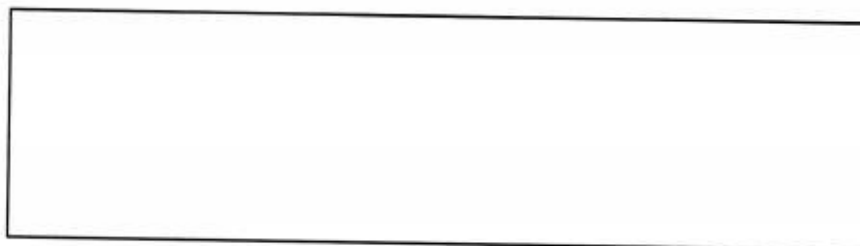
Zi Ting

N-51 Automotive Pte Ltd

Office: 6842 0051

Fax: 6741 0510

www.n51.com.sg



On Thu, Aug 22, 2019 at 11:01 AM <venessa.chan@fwd.com> wrote:

WITHOUT PREJUDICE

Dear Zi Ting,

We refer to your email dated on 22.08.2019 of the PRI Notice of your client's vehicle SLX9962X.

Please find our panel surveyors as follows: -

1. LKK AUTO CONSULTANTS PTE LTD
2. INFINITI APPRAISAL SERVICE
3. AJAX INSPECTION SERVICES PTE LTD
4. RT Appraisal Pte Ltd

If you are not agreeable to any of the above, we reserve our rights to request for pre-repair inspection of your client's vehicle.

We look forward to receiving your reply.

Thank you.

*Please note that contents of this email should not be construed as any admission of liability on the part of our insured and/ or insurers. We hereby maintain full reservation of rights and all defences available to us.

*Please note that we do not accept fax. Hence, please send in any correspondences related to Motor Claims via e-mail to motorclaims.sg@fwd.com.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

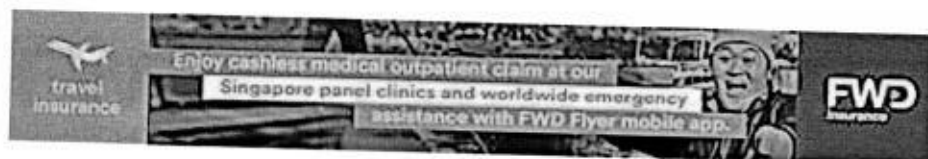


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: Chio Ziting [mailto:ziting@n51.com.sg]

Sent: Thursday, August 22, 2019 10:31 AM

To: Motor Claims SG - SG Common

Subject: SLX9962X & SLT4767Y - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors

Thank you.

Regards,

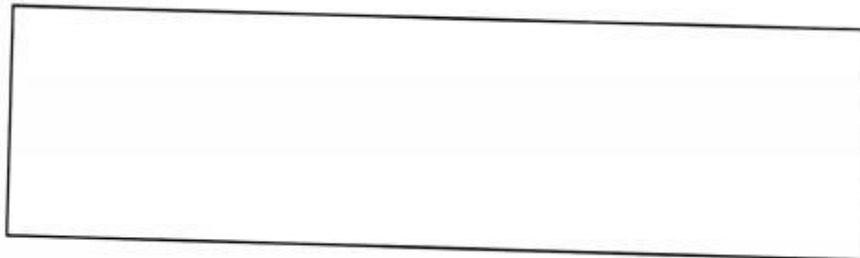
Zi Ting

N-51 Automotive Pte Ltd

Office: 6842 0051

Fax: 6741 0510

www.n51.com.sg



ATTENTION:

The email and any attachments transmitted with it are private and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender immediately and delete this email and any attachments from your system. You should not use, disclose, copy or store this email and any attachments.

Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

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This email has been checked for viruses by AVG antivirus software.
www.avg.com

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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	22/08/2019 09:51
Date Of Accident	21/08/2019 16:30
Exact Location Of Accident	PIE TWDS CHANGI AFTER KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9962X
Insured/Policyholder	
Name Of Registered Owner	THNG SOW KENG WINNIE
NRIC No	S7719839C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90604657
Alternative Phone No	OFFICE-90604657

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	PNPV2019-00006865
Cover Note Number	-

Driver

Name of Driver	THNG KIM YONG
NRIC No	S00146571
Date Of Birth	17/06/1952
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088811
Fax Number	
Contact Number	
Email Address	NOEMAIL

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8077R
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJH4135H
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 SFU1877Z
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 THNG KIM YONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX9962X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name	MARICHU GUZON GUZMANA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9962X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.:

Accident Sketch Plan

SKETCH PLAN

16. TRANS NAME After the last year

A - SLK9702
B - SLT470-Y
C - SHC4272K
D - SJA44135H
E - SEM18722

1. $\frac{1}{2}$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Pse towards CHANGE on the most extreme right lane, 4-lane expressway. Somewhere after Km Road Left East, vehicle in front of me slowed down due to heavy traffic ahead. Therefore, I applied brake and creep fully out of position. I felt an impact from the rear. I alighted and realized vehicle (B) collided onto my vehicle rear portion. I was involved in a 5 vehicles chain collision. We exchange particulars and left the scene. —

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:

MALS19110482 / Ah Lim Motor Company - Sin Ming
 ENTRY DATE & TIME: 22/08/2019 13:26
 SUBMITTED BY: Meili Tan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 22/08/2019 13:26
 Date Of Accident 21/08/2019 16:35
 Exact Location Of Accident PIE TWDS CHANGI
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT4767Y

Insured/Policyholder

Name Of Registered Owner ONG HERNG JIUNN PIERRE JIM
 NRIC No S8207618B
 Email Address PIERRE_CONG@HOTMAIL.COM
 Mobile Phone No (LOCAL) +65-81009989
 Alternative Phone No Office-NOPHONE

Vehicle Particulars

Manufacturer SEAT
 Model ALHAMBRA 2.0 TDI 184 STYLE 6AT
 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 PNPV2018-00011952
 Cover Note Number 30/10/2018 TO 29/10/2019

Driver

Name of Driver ONG HERNG JIUNN PIERRE JIM
 NRIC No S8207618B
 Date Of Birth 11/03/1982
 Occupation INDOOR
 Date Of Driving Pass 26/11/2001

Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009989
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	PIERRE_CONG@HOTMAIL.COM
Address	BLK 964 HOUGANG AVE 9 #13-669
Postcode	530964
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	5
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	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 ATTACH POLICE REPORT NO. T/20190821/7033 DD. 21/08/2019

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8077R
-----------------------------	----------

8/26/2019

E-FILE

Vehicle Make/Model/Colour

CAR C - MERCEDES BENZ E220 CAB

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN CHOON BENG

NRIC/Passport Number

S7116080G

Contact Number

98479723

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX9962X

Vehicle Make/Model/Colour

CAR A -HYUNDAI ELANTRA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THNG KIM YONG

NRIC/Passport Number

S0014657I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SFU1877Z

Vehicle Make/Model/Colour

CAR E -VOLVO V40

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM MEI-LIN JOANNA

NRIC/Passport Number

S6923138A

Contact Number

9631386I

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SJH4135H

Vehicle Make/Model/Colour

CAR D - TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHOO SIONG TIAN OKALA

NRIC/Passport Number

S8426114I

Contact Number 97153717
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN LADY PASSENGER- CAR D
Approximate Age
Injuries Sustain CUT LIP
Injured person in which vehicle? SJH4135H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name ONG HERNG JIUNN PIERRE JIM
Approximate Age
Injuries Sustain NECK, BACK, SHOULDER & HIP
Injured person in which vehicle? SLT4767Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan

SKETCH PLAN

FWD

Vehicle: SLT 4767Y

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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 for the following purposes:
 - (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:

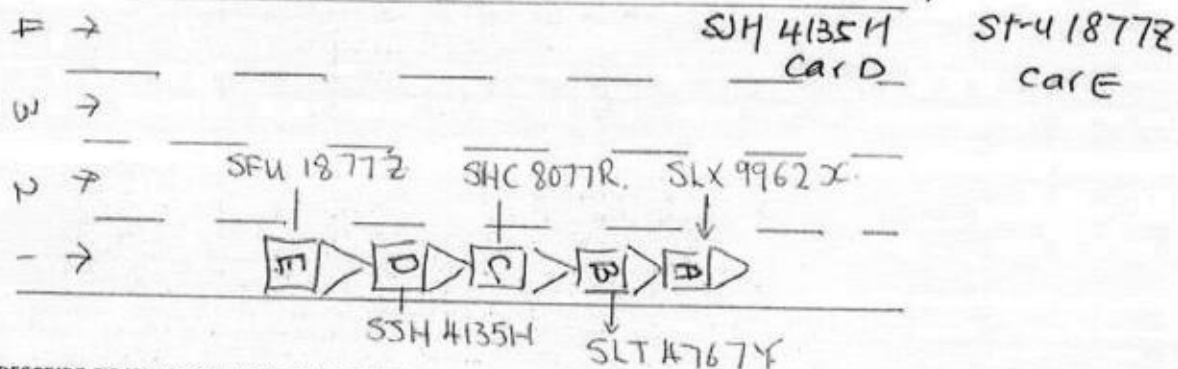
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

22/08/19

SKETCH PLAN

Date of Accident: 21/08/2019 Time: 16:35 Location: PIE towards Changi
 My Vehicle: SLT 4767Y Vehicle: SHC 8077R Vehicle Others: SLX 9962X
Car B Car C Car A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Singapore Police report report.

I ~~offer~~ Injure No: T/20190821/7033
 dd: 21/08/2019

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop : AUTOEXCEL ENGINEERING PTE LTD
 email address : 160, Sin Ming Drive
 & myself : Sin Ming Auto City #06-15
 email address : Singapore 575722
 Tel: 64535654, 64591630

Note : Please take note that your insurer has 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X cy
 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.:



Neil
22/08/19

Police Report



SINGAPORE POLICE FORCE



T/20190821/7033

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

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Report No. T/20190821/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2019 20:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG HERNG JIUNN, PIERRE JIM			Address: APT BLK 964 HOUGANG AVENUE 9 #13-668 SINGAPORE 530964		
ID Type / ID No.: NRIC NO / S8207618B			Contact No.: Home/Office: Mobile: 81009989		
Nationality: SINGAPORE CITIZEN			Email: pierre_ong@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 11/03/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Army Officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2019 16:35	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SFU1877Z	Car	VOLVO	V40	Black	Seriously Damaged	0
SHC8077R	Car	MERCEDES BENZ	E220 TAXI	White	Seriously Damaged	1
SJH4135H	Car	TOYOTA	VIOS	Black	Seriously Damaged	1
SLT4767Y	Car	SEAT	ALHAMBRA +2.0+TDI+18 4+STYLE+6 AT	Black		0



**SINGAPORE
POLICE FORCE**



T/20190821/7033

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

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Report No. T/20190821/7033

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX9962X	Car	HYUNDAI	Elantra	Gold	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT4767Y	FWD Singapore Pte. Ltd	PNPV2018-00011952	30/10/2018	29/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM MEI-LIN JOANNA	ID No.	S6923138A
Related Vehicle	SFU1877Z (Car)	Contact No.	96313861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN CHOON BENG	ID No.	S7116080G
Related Vehicle	SHC8077R (Car)	Contact No.	98479723
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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/20190821/7033

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

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Report No. T/20190821/7033

CONTINUATION OF REPORT

Driver			
Name	CHOO SIONG TIAN OKALA		ID No. S8426114I
Related Vehicle	SJH4135H (Car)		Contact No. 97153717
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	ONG HERNG JIUNN, PIERRE JIM		ID No. S8207618B
Related Vehicle	SLT4767Y (Car)		Contact No. 81009989
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight
Driver			
Name	THNG KIM YONG		ID No. S0014657I
Related Vehicle	SLX9962X (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

Accident happened just before Kim Keat Flyover, Lampost 722A, Travelling on Lane 1 (right most lane) I was travelling along PIE (Changi) when Car A in front of me stopped abruptly. I applied full brakes but could not stop in time and bumped into the car in front of me. Subsequently, the cars behind me crashed into me one after another. A chain collision resulted. Driver of Car A came out and left after exchanging driver's licence with me. When I checked with the other vehicles behind, one of the lady passenger in Car C had a cut lip. She did not want any ambulance as she was rushing to the airport. After making sure all the other drivers and passengers does not require immediate medical assistance, I proceeded to exchange driver's particulars with the cars behind me. LTA and EMAS came at the end and assisted on-site. As there was nothing I could do and the lady does not want treatment, I left with the advice of the LTA officer.

In the sequence of the chain collision as follows from the front first car:



SINGAPORE
POLICE FORCE



T/20190821/7033

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

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Report No. T/20190821/7033

CONTINUATION OF REPORT

Car A : SLX 9962 X, Hyundai Elantra (THNG KIM YONG S00146571)
Car B: SLT 4767 Y, SEAT Alhambra (ONG HERNG JIUNN PIERRE JIM S8207618B, H/P: 81009989) myself.
Car C: SHC 8077R, Mercedes Benz E220 Cab (TAN CHOON BENG S7116080G, H/P: 98479723) Male foreign passenger onboard.
Car D: SJH 4135 H, Toyota Vios (CHOO SIONG TIAN OKALA S8426114I, H/P: 97153717) Lady Passenger got a cut lip
Car E: SFU 1877 Z, Volvo V40 (LIM MEI-LIN JOANNA S6923138A, H/P: 96313861)

Additional note:

Driver of SLN 51 L came shortly after the accident and solicited business. I believe he led Car A to his workshop after exchanging particulars with me.

Link to the video and accident information:

<https://1drv.ms/u/s!AoBOc81IO5iKjzZH99BctE1WkYp9?e=XcSuV0>

**SINGAPORE
POLICE FORCE**

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



T/20190821/7033

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Report No. T/20190821/7033

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 /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
21/08/2019 20:32

Classification Of Case:

Policy Holder-Driver's Particulars

**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: PNPV2018-00011952 (Comprehensive - Classic Plan)

Car plate number: SLT4767Y

Your name (As the policyholder): Ong Herng Jiunn Pierre Jim

Coverage start date: 30/10/2018

Coverage end date: 29/10/2019

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: 10/09/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6520-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

