

NATIONAL Assessment Centre Services

(Ref: J2-102)

Date In: 04/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/FW020001870/13	SAS e-filing		
Veh No: SLT6602B	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 03/02/20 1730	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (EUNOS MOTOR	Tel:	Fax:
TP Particulars:	Veh No: SH8830R	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:	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

NA2001048	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
	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	04/02/2020 10:42
Date Of Accident	03/02/2020 17:30
Exact Location Of Accident	SIMEI AVE TWDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6602B
Insured/Policyholder	
Name Of Registered Owner	JAWS TRANSPORT SERVICES
Co Reg No	5XXX098M
Email Address	LA.AUDIO@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96686656
Alternative Phone No	OFFICE-96686656
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PNCV2019-00001555
Cover Note Number	
Driver	
Name of Driver	TAN YONG PENG ANDREW
NRIC No	SXXXX160I
Date Of Birth	17/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686656
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 10 LOR 7 TOA PAYOH
#07-209
Postcode 310010
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) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes,Please state which Police Station
Police Station Name MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given? NO
If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200204/2058

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8860P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver MOHD SHARIF BIN EMAM KASSIM
NRIC/Passport Number SXXXX699B

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

DETAILS OF INJURED PERSON 1

Name	TAN YONG PENG ANDREW
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLT6602B
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.
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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:

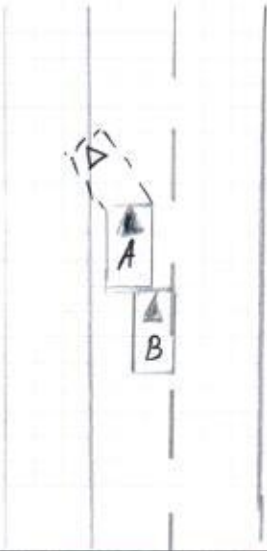
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SIMEI AVE
TWD S PIE

A - SLT 6602 B

B - SH8860P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls ref to the statement police report: T/20200204/2058

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.:

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 : MNA/20015505 Vehicle Registration No: SLT6602B
Name (as shown in NRIC) : TAN YONG PENG ^{ANDREW} NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 10 LOR 7 SOA PAYOH #07-209 Singapore(310010)
Contact (Tel) : _____ Mobile No.: 96686656
Email Address : _____
Date of Accident : 03/02/20 Time of Accident : 17:30
Place of Accident : SIMEI AVE TWAS PIE
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:

ADD IN POLICE REPORT

AMEND REGISTERED OWNER NAME

AMEND VEH B NO AT SKETCH PLAN

Policyholder / Driver's Signature
Date:

2/ym 04/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**

Attn: Linda
SLT6602B



T/20200204/2058

1 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20200204/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 13:23		Vide Report No.:		Station Diary No.: 11	
Name of Informant: TAN YONG PENG ANDREW			Address: APT BLK 10 LORONG 7 TOA PAYOH #07-209 SINGAPORE 310010		
ID Type / ID No.: NRIC NO / S16181601			Contact No.: Home/Office: Mobile: 96686656		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 17/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 SIMEI AVENUE TOWARDS PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SH8860P	TAXI					0
SLT6602B	Car				Seriously Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

67415197

**SINGAPORE
POLICE FORCE**A.H.N. Linda
ST 6602 B

T/20200204/2058

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20200204/2058

CONTINUATION OF REPORT

Name	TAN YONG PENG ANDREW	ID No.	S16181601
Related Vehicle	NIL	Contact No.	96686656
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

Brief Details.

On the 03/0/2020 at about 1728hrs, I was driving along Simei Ave towards PIE and the traffic was slow moving. Suddenly before the junction of Changi Hospital and before the bus stop on the second lane, since the traffic was slow, I inched forward slowly as well. Suddenly an impact from the rear was felt and I jerked forward. I managed to take picture of the accident scene and exchange particulars of the other driver who is a Comfort taxi driver. As on that day I did not feel any injury, I went back home and the following morning I felt pain at my neck and back area.

I made a visit to the doctor and was given 3 day medical leave due to muscle injury in my back.

**SINGAPORE
POLICE FORCE**

T/20200204/2058

Police Station Of Origin:
Mountbatten NPP
80 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20200204/2058

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 HAIDER YAHYA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AET /

SSI 2 YC DEAK ENG CECILIA

Contact No: 65476004

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

04/02/2020 13:23

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: PNCV2019-00001555

Car plate number : SLT6602B

Coverage start date: 06/11/2019

Coverage end date: 05/11/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: TAN YONG PENG ANDREW

NRIC/FIN: S16181601

Address: 10 Lorong 7 Toa Payoh 07-209 Toa Payoh Court Singapore 310010

Email: La.audio1708@gmail.com

Mobile Number: 96686656

Date of Birth: 17/08/1963

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company Name: JAWS TRANSPORT SERVICES

ACRA Number: 53309098M

About your car and policy

Car make and model: HONDA SHUTTLE 1.5

Year of first registration: 2017

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,452.03

Finance company: Teck Wei Credit Pte Ltd