

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MUA 120026887

Date In: <u>13/12-13:33</u>	Job description	Date & Time Completed	Done by
Ref No: <u>110/FLD2206339V/24</u>	SAS e-filing		
Veh No: <u>5UB148VH</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>24/12-13:00</u>	i-Motor Claim Form		
OD: <u>TP</u> 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		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: <u>5K63398R</u>	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

Invoice Preparation Checklist

Am't (\$)

Int. Bill

Am't (\$)

Add. Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:-

Sat. 1:

Sat. 2/3:

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	02/03/2020 10:33
Date Of Accident	29/02/2020 13:00
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1482H
Insured/Policyholder	
Name Of Registered Owner	BRANDON NG
NRIC No	SXXXXX725F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98201426
Alternative Phone No	OFFICE-98201426

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5L SP.6EAT (LED)
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	PNPV2017-00002343-02
Cover Note Number	

Driver

Name of Driver	NG JAY HONG, BRANDON
NRIC No	SXXXXX725F
Date Of Birth	26/11/1988
Occupation	INDOOR
Date Of Driving Pass	23/07/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98201426
Fax Number	
Contact Number	OFFICE-98201426
Email Address	NOEMAIL

Address	BLK 362C SEMBAWANG CRESCENT #09-795
Postcode	753362
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	3
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)	3
Passenger 1	NAME: : CHAN WEIQI GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

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 - SINGAPORE CITY
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 POLICE REPORT - T/20200301/7003.

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	SKG3398R
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number 96266526
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKF7887A
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 90627898
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG JAY HONG, BRANDON
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB1482H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHAN WEIQI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB1482H
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:

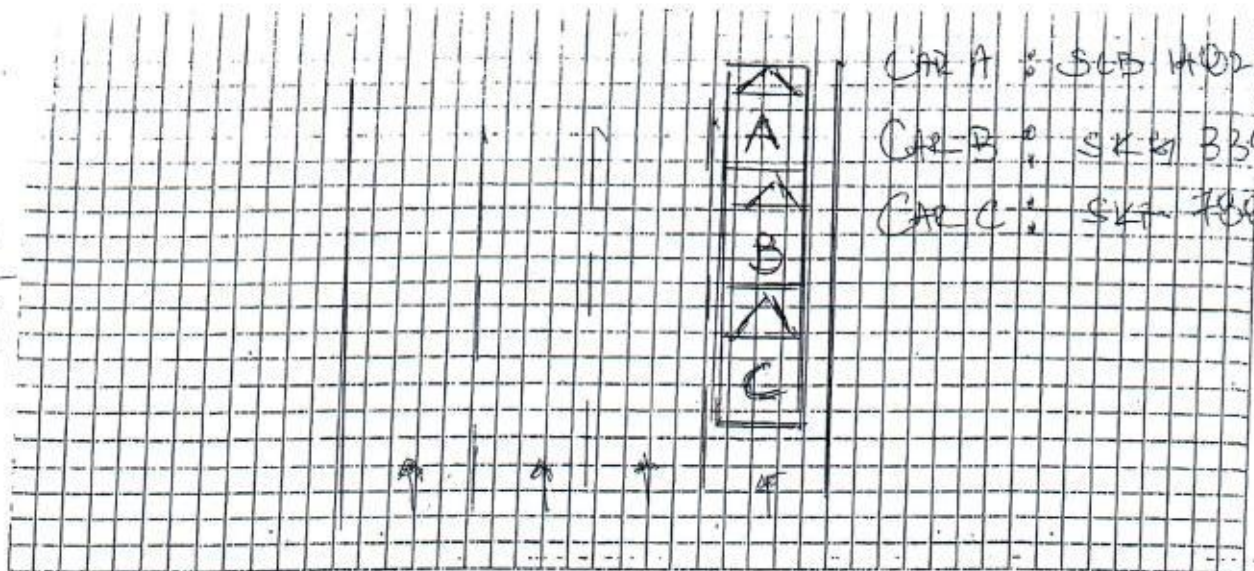


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ALONG CTE TOWARDS
AYB BEFORE AYE 1 EX17
AYE 1 EX17



CAR A: SUB 1402 H
CAR B: SKR 3390 R
CAR C: SKR 7007 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I WAS TRAVELLING
ON MY VEHICLE BEARING SUB 1402 H ALONG CTE
TOWARDS AYE BEFORE AYE 1 EX17. I WAS STATIONARY
DUE TO THE HEAVY TRAFFIC IN FRONT OF ME.
SUDDENLY I FELT A HUGE IMPACT FROM MY
VEHICLE REAR, I ALIGHTED FROM MY VEHICLE.
THEN I REALISE VEHICLE BEARING SKR 3390 R
COLLIDED ONTO MY VEHICLE REAR FOLLOWED BY
THE LAST VEHICLE BEARING SKR 7007 A. WE
ALL DRIVERS EXCHANGE PARTICULARS AND AGREED
WITH INSURANCE CLAIM.

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.:

Date of Accident : 29/2/2020 Accident Time: 1300 (24-HR-Format)
Accident Place : CTB TOWERS AYE BEFORE AVE 1 EX17
Vehicle Reg. No. (Car Plate No.) : SUB 1492H
Vehicle Make/Model : MAZDA 2
Insurance Company : FWD Policy No. _____
Owner or Company Name / IC No. : NG JAY HONG BRANDON. S8846725 F
Owner or Company Contact No. : 98201426 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : AS ABNR
DRIVER'S Date Of Birth : 26/11/1988 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BIK 267 C SEMBAYANG CRESCENT #109-7.95
DRIVER'S Contact No. / Alt No. : 1) AS ABOVE 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN @ MY CAR SG
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): 03

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKG 33982

Vehicle Make/Model: MAZDA

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: 9626 6526

Vehicle Reg. No: SKF 7887A

Vehicle Make/Model: TOYOTA

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: 9062 7998



SINGAPORE POLICE FORCE



T/20200301/7003

1 of 3

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

Report No. T/20200301/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2020 14:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG JAY HONG, BRANDON		Address: APT BLK 362C SEMBAWANG CRESCENT #09-795 SINGAPORE 753362	
ID Type / ID No.: NRIC NO / S8846725F		Contact No.: Home/Office: Mobile: 98201426	
Nationality: SINGAPORE CITIZEN		Email: darkqwe123@gmail.com	
Sex: Male	Age: 31	Date of Birth: 26/11/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SAF REGULAR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/02/2020 13:00	Type of Location: Flyover
Location: CENTRAL 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
SKF7887A	Car					0
SKG3398R	Car	MAZDA			Slightly Damaged	2
SLB1482H	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.6EAT (LED)	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20200301/7003

2 of 3

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

Report No. T/20200301/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB1482H	FWD Singapore Pte. Ltd	PNPV2017-00002343-02	29/03/2019	28/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	CHAN WEIQI	ID No.	S8947825A	
Related Vehicle	SLB1482H (Car)	Contact No.	92341589	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	01/03/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	NG JAY HONG, BRANDON	ID No.	S8846725F	
Related Vehicle	SLB1482H (Car)	Contact No.	98201426	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	01/03/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On the stated time date, venue, I was travelling along lane 1 when the car in front slowed down. I follow suit. Suddenly I felt an impact from the back. I alighted and discovered that it's a 3 car collision.



**SINGAPORE
POLICE FORCE**



T/20200301/7003

3 of 3

Report No. T/20200301/7003

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

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
01/03/2020 14:17

Classification Of Case:



0e47bca4-b00c-4d...

**FWD****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: PNPV2017-00002343-02 (Comprehensive - Prestige Plan)

Car plate number: SLB1482H

Your name (As the policyholder): Brandon Ng

Coverage start date: 29/03/2019

Coverage end date: 28/03/2020

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.

Finance company: UOB Limited

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

Issued on: 13/01/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-0620-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986. T: (65) 6800 8888. Company Registration No. 200501737H | www.fwd.com.sg
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FWD**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 : PNPV2017-00002343-02

About this policy

Premium paid : S\$1,075.05
(inclusive of GST)

Coverage start date : 29/03/20

Coverage end date : 28/03/2020

Who is insured to drive: You and any Authorised Driver

Policy Type : PRESTIGE