

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA12053008 701

Date In: 24/6/12-12:28	Job description	Date & Time Completed	Done by
Ref No: 1A/PW0200648714	SAS e-filing		
Veh No: 5M61466R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/6/12-15:15	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: 5M61466R	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref. 1: _____

Ref. 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	22/06/2020 10:28
Date Of Accident	20/06/2020 15:15
Exact Location Of Accident	PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1466R
Insured/Policyholder	
Name Of Registered Owner	KIONG GUANG RONG BENEDICT DESMOND
NRIC No	SXXXX094Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97570651
Alternative Phone No	OFFICE-97570651

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001531
Cover Note Number	

Driver

Name of Driver	KIONG GUANG RONG, BENEDICT DESMOND
NRIC No	SXXXX094Z
Date Of Birth	18/03/1986
Occupation	INDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97570651
Fax Number	
Contact Number	OFFICE-97570651
Email Address	NOEMAIL

Address	BLK 442 YISHUN AVENUE 11 #10-08
Postcode	760442
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	WET

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)	3
Passenger 1	NAME: : NGUYEN HOAI BAC GENDER: : FEMALE
Passenger 2	NAME: : KIONG XIN LE BEATRICE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200620/2064.

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	SHA8704A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN BEE CHIANG

NRIC/Passport Number	SXXXX489A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

DETAILS OF INJURED PERSON 1

Name	KIONG GUANG RONG, BENEDICT DESMOND
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SML1466R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NGUYEN HOAI BAC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SML1466R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	KIONG XIN LE BEATRICE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SML1466R
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:

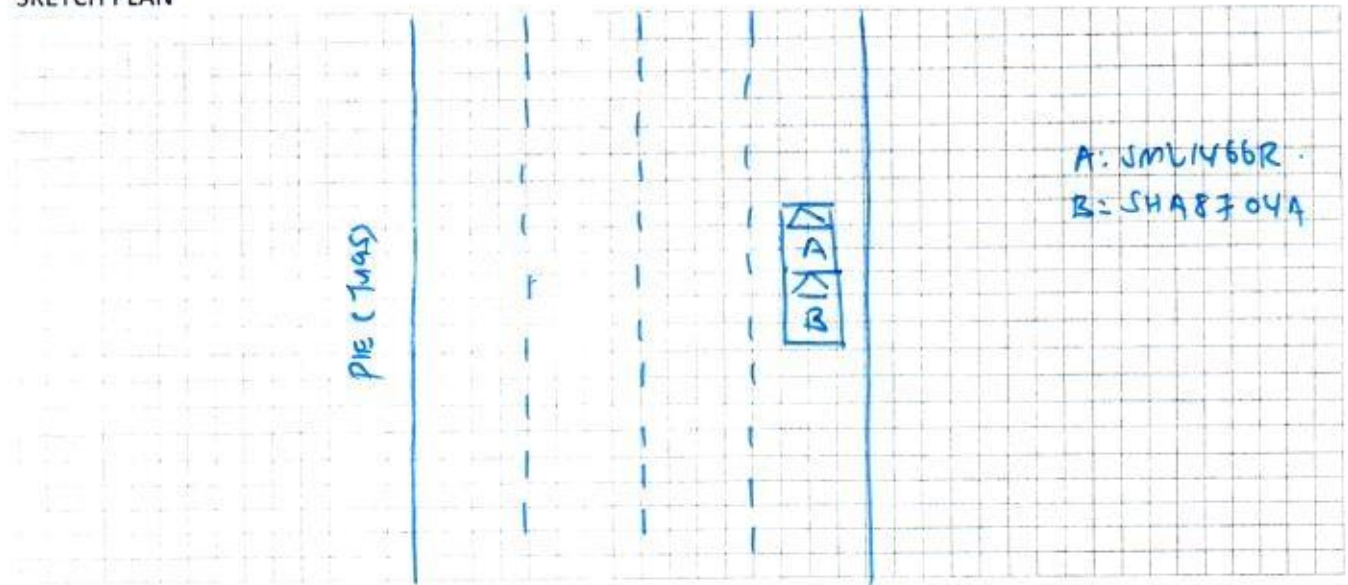
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 - 7/20200620/264

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: (22 / 6 / 20) (DD/MM/YYYY), TIME: (15 : 15) (HH:MM)

LOCATION: PIE (Tuas) on Anak Bukit Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JML1466R
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: _____
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Kong Kwang Rong, Benedict (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86080442 CONTACT: 97570651
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (18 / 3 / 1986) (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) - Driver only

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SH48704A MODEL: _____

b) DRIVER'S NAME: Tan Bee Chiong

c) NRIC/FIN/PASSPORT: S007489A CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(Including driver)

(3)

2 female

1. Nguyen
Hoai Bac

2. Kiong Xin
le Beatrice

*No of passenger
(Including driver)

(4)

*No of passenger
(Including driver)

()

Email =

fax =

video =

 X



SINGAPORE POLICE FORCE



T/20200620/2064

1 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20200620/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2020 16:52	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: KIONG GUANG RONG, BENEDICT DESMOND			Address: APT BLK 442 YISHUN AVENUE 11 #10-08 SINGAPORE 760442	
ID Type / ID No.: NRIC NO / S8608094Z			Contact No.: Home/Office:	Mobile: 97570651
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 18/03/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SENIOR OPERATION SUPERVISOR			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2020 15:15	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Tuas on the right most lane on the Anak Bukit Flyover				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SHA8704A	Car				Slightly Damaged	3
SML1466R	Car	HONDA	SHUTTLE 1.5G CVT	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML1466R	FWD Singapore Pte. Ltd	PNCV2019- 00001531	30/10/2019	06/11/2020



SINGAPORE POLICE FORCE



T/20200620/2064

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Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20200620/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BEE CHIANG	ID No.	S0074489A
Related Vehicle	SHA8704A (Car)	Contact No.	NIL
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
Driver			
Name	KIONG GUANG RONG, BENEDICT DESMOND	ID No.	S8608094Z
Related Vehicle	SML1466R (Car)	Contact No.	97570651
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/06/2020	Date Discharge	20/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 20/06/2020 at about 1515hrs I was driving my car (SML1466R) along PIE towards Tuas. At this juncture I was along the Anak Bukit Flyover on the right most lane and negotiating a bend when about 3 car distance in-front of me, I noticed a car swerving off its lane. The car seems to be out of control, noticing this, I then slowed down my car and came to a complete stop. However as my car stopped, another Comfort taxi (SHA8704A) from my rear collided into my car.

Due to this we alighted from our vehicle and exchanged particulars. The taxi driver claimed that he did braked his taxi, but the brake did not engaged effectively. I have my wife and my daughter as my passengers and they were not injured. The taxi driver and 3 other passengers also did not complaint of injured. I felt a cramp on my neck.

My car was dented at the rear bumper while the taxi's front license plate was damaged. I had then seen a doctor and was given 3 days medical leave. I had a front and rear in-car camera installed in my car however I can't seems to retrieve the footage.



**SINGAPORE
POLICE FORCE**



T/20200620/2064

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Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20200620/2064

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:

D /

Sgt 3 CHONG ZHEN LOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

SN 40

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

20/06/2020 16:52

Classification Of Case:

ROYAL CARE MEDICAL YISHUN GROVE

675 YISHUN AVENUE 4

#01-07 SINGAPORE 760675

Medical Certificate

Date : 21 Jun 2020
MC No. : 0000005563

This is to certify that :

Name : NGUYEN HOAI BAC

NRIC : S9085785A

is Unfit for Duty for 3 days

from 21/06/2020 to 23/06/2020 inclusive.

Royal Care Medical Yishun Grove

311, 675 Yishun Ave 4

#01-07 Singapore 760675

LOCUM

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

ROYAL CARE MEDICAL YISHUN GROVE

675 YISHUN AVENUE 4

#01-07 SINGAPORE 760675

Medical Certificate

Date : 21 Jun 2020

MC No. : 0000005565

This is to certify that :

Name : KIONG XIN LE BEATRICE

NRIC : T1804207F

is Unfit for School for 3 days

from 21/06/2020 to 23/06/2020 inclusive.

Royal Care Medical Yishun Grove

675 Yishun Ave 4

#01-07 Singapore 760675

LOCUM

♦This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

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 : MNA120053008 Vehicle Registration No: SML1466R
Name(as shown in NRIC) : KIONG GUANG RONG BENEDICT DESMOND NRIC/FIN/Passport No : SXXXX094Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97570651
Email Address : _____
Date of Accident : 20/06/2020 Time of Accident : 15:15
Place of Accident : PIE (TUAS)
Insurance Company: FWD Singapore Pte. Ltd.

(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:

Amend policy number

Policyholder / Driver's Signature
Date:


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



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: PNCV2019-00001531

Car plate number : SML1466R

Coverage start date: 30/10/2019

Coverage end date: 29/10/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Kiong Guang Rong Benedict Desmond

NRIC/FIN: S8608094Z

Address: 4421 Yishun Avenue 11 16-821 Jade Spring @ Yishun Singapore 760442

Email: benedict.kiong@gmail.com

Mobile Number: 97570651

Date of Birth: 18/03/1986

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: HONDA SHUTTLE 1.5

Year of first registration : 2019

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,523.16

Finance company: Tokyo Century Leasing (Singapore) Pte. Ltd.