

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA2003303**

Date In: <b>22/12-14:17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/EDW22508724</b>	SAS e-filing		
Veh No: <b>5J2H136</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>2/1/2005</b>	i-Motor Claim Form		
OD: <b>TP</b> / 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: <b>5J2H136</b>	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

<b>HA2003303</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) for Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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			
	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:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (N/n INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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	22/06/2020 14:17
Date Of Accident	20/06/2020 15:50
Exact Location Of Accident	PIE (TUAS) TWDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7113G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH HOE KUAN
NRIC No	SXXXX857G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96943124
Alternative Phone No	OFFICE-96943124

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	PNPV2020-00002004
Cover Note Number	

### Driver

Name of Driver	LOH HOE KUAN
NRIC No	SXXXX857G
Date Of Birth	08/03/1973
Occupation	INDOOR
Date Of Driving Pass	15/09/2003
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96943124
Fax Number	
Contact Number	OFFICE-96943124
Email Address	NOEMAIL

Address	BLK 437 JURONG WEST AVENUE 1 #12-422
Postcode	640437
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)	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 - 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/20200622/7006.

#### 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	SJY2230P
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 LOH HOE KUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG7113G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



**IMPORTANT NOTICE**


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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.

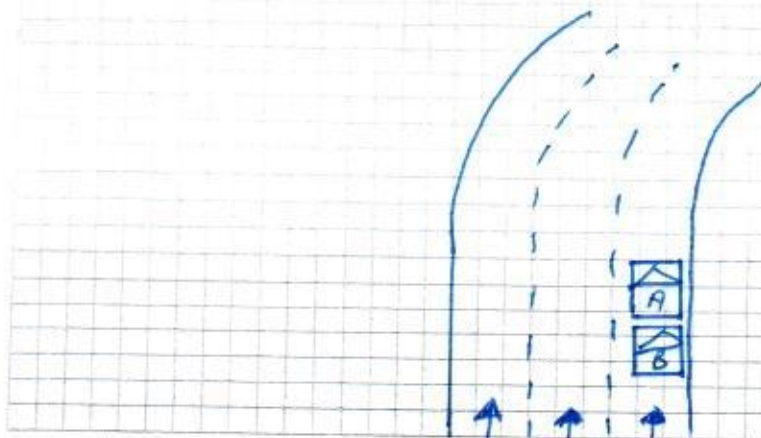
  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

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

# SKETCH PLAN

Vehicle A: SJG713G  
Vehicle B: SJY2230P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, Vehicle A  
was travelling straight on the stated venue. As the front  
vehicle slowed down I followed suit. Suddenly I felt a  
huge impact from the rear portion of my vehicle.  
After I awoke I then realise that is vehicle B that  
collided onto my vehicle.

## 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: 20 / 6 / 2020 (DD/MM/YYYY), TIME: 15 50 (HH:MM)

LOCATION: PTE (TMA5) twrk BKE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S5G7113G  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNPV2020 - 00002604  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Jazz  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Loh Hoe Kuan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S73088516 CONTACT: 96943124  
c) ADDRESS: Bik 437 Jurong West Ave 1 #12-422  
(S) 640437

\* 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: 8 / mar / 19.73 (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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: online

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S5Y2230P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(01)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = ric060autoservices@gmail.com

fax = 6286 7060



# SINGAPORE POLICE FORCE



T/20200622/7006

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

1 of 3

Report No. T/20200622/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2020 11:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LOH HOE KUAN			Address: APT BLK 437 JURONG WEST AVENUE 1 #12-422 SINGAPORE 640437		
ID Type / ID No.: NRIC NO / S7308857G			Contact No.: Home/Office: Mobile: 96943124		
Nationality: SINGAPORE CITIZEN			Email: enquiry@rico60.com		
Sex: Male	Age: 47	Date of Birth: 08/03/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class: 3	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2020 15:50	Type of Location: Bend
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJG7113G	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Red	Seriously Damaged	0
SJY2230P	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200622/7006

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

2 of 3

Report No. T/20200622/7006

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG7113G	FWD Singapore Pte. Ltd	PNPV2020-00002004	28/03/2020	27/03/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH HOE KUAN	ID No.	S7308857G
Related Vehicle	SJG7113G (Car)	Contact No.	96943124
Hospital/Clinic	NIL	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	Serious

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. AS THE FRONT VEHICLE SLOWED DOWN, I FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN REALISE THAT IS VEHICLE B THAT COLLIDED ONTO MY VEHICLE REAR PORTION.

I WAS INJURED WITH NECK AND SHOULDER PAIN AND WENT TO SEE A DOCTOR AND WAS GIVEN 3DAYS MC.

CLINIC : Intemedical 24 Hr Clinic



**SINGAPORE  
POLICE FORCE**



T/20200622/7006

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

3 of 3

Report No. T/20200622/7006

**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 /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

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:  
22/06/2020 11:58

Classification Of Case:





## 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 : PNPV2020-00002004

### About this policy

Premium paid (Inclusive of GST)	: S\$552.32	Coverage start date	: 28/03/2020
Who is insured to drive:	: You and any Authorised Driver	Coverage end date	: 27/03/2021
Policy Type	: CLASSIC		

### About you (As the policyholder)

Your name	: Loh Hoe Kuan		
Address	: 437 Jurong West Ave 1 12-422 Singapore 640437		
Email	: lhoekuan@hotmail.com		
NRIC/FIN	: S7308857G	Date of birth	: 08/03/1973
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 96943124
Years of driving experience	: Three or more	Certificate of merit	: Yes

### About your car

Car make and model	: HONDA JAZZ 1.5
Year of first registration	: 2017
Car plate number	: SJG7113G
Issued on:	: 01/02/2020

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.

  
**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd