

NATIONAL Assessment Centre Services. (part 1 Jan'03) MNA 120071664

Date In: 22/8/20 09:46	Job description	Date & Time Completed	Done by
Ref No: NA/FWD 20008904/44	SAS e-filing		
Veh No: SMC 7305E	E-mail (within 3hrs, A/C 2hrs)		
IC/A: 21/8/20 13:45	I-Motor Claim Form		
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLT-9141U	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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	Action

NA 2004395		Invoice Preparation Checklist		Am. (\$)	Est. Amt. (\$)
1) All: Accident Reporting (\$30);				20.00	
2) DA: Damage Assessment (\$100); INC (\$30)					
3) TP: Towing Fee \$40/\$45					
4) FT: Follow-Through Survey \$120					
5) FT: Follow-Through Survey (Resurvey) \$30					
For claimant against INC Only (w/c 10 Jan 2003)					
6) TR: Re-Inspection \$75					
7) NI: Idao DA + SMRT Survey \$160					
8) NTUC Additional Services:-					
OD:					
*NS: Courtesy Car / Tpt Allowance \$5					
*NG: Repair Co-ordination \$10					
*NF: Post Repair Inspection \$25					
*NS: DV / Collect Excess Coordination \$5					
TP (Nil): TP (Non INC) against INC \$20					
9) NI: Idao Mobile \$0					
Invoice dated	Fee Charged				
Invoice dated	Fee Charged				

Signature: _____

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	22/08/2020 09:46
Date Of Accident	21/08/2020 13:45
Exact Location Of Accident	CTE TWDS SLE AFTER BRADDELL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7305E
Insured/Policyholder	
Name Of Registered Owner	SONG JIASHUN
NRIC No	SXXXX424G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98322519
Alternative Phone No	OFFICE-98322519

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	PNPV2020-00006530
Cover Note Number	

Driver

Name of Driver	SONG JIASHUN
NRIC No	SXXXX424G
Date Of Birth	21/03/1988
Occupation	INDOOR
Date Of Driving Pass	28/07/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98322519
Fax Number	
Contact Number	OFFICE-98322519
Email Address	NOEMAIL

Address	BLK 967 HOUGANG AVE 9 #07-614
Postcode	530967
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)	3
Passenger 1	NAME: : EI MOMOYAN GENDER: : FEMALE
Passenger 2	NAME: : HAILEY SONG GENDER: : FEMALE
Details of Police Action	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
REFER TO STATEMENT & POLICE REPORT E/20200822/7008	
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	SLT9141U
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 2

Vehicle Registration Number GBJ9275M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 SMH2338S
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 SLP6594L
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 SONG JIASHUN
Approximate Age

Injuries Sustain	BODY
Injured person in which vehicle?	SMC7305E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	EI MOMOYAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC7305E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HAILEY SONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC7305E
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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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

On the stated time, date, I, vehicle A (SMC 7305E) was travelling straight on the stated venue. The vehicles in front of me stop and I followed suit. The vehicle behind me also came to a stop as I saw from my rear mirror. Moments later, I heard a loud crash and next moment vehicle B (SLT 9141U) hit onto my vehicle rear causing my vehicle to propel forward onto vehicle E (SLP 6594L). I stepped out of my vehicle and realised I was involved in a chain collision of 5 vehicles.

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 :



SINGAPORE POLICE FORCE



E/20200822/7008

1 of 2

POLICE REPORT (NP299)

Report No. E/20200822/7008

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 22/08/2020 11:52	Vide Report No.	Station Diary No.	
Name Of Informant SONG JIASHUN	Address 967 HOUGANG AVENUE 9 #07-614 SINGAPORE 530967		
ID Type / ID No. NRIC NO / S8809424G	Contact No. Home/Office:	Mobile: 98322519	
Nationality SINGAPORE CITIZEN	Email Address sjs.marc@gmail.com		
Occupation Trader	Sex Male	Age 32	Date of Birth 21/03/1988
Institution/School Name	Race Chinese		
Date/Time Of Incident 21/08/2020 13:45	Location Of Incident CENTRAL EXPRESSWAY		

Brief details.

On the above mentioned date and time, I was travelling in my vehicle SMC7305E along CTE(SLE) with my wife, Ei Mo Mo Yan (S9084209I), and daughter, Hailey Song Yichen (T1808299Z), as rear passenger.

I had slowed down to a stop due to traffic conditions when suddenly, there was one massive impact from the rear of my vehicle. It was so huge that my vehicle was propelled forwards to collide into the vehicle in front.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2020 11:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200822/7008

I alighted to realise that I was involved in a 5 car chain collision where our vehicle was the 3rd of 5 vehicles. Order of vehicles as follows:

- 1) SMH 2338S
- 2) SLP 6594L
- 3) SMC 7305E (me)
- 4) SLT 9141U
- 5) GBJ 9275M

My daughter had injured her leg while my wife had injured her face and knee areas due to the accident. I also felt some strain on my left shoulder.

Hence, we proceeded to Phoenix Medical at Greenwich V for treatment where I was given 1 day MC while my wife was given 3 days MC. My daughter was also given 2 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/08/2020 11:52

Classification Of Case:

Authentication Stamp



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: PNPV2020-00006530 (Comprehensive - Classic Plan)

Car plate number: SMC7305E

Your name (As the policyholder): SONG JIASHUN

Coverage start date: 02/07/2020

Coverage end date: 01/07/2021

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: Maybank Singapore

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

Issued on: 25/05/2020

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

AK

Date of Accident: 21/08/2020 Accident Time: 13:45pm (24-HR-FORMAT)

Accident Place: CTE TOWARDS SLE AFTER BRADDELL

Vehicle Reg. No (Car plate No.): SMC 7305E Vehicle Make/Model: Mercedes C180

Insurance Company: FWD Policy No: PNPV 2020 - 00006530

Name of Registered Owner: Company/Individual SONG JIA SHUN

ID of Registered Owner: Co Reg No: - Owner's NRIC No: S8809424G

Co Contact No: - Owner's Contact No: 98322519

DRIVER'S Name: SONG JIA SHUN DRIVER'S NRIC No: S8809424G

DRIVER'S Date of Birth: 21/03/1988 DRIVER'S License Pass Date: 28 JUL 2009

Relationship bet. Owner & Driver: Spouse / Parents / Child / Parent / Sibling / Employee / Others: OWNER

DRIVER'S Address: BLK 967 HOUGANG AVE 9 #07-614 S (530967)

DRIVER'S Contact No. / Alt No.: (1) 98322519 (2) -

DRIVER'S Occupation: INDOOR/OUTDOOR (eg: working inside or outside of an office)

Email Address: SJS.marc@gmail.com

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 Passenger Name: EI MOMOYAN Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: HAILEY SONG Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: EI MOMOYAN

INJURED NAME: SONG JIA SHUN Injured Name: HAILEY SONG YICHON

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

(B) Other Party Driver's Particulars (if any) (C)

Vehicle Reg No: SLT 9141U Vehicle Reg No: G6J 9275M

Vehicle Make/Model: KIA Vehicle Make/Model: TOYOTA

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____

(D) Other Party Driver's Particulars (if any) (E)

Vehicle Reg No: SMH 2338S Vehicle Reg No: SLP 6594L

Vehicle Make/Model: PRIOUS (TOYOTA) Vehicle Make/Model: TOYOTA

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____