

NATIONAL Assessment Centre Services. [ver 1 Jan 00] MMA 120074536

Date In: 31/8/20 11:25	Job description	Date & Time Completed	Done by
Ref No: MAL FWD 2000 9170164	SAS e-filing		
Veh No: 5LM 16995	E-mail (within 3hrs, A/C 2hrs)		
DOA: 29/8/20 11:05	I-Motor Claim Form		
UD: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK311		

Preferred Wksp / INC Assgn Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: GBH 5654P.	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 () / 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 200 4528		Invoice Itemization Checklist	Amount (\$)	PAID (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:		3) TP: 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 claimant's use only (INC Only) (w/c 10 Jan 2007)		
Est. 1:		6) TR: Re-inspection \$75		
Est. 2:		7) N1: Idao DA + SMRT Survey \$160		
Est. 3:		8) NTUC Additional Services:		
		Q1:		
		*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 (Non-INC) against INC \$20		
		9) N12: Idao Mobile \$0		
		Invoice dated	Fee	
		Invoice dated	Fee	

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	31/08/2020 11:25
Date Of Accident	29/08/2020 11:05
Exact Location Of Accident	PIE EXIT 6 TWDS BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1699S
Insured/Policyholder	
Name Of Registered Owner	KHOO CHOON MENG VICTOR
NRIC No	SXXXX066C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97610392
Alternative Phone No	OFFICE-97610392

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308
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	PNPV2018-00003579-02
Cover Note Number	

Driver

Name of Driver	REBECCA THAM YANG MEI(REBECCA TAN ENMEI)
NRIC No	SXXXX028H
Date Of Birth	28/10/1977
Occupation	INDOOR
Date Of Driving Pass	02/10/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81636343
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	29 TAMPINES ST 34 #10-28
Postcode	529236
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : TYLER JAMES KHOO GENDER: : MALE
Passenger 2	NAME: : SOPHIE HANNAH KHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	GBH5654P
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)

SKETCH PLAN

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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:

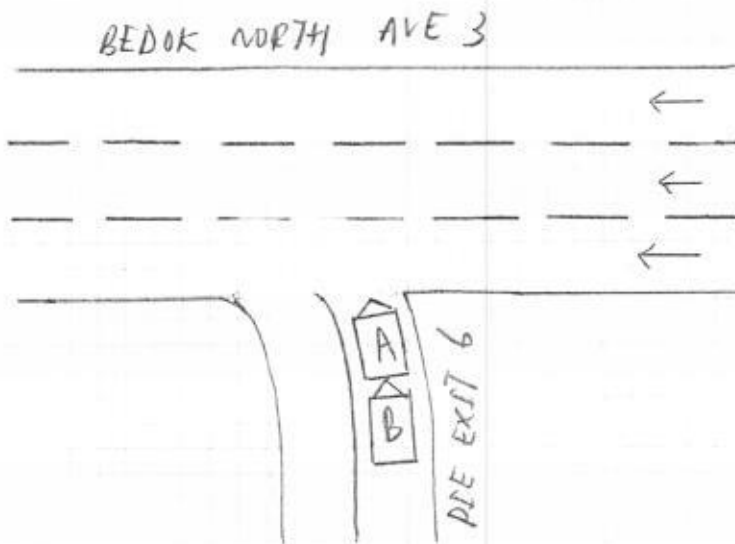


Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/08/20 10am



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

SKETCH PLAN



A - SLM 1699S

B - GBH 5654 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary my vehicle at PLE exit 6 stop road to give way to the oncoming vehicle from Bedok North Ave 3. Suddenly vehicle B (GBH 5654 P) hit me from behind.

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: 31/05/20 10am



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



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: PNPV2018-00003579-02 (Comprehensive - Classic Plan)

Car plate number: SLM1699S

Your name (As the policyholder): Khoo Choon Meng Victor

Coverage start date: 23/03/2020

Coverage end date: 22/03/2021

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: OCBC Bank Limited

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

Issued on: 17/02/2020

Abhishek Bhatia
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.

Accident Report Information			
Accident Date	29.08.2022	Accident Time	11:05
Location Of Accident	PTE exit 6 toward		
Vehicle Registration No	SLM 1699S		
INSURED/POLICYHOLDER (OWN VEHICLE)			
Registered Owner Name	Khoo Choon Meng, Victor		
NRIC No/ ROC No	S 7900066C		
Mobile Phone No	97610392	Email Address	rotciroohk@yahoo.com.sg
VEHICLE INFORMATION			
Manufacturer/ Model	Pentastar 308		
Exact Purpose for which vehicle was being used at time of accident	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Reporting Only
Vehicle Category	<input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> MOTOR TRADE	<input type="checkbox"/> TANKER <input type="checkbox"/> PRIVATE HIRER <input type="checkbox"/> GOVERNMENT
INSURANCE COMPANY (OWN VEHICLE)			
Insurance Company	FWD	Fleet Policy	Yes / No
Policy Number	PNPV2018-00003579-02	Type Of Coverage	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft
Cover Note Number			
DRIVER IDENTIFICATION			
Driver Name	Rebecca Tham Yany Mei	Driver NRIC	S 7732028-H
Date Of Birth	28.10.1977	Occupation	Indoor / Outdoor
Driving Date Pass	02.10.2002	Gender	Male / Female
Mobile Phone No	81636343	Email Address	
Address	29 Tampines St 34 #10-28		Postcode 529236
Relationship	<input type="checkbox"/> Employee <input type="checkbox"/> Owner	<input type="checkbox"/> Relative <input type="checkbox"/> Friend	<input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Hirer <input type="checkbox"/> Parent Other: spouse
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident	Front to rear		
Weather Condition	Clear / Raining / Others:	Road Surface	Dry / Wet / Others:

OTHER INFORMATION

Injured	<u>No / Yes</u>	Was there any other vehicle or property damaged?	No / <u>Yes</u>
Was any injured conveyed to hospital by ambulance?	<u>No / Yes</u>	Was any foreign vehicle involved in this accident?	No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	No / Yes		
Number of Passengers (Including Driver)			
Passenger Details	Male / Female - 1.	TYLER JAMES <u>KHOO</u>	
	Male / Female - 2.	SOPHIE HANNAH <u>KHOO</u>	
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		

DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	GEH 5654 P		
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 2

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			