

Date In: > 3/9/20 15:11	Job description	Date & Time Completed	Done by
Ref No: MA1 FWO20009393/64	SAS e-filing		
Veh No: SKM 7004.U	E-mail (within 3hrs, A/C 2hrs)		
D.P.A: 3/9/20 11:20	I-Motor Claim Form		
(1) (1P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SMQ 548T. 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

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

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

Comments: (INC 24/01/20 07:02:0016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

MA 200 4643

Driver/Owner:	1) AR: Accident Reporting (\$30)	20.00
Contact No:	2) DA: Damage Assessment (\$160); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/c 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	QD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N11 INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated	Fax Charged
	Invoice dated	Fax Charged

MA 200 4643

MA 200 4643

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	03/09/2020 15:11
Date Of Accident	03/09/2020 11:20
Exact Location Of Accident	JUNC OF CLEMENTI RD & KENT RIDGE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7004U
Insured/Policyholder	
Name Of Registered Owner	KOH JOE WENG ALBERT
NRIC No	SXXXX689E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98319673
Alternative Phone No	OFFICE-98319673

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	PNCV2019-00000776
Cover Note Number	

Driver

Name of Driver	KOH JOE WENG ALBERT
NRIC No	SXXXX689E
Date Of Birth	20/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1978
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98319673
Fax Number	
Contact Number	OFFICE-98319673
Email Address	NOEMAIL

Address	BLK 247 SIMEI ST 5 #10-21
Postcode	520247
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	2
Passenger 1	NAME: : UNKNOWN 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	SMQ548T
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	YN644Y
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	SLA1136M
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	KOH JOE WENG ALBERT
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKM7004U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


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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:

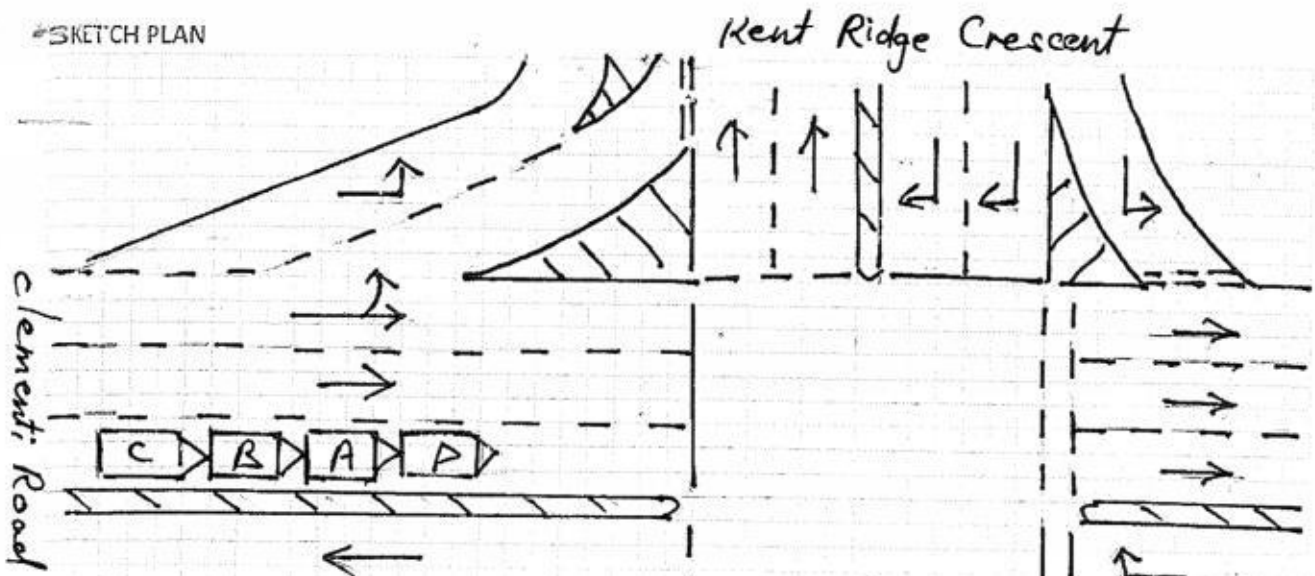
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

(A) SKM 7004 U
(B) SMQ 548 T

(C) YN 644 Y
(D) SLA 1136 M

On 03/09/2020 at about 1120 hrs at Junction of Clementi Rd and Kent Ridge Crescent. I was travelling on the extreme Right Lane along Clementi Road towards Pasir Panjang Rd and when coming towards the above mentioned junction, my front vehicle slow down and stop before the 'RED' traffic light hence I follow suit and came to a complete stop. Suddenly I felt a great impact from the Rear and the impact forced my Vehicle (A) forward to hit onto the Rear Portion of Vehicle (A). When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. Total 4 vehicles involved in this chain collision. I have one passenger inside my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:



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: PNCV2019-00000776

Car plate number : SKM7004U

Coverage start date: 11/07/2019

Coverage end date: 27/09/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Koh Joe Weng Albert

NRIC/FIN: S1231689E

Address: 247 Simei Street 5 10-21 Singapore 520247

Email: akjwb@singnet.com.sg

Mobile Number: 98319673

Date of Birth: 20/09/1957

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: VOLKSWAGEN JETTA 1.4

Year of first registration : 2014

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,087.69

pls email to

mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	3/9/2020	Time:	11.20	(hh:mm) 24 hr format
Location	Junction of Clementi Road & Kent Ridge Crescent			
Vehicle Number	SKM 7004 U			
Insured Name	KOH JOE WEN ALBERT			
NRIC/FIN	51231689E	Contact Number	9831 9673	
Make	VOLKSWAGEN	Model	JETTA 1.4 TSI AT 162365	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	FWD			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	PNCV2019 - 00000776			
Name of Driver	(/) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	20-09-1957			
Driving Pass Date	11-AUG-1978			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	() NO EMAIL			
Address of Driver	BLK 247 SMC1 STREET 5 #10-21 S (520-247)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle prizzle				
Weather Conditions () Clear () Raining () Others				
Road Surface () Dry (/) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? (/) Yes () No				
If yes, injured detail Pain back & neck pain				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SMQ 548T			
Veh C	YN 6444			
Veh D	SLA 1136M			
Veh E				
Veh F				

Include Driver 2 person only

(F) passenger