

NATIONAL Assessment Centre Services. part 1 Jan 05 **2 MAY 2008 01:17**

Date In: 15/09/2008 17:25	Job description	Date & Time Completed	Done by
Ref No: N99/PWD 20009906/4	SAS e-illing		
Veh No: SKH 7489E	E-mail (By date start, AIG 2 hrs)		
D.O.A: 15/09/2008 01:00	1-Motor Claims Form		
OD TP Reporting Only	1-Motor W/O (With/Out OD 2 hrs, TP 4 hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

Preferred Wksp / INC Assgn Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: XE 554RB	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 repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

XA200495	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against HIC Only (over 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: IDA DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	OD:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$21
	*NI: DV / Collision Insurance Coordination	\$3
	TP (NI) TP (Non INC) against HIC	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	15/09/2020 17:25
Date Of Accident	15/09/2020 01:00
Exact Location Of Accident	ANG MO KIO AVE 1 TWRDS BOUNDARY ROAD BEFORE AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH7489E
Insured/Policyholder	
Name Of Registered Owner	HONG KIAT HUAT
NRIC No	SXXXX144F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94557699
Alternative Phone No	OTHERS-94557699

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00014591
Cover Note Number	

Driver

Name of Driver	HONG KIAT HUAT
NRIC No	SXXXX144F
Date Of Birth	15/02/1976
Occupation	INDOOR
Date Of Driving Pass	10/08/1994
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94557699
Fax Number	
Contact Number	OTHERS-94557699
Email Address	NOEMAIL

Address	9 SIN MING WALK #18-02 THE GARDENS AT BISHAN
Postcode	575578
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 . POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200915/2049

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	XE5545B
Vehicle Make/Model/Colour	MITSUBISHI FUSO
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 INJURED PERSON 1

Name HONG KIAT HUAT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKH7489E

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:

15/09/2020
Name: 20821 [Signature]
NRIC/FIN No.:

SKETCH PLAN

ANG MO KIO AVEI
TWO
BOUNDARY

A

B

(A) SKH 7489

(B) XE 5545 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/2020915/2049

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 ACCIDENT STATEMENT

ACCIDENT DATE: 15-Sep-2020

ACCIDENT TIME: 0100

LOCATION: ANG MO KIO AVE 1 TWDS BOUNDARY ROAD BEFORE AVE 3

VEHICLE NUMBER: SKH7489E

INSURED NAME: HONG KIAT HUAT

NRIC / FIN: S1822144F

CONTACT: 94557699

MAKE: MERCEDES BENZ

MODEL: C180K

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: FWD

TYPE OF POLICY: Comprehensive

POLICY NUMBER: PNPV2019-00014591

EXPIRY DATE: 26-Jan-2021

NAME DRIVER: HONG KIAT HUAT

NRIC / FIN: S1822144F

CONTACT: 94557699

DATE OF BIRTH: 15-Feb-1976

DRIVING PASS DATE: 10-Aug-1994

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 9 SIN MING WALK #18-02 THE GARDENS AT BISHAN SINGAPORE 575578

Relationship Of The Driver With The Insured: Owner

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
HONG KIAT HUAT	S1822144F	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? Yes

Police Report Number: T/20200915/2049

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B XE5545B				Not Sure



SINGAPORE POLICE FORCE



T202009152049

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T202009152049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 14:12		Vide Report No.:		Station Diary No.: 55
Informant's Particulars				
Name of Informant: HONG KIAN HUAT		Address: 9 SIN MING WALK #18-02 SINGAPORE 575578		
ID Type / ID No.: NRIC NO / S1822144F		Contact No.: Home/Office: Mobile: 94557699		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 15/02/1967	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Building construction engineer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/09/2020 01:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SKH7489E	Car	MERCEDES BENZ	C180K	Grey	Seriously Damaged	0
XE5545B	Truck	MITSUBISHI	FUSO FP70HDR2V DEA	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH7489E	FWD Singapore Pte. Ltd	PNPV2019-00014591	04/09/2019	26/01/2021



SINGAPORE POLICE FORCE



T/20200915/2049

Police Station Of Origin:
Bishan N.P.C

2 of 3

20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No T/20200915/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HONG KIAN HUAT	ID No.	S1822144F
Related Vehicle	SKH7489E (Car)	Contact No.	94557699
Hospital/Clinic	AMK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHD FALD BIN SAF AWE	ID No.	S7523358B
Related Vehicle	NIL	Contact No.	9763358B
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

Brief Details.

On the 15/09/2020 at 0100hrs, I was travelling along Ang Mo Kio Ave 1 towards Ang Mo Kio Ave 3 in SKH7489E. Suddenly, just before I was about to cross into the junction of Ang Mo Kio Ave 1 and Ang Mo Kio Ave 3, a big truck (XE5545B) collided head on to the rear of my car. I swung my car to the left and came to a stop promptly. Initially, I did not know what had hit my car until a resident in the neighbor hood who had witnessed the accident informed me that a truck had hit me and simply continued down the road. I soon after called for police and traffic police attended to the scene. After police investigations, the driver of the truck contacted and was called back to incident location where I exchanged particulars with him. My car suffered heavy damage to it's rear while the truck suffered minor damages to it's front. Since I experienced dizziness and neck sprain, I went to AMK Family Clinic PTE LTD for medical check up. I was diagnosed with neck sprain and Bilateral Trapezius Sprain. I was also given 3 days of MC.



SINGAPORE
POLICE FORCE



T/20200915/2049

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No T/20200915/2049

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:

E /

SCSGT(1) MOHAMED ZAFIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

15/09/2020 14:12

Classification Of Case:

Authentication Stamp

NP108



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE



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: PNPV2019-00014591 (Third Party)

Car plate number: SKH7489E

Your name (As the policyholder): Hong Kian Huat

Coverage start date: 04/09/2019

Coverage end date: 26/01/2021

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:

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

Issued on: 16/07/2020

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	144F
Vehicle Details	
Vehicle No.:	SKH7489E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Sep 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180K
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	27191031292448
Chassis No.:	WDD2040452A354901
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$36,976.00
Original Registration Date:	27 Jan 2010
First Registration Date:	27 Jan 2010
Transfer Count:	4
Actual ARF Paid:	\$36,976.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jan 2030
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$32,368.00
COE Rebate Amount:	\$30,305.00
Total Rebate Amount:	\$30,305.00

The information contained herein is correct as at 15 Sep 2020

OK