

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA120085605

|                        |  |                       |         |
|------------------------|--|-----------------------|---------|
| Date In: 1/10/20-14:09 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA120085605/24 | SAS e-filing                             |                       |         |
| Veh No: 56X155C        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 30/9/20-17:25  | i-Motor Claim Form                       |                       |         |
| OD: TP 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: 56X155C  | 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 hotline: 6788 6616)                       | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |                       |                       |
|---------------------------------|---|-------------|-----------------------|-----------------------|
| NA120085605                     | Invoice Preparation Checklist                   |             | Am't (\$)<br>Inc Bill | Am't (\$)<br>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:-                   |             |                       |                       |
|                                 | QD*   |             |                       |                       |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |             |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |             |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |             |                       |                       |
| Auditors' Comments:-            | *N8: DV / Collect Excess Coordination \$5       |             |                       |                       |
|                                 | TF (N11): TP (N-n INC) against INC \$20         |             |                       |                       |
|                                 | 9) N12: Idac Mobile 30                          |             |                       |                       |
|                                 | 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             | 01/10/2020 14:09                     |
| Date Of Accident           | 30/09/2020 17:25                     |
| Exact Location Of Accident | PIE (TUAS) BEFORE PAYA LEBAR RD EXIT |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGX155C              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | AARON WOON GUO JIE   |
| NRIC No                     | SXXXX679E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90681318 |
| Alternative Phone No        | OFFICE-90681318      |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | BMW                                    |
| Model  | 335I COUPE SMT HID ABS D/AB 2WD 2DR SR |
| 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             | PNPV2020-00004400       |
| Cover Note Number         |                         |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LAM LI MIN, YVONNE   |
| NRIC No              | SXXXX155B            |
| Date Of Birth        | 02/10/1985           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 27/09/2019           |
| Driving Experience   | 1 YEAR AND 0 MONTHS  |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-90681318 |
| Fax Number           |                      |
| Contact Number       | OFFICE-90681318      |
| Email Address        | NOEMAIL              |

|   |                          |
|---|--------------------------|
| Address   | 64 FLORA DRIVE<br>#07-54 |
| Postcode  | 506860                   |
| 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 | -<br>-<br>-              |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-              |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | RAINING         |
| Road Surface       | WET             |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 3   |
| 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                       | BEDOK POLICE DIVISIONAL HQ (G DIVISION)  |
| Police Station Address                    | <b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20200930/7081.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLK8932H    |
| 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

SLD8469R

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

LAM LI MIN, YVONNE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGX155C

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.
- 2) This Form must be **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

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

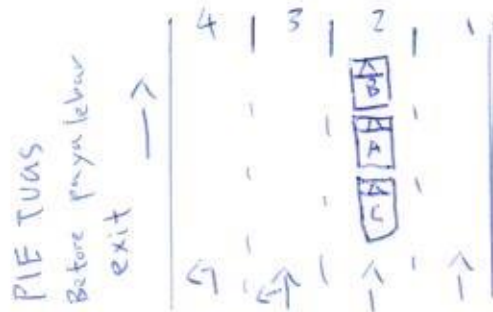
Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No:

### SKETCH PLAN

Veh A: SGX155C

Veh B: SLK8932H

Veh C: SLP8469R



Refer to police report G/20200930/7081

### **DECLARATION**

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 09 / 2020 (dd/mm/yy) Time of Accident: 17 : 25 (24-HR-FORMAT)

Vehicle No.: SGX155C Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: PIE THAS Before paya lehar exit

Policyholder's Name/ IC No.: AARON WOON GUO JIE (S8426579E)

Driver's Name/ IC No.: Lam Li min . yvonne (S8532155B) (As Above) ☐

Driver's Contact No.: 90681318 Company Contact No.: -

Driver's Address: 64 FLORA DRIVE #07-54

Insurance Company: FWD Email address (if any): Sales @ garage 13 - com - sg

#### Relationship between Owner & Driver:

Owner ☒ Spouse ☐ Children ☐ Friend ☐ Parent ☐ or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use/ ☐ Work purpose

**Occupation (nature of job):** ☒ Indoor/ ☐ Outdoor

**No. of Passengers (Including Driver):** 01

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☒ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes/ ☐ No

**Any Injuries:** ☒ Yes/ ☐ No

(If YES) Injured Person's Name: Lam Li min . yvonne

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: SGX155C

**Police Report filed:** ☒ Yes/ ☐ No (If YES) Which Police Station: online traffic police report

#### The Other Party(s) Details:

1. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. SLK 8932H

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. SLD 2469R

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**POLICE REPORT (NP299)**

Report No. G/20200930/7081

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

|   |   |                   |                             |                 |
|---|---|-------------------|-----------------------------|-----------------|
| Date/Time Report Made<br>30/09/2020 21:01 | Vide Report No.                                   | Station Diary No. |                             |                 |
| Name Of Informant<br>LAM LI MIN, YVONNE   | Address<br>64 FLORA DRIVE #07-54 SINGAPORE 506860 |                   |                             |                 |
| ID Type / ID No.<br>NRIC NO / S8532155B   | Contact No.                                       |                   |                             |                 |
|   | Home/Office:                                      | Mobile:           |                             |                 |
|   |   | 90681318          |                             |                 |
| Nationality<br>SINGAPORE CITIZEN          | Email Address<br>YVONNE.LAM.LI.MIN@GMAIL.COM      |                   |                             |                 |
| Occupation<br>Operations Manager          | Sex<br>Female                                     | Age<br>34         | Date of Birth<br>02/10/1985 | Race<br>Chinese |
| Institution/School Name                   | Language<br>English                               |                   |                             |                 |
| Date/Time Of Incident<br>30/09/2020 17:25 | Location Of Incident<br>PAN ISLAND EXPRESSWAY     |                   |                             |                 |

### Brief details.

On the above mentioned date and time, I was driving my vehicle SGX 155C along PIE(TUAS) when I gradually came to a stop due to traffic conditions.

Suddenly, a massive impact caused my vehicle to surge forwards and collided into the vehicle in front, SLK 8932H.

I alighted to realise that I was involved in a 3 car chain collision.

|   |  |  |
|---|--|--|
| Signature Of Officer Recording The Report:  |  | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Not applicable                              |  | Date/Time:<br>30/09/2020 21:01   |
| Signature Of Interpreter:<br>Not applicable |  | Classification Of Case:  |
| Officer In-Charge Of Case:                  |  |  |

Authentication Stamp





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20200930/7081

SLD 8469R had collided into my rear causing me to hit the front car.

Later that evening I started feeling soreness over my neck, right shoulder, chest and back areas. As such, I went to my family doctor at Unihealth Clinic Bedok for treatment and was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

30/09/2020 21:01

Classification Of Case:

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

18 Jun 2020

Our ref 1806200203N061014337

AARON WOON GUO JIE  
64 FLORA DRIVE  
#07-54  
SINGAPORE 506860

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMT2207Z  
With SGX155C**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMT2207Z, now has the number SGX155C.

The vehicle details after the transaction are:

|                          |   |
|--------------------------|---|
| Transaction No.          | : 20200618124008027225                      |
| Vehicle Registration No. | : SGX155C (Previously SMT2207Z)             |
| Vehicle Make             | : B.M.W.                                    |
| Vehicle Model            | : 335I COUPE SMT HID ABS D/AB<br>2WD 2DR SR |
| Chassis No.              | : WBAKG72090E397072                         |
| Engine No./ Motor No.    | : 15147395N55B30A / -                       |

**What You Need To Do:**

- You must show the new number SGX155C on your vehicle by 21 Jun 2020.

Please change the number plates on this vehicle to show SGX155C by 21 Jun 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.





## 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: PNPV2020-00004400 (Comprehensive - Classic Plan)**

Car plate number: SMT2207Z

Your name (As the policyholder): Aaron Woon Guo Jie

Coverage start date: 01/04/2020

Coverage end date: 31/03/2021

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:

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

Issued on: 31/03/2020

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.