

NATIONAL Assessment Centre Services. [part 1 Jan 2005] SM 0920C1000

Date In: 11/12/20 15:16	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 200 13202164	SAS e-filing		
Veh No: SLX 4623H	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 28/11/20 12:30	1-Motor Claim Form		
OD:  Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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: SKW 5216 K. 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	Date Claim 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

NA 2006540	Invoice Registration Charge	Inc (\$)	By Admin (\$)
Client/TP Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Assessor's Comments:	For claimant against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*NI: DV / Collect Excess Coordination \$3		
	TE (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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 Submission ..... 01/12/2020 15:16 (SGT)  
Date of Accident ..... 28/11/2020 12:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... CTE TWDS AYE BEFORE BRADDELL EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX4623H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAI LAM TUCK  
NRIC No ..... SXXXX999D  
Email Address ..... THOMAS888SG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98768955  
Alternative Phone No ..... +65-98768955

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... PNCV2019-00000160-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAI LAM TUCK  
NRIC No ..... SXXXX999D  
Date Of Birth ..... 13/04/1957  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/02/1978
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98768955
Alt. Phone Number .....	+65-98768955
Email Address .....	THOMAS888SG@GMAIL.COM
Address .....	71 CHOA CHU KANG LOOP #02-18
Address complement .....	-
Postcode .....	689673
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Aljunied Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002809999
Alt. Police Station Phone No .....	(Fax) +65-62815960
Police Station Address .....	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20201128/2087

#### 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 ..... SKW5216K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SHD3689C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... LAI LAM TUCK  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLX4623H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

### 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. 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:

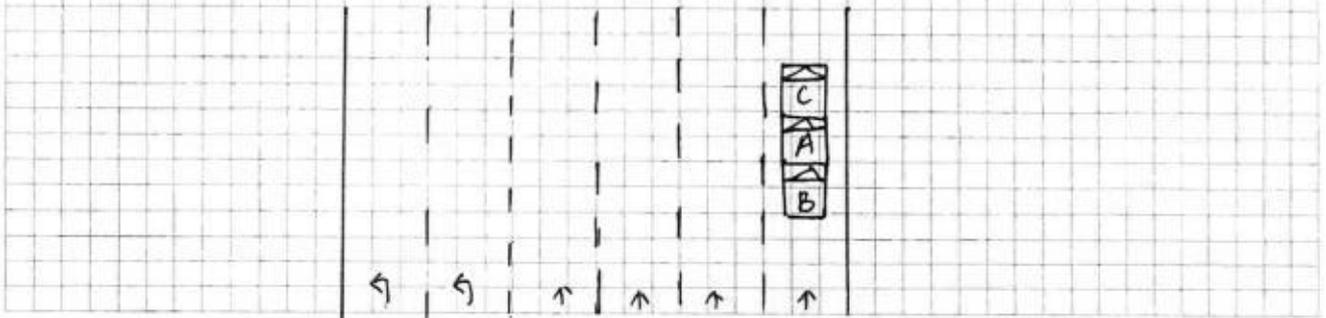


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

CTE towards AYE Before Braddell Exit

Vehicle A: SLX4623H  
Vehicle B: SKW5216K  
Vehicle C: SHD3689C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SLX4623H) was travelling along  
at the stated location on Lane 1. As in front vehicle slowed down and came to  
a stop, I followed suit. Suddenly, I felt a huge impact from my rear portion  
causing my vehicle to surge forward and collided onto vehicle C (SHD3689C). I  
alighted and realised I am involved in a chain collision consisting of 3 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**



T/20201128/2087

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

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Report No. T/20201128/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2020 17:50		Vide Report No.: E/20201128/0093		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: LAI LAM TUCK			Address: 71 CHOA CHU KANG LOOP #02-18 NORTHVALE SINGAPORE 689673		
ID Type / ID No.: NRIC NO / S1226999D			Contact No.: Home/Office:                      Mobile: 98768955		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 13/04/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2020 12:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Lamp Post Number: 251				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3689C	Car					0
SKW5216K	Car					0
SLX4623H	Car	HONDA	FIT 1.3GF CVT	Silver	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

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Report No. T/20201128/2087

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX4623H	FWD Singapore Pte. Ltd	PNCV2019-00000160-01	28/03/2020	27/03/2021

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL      Use of Pedestrian Crossing: NA

**Driver**

Name      RAVINDRAN S/O SENATAMBY      ID No.      S1538556A

Related Vehicle      SHD3689C (Car)      Contact No.      NIL

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

**Driver**

Name      REMUS TAY GENG KWENG      ID No.      S9912822D

Related Vehicle      SKW5216K (Car)      Contact No.      96844820

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

**Driver**

Name      LAI LAM TUCK      ID No.      S1226999D

Related Vehicle      SLX4623H (Car)      Contact No.      98768955

Hospital/Clinic      NIL      Class of Driving Licence & Expiry Date      Class: 3  
Date of Expiry: NIL

Date Treatment      NIL      Date Discharge      NIL

No. of Days granted Medical Leave      NIL      Degree of Injury      NIL



**SINGAPORE  
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

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Report No. T/20201128/2087

**CONTINUATION OF REPORT**

**Brief Details.**

On 28/11/2020 at about 1230hrs, I was travelling in my vehicle (SLX4623H) on the right most lane of CTE (City), slightly before the Braddell road exit, lamp post 251. I was ferrying 3 passengers including a very young child, travelling behind a blue colour taxi (SHD3689C). As the traffic was quite heavy at that point of time, the taxi in front of me came to a complete stop and I follow suit. Suddenly, a vehicle (SKW5216K) collided into me from behind which resulted in me surging forward and colliding into the taxi. We alighted to make a check on each other and our vehicles.

From the looks of it, the drivers and passengers did not suffer any visible injuries. I exchanged particulars with both driver and shortly after, Traffic Police officers arrived vide incident E/20201128/0093. We told the officers what happened and subsequently, my 3 passengers were conveyed to hospital by ambulance to make further checks on the young child to make sure that there are no injuries.

My vehicle sustained damages to both the front and back. The front bumper is dented and the bonnet cannot be closed. The headlights are also cracked. The rear bumper and boot door is totally dented. I called for a tow truck to tow my vehicle back to the workshop.

I wish to state that I did not suffer injuries and I do not feel any pains in my body after the accident. I also wish to further state that I have a in car camera facing the front of my vehicle. It was working at the time of accident and the SD card has already been taken by the Traffic Police officer.

I am lodging this report for record and insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

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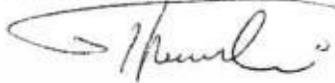
Report No. T/20201128/2087

**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 / Sgt 2 GARY LEW QI HAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2020 17:50
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case: SIN 29
Authentication Stamp NP168	



## 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: PNCV2019-00000160-01**

Car plate number : SLX4623H

Coverage start date: 28/03/2020

Coverage end date: 27/03/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: Lai Lam Tuck

NRIC/FIN: S1226999D

Address: 71 Choa Chu Kang Loop 02-18 Northvale Singapore 689673

Email: thomas888sg@gmail.com

Mobile Number: 98768955

Date of Birth: 13/04/1957

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: HONDA FIT 1.3

Year of first registration : 2018

Plan type: THIRD PARTY,FIRE,THEFT

Standard Excess: Not Applicable

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,456.89

Finance company: Maybank

Date of Accident : 28/11/2020 Accident Time: 1230hrs (24-HR-FORMAT)

Accident Place : (TE towards AYE Before Braddell Exit)

Vehicle Reg. No (Car plate No.) : SLX 4623H Vehicle Make/Model: Honda Fit

Insurance Company : FWD Policy No. PNLV2019-0000160-01

Name of Registered Owner : Company / Individual Lai Lam Tuck

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1226999D  
 Co Contact No: - Owner's Contact No: 98768955

DRIVER'S Name : Lai Lam Tuck DRIVER'S NRIC No: S1226999D

DRIVER'S Date of Birth : 13-04-1957 DRIVER'S License Pass Date 14 Feb 1978

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : 71 Choa Chu Kang Loop #02-18 Northvale Singapore 689673

DRIVER'S Contact No./ Alt No. : 1) 98768955 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : thomas88889@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Unknown (E)

Number of Passengers (including Driver): 04 Passenger Name: Unknown Gender: M/F

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

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: \_\_\_\_\_  
 Injured Name: \_\_\_\_\_

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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SKW 5216K</u>	Vehicle Reg No: <u>SHD 3689C</u>
Vehicle Make/Model: <u>Nissan</u>	Vehicle Make/Model: <u>Hyundai</u>
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____