

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **SN092C3000A**

Date In: 4/12/05-10:06	Job description	Date & Time Completed	Done by
Ref No: 1615020033487W	SAS e-filing		
Veh No: 55864VB	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 21/12-10:45	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: 55864VB	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 & 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

1A20655	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	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: 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 Submission	04/12/2020 10:06 (SGT)
Date of Accident	02/12/2020 10:45 (SGT)
Exact Location of Accident	6 Sims Dr, Singapore
Additional Location Information	SIMS URBAN OASIS CONDOMINIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8642B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWEK LEW TAT SAMUEL
NRIC No	SXXXX050F
Email Address	samuelkweklewtat@gmail.com
Mobile Phone No	(Phone) +65-98734211
Alternative Phone No	+65-98734211

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Comprehensive
Fleet Policy	No
Policy Number	PNCV2020-00000259
Cover Note Number	-

DRIVER

Name of Driver	KWEK LEW TAT SAMUEL
NRIC No	SXXXX050F
Date Of Birth	14/02/1974
Occupation	Outdoor

Date Of Driving Pass	30/11/1999
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98734211
Alt. Phone Number	+65-98734211
Email Address	samuelkweklewtat@gmail.com
Address	BLK 279 TOH GUAN ROAD
Address complement	#11-195
Postcode	600279
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	Collision - Roundabout
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SGR1018R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWEK LEW TAT SAMUEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJS8642B
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 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.

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.

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

Refer to attached sketch plan.

Describe Circumstances of the Accident

Refer to police report - 4

Declaration

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


Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

Technical error!

ACCIDENT DATE: (2/12/20) (DD/MM/YYYY), TIME: (10:45) (HH:MM)

LOCATION: 6 Sims Dr, Sims Urban Oasis Condominium

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JS8642B
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ps working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9873421
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHR1018R MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video =



REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 2/12/2020 at 1305hrs	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: Kuek Lew Tat Samuel		Address: BLK 279 TOH GUAN ROAD #11-195		Postal Code: 600279
ID Type/No: S7405050F	Date of Birth: 14/02/1974	Contact No.:- Home:	Mobile: 98734211 Office:	Driving Licence Information :- Class: 3 Date of Expiry:
Race: Chinese	Age: 46	Sex: Male	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)	
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Driver at GRAB				

General Information on the Accident

Type of Accident :	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: 02/12/2020	Type of Location:
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 1045hrs	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)

In 6 Sims drive, Sims Urban Oasis condominium

Type of Collision:

(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input checked="" type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)	(ii) Moving Vehicle Against : <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input checked="" type="checkbox"/> Others (specify) Between moving vehicles	Weather : <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
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Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: 10 km/h	Drink Drive: Yes <input checked="" type="checkbox"/> No Anyone conveyed by ambulance: Yes <input checked="" type="checkbox"/> No
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Details Of Vehicle(s) & Driver(s) Involved

Vehicle No.	Type/Make/Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of Insurance
SJS 8642B	Hyundai Avante/silver	Slight damage	Kuek Lew Tat S7405050F	3	98734211	3 day Mc	FWD	PNCV 2020-00000259	31/03/2020 to 30/03/2021
SGR 1018R	Hyundai Elantra gold	slight damage	Lee Fook Wah S0043027G	-	96656051	-	-	-	-

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)

Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Police Station Of Origin : Hougang NPP



Report No.

IP No.

IO In-charge : IO Jeremah

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved

Any Pedestrian Involved: Yes / ☒ No

No. of Pedestrians Injured:

Whether Pedestrian Crossing Was Used :

☐ Used ☐ Not Used ☒ Not Available

Pedestrian's Degree of Injury :

☐ Killed ☐ Seriously Injured ☐ Slightly Injured ☒ Not Injured

Information on Eyewitness

Any eyewitness available : Yes / ☒ No

Eyewitness' Particulars Available: Yes / ☒ No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Brief Details. This report shall be signed by the informant.

On 02/12/2020 at 1045hrs, I am a grab driver with vehicle registration plate number SJS86A2B. I was driving straight behind incident location (6 Sims drive) guardhouse. It was a roundabout and I was going straight to exit the said location. Suddenly, a vehicle with registration plate number SGR1018R appeared on my right and collided with my front right side and bumper area. I enquire with my 2 passengers who informed they are not injured. I came out of my vehicle and discovered my vehicle sustained dents and scratches on my front right portion and front right bumper area while the other vehicle front registration plate number dropped out and minor scratches on his front portion. The other driver informed that he is not injured and apologized to me. We took Photos and exchange our particulars. We agreed on insurance claim and left.

Instructions

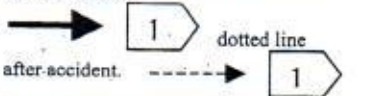
1. Number each vehicle and show direction of travel by arrow.



2. Number each pedestrian and show direction by arrow.



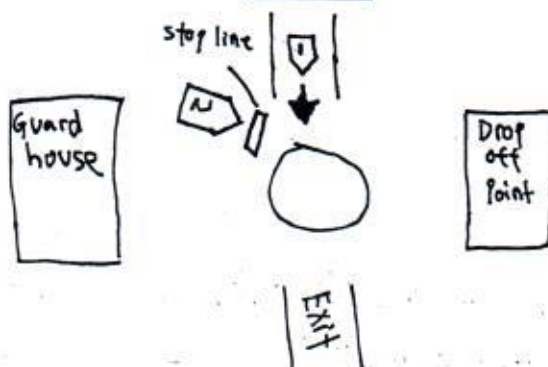
3. Use solid line to show path of vehicle before accident



4. Show distance and direction to landmarks, identify by name.

5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report:

Sgt(2) Dominique Tai Dam T130251

Name/Signature Of Interpreter:

Investigation Officer In-Charge Of Case:

TP/AEIT IO Jeremah / Tel: 65476219

Signature Of Informant:

Signature: (WEEK LEW FAT SHARAF S4635050F)

Date:

2/12/2020

Classification Of Case:

AEIT

Authentication Stamp



fwd.com.sg



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: PNCV2020-00000259

Car plate number : SJ586428

Coverage start date: 31/03/2020

Coverage end date: 30/03/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Kwek Lew Tat Samuel

NRIC/FIN: S7405050F

Address: 279 Toh Guan Road 11-195 Toh Guan View Singapore 600279

Email: cokecola888@yahoo.com

Mobile Number: 98734211

Date of Birth: 14/02/1974

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: HYUNDAI AVANTE 1.6

Year of first registration: 2009

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,664.26