

NATIONAL Assessment Centre Services.

(part 1 Jan 03)

SN 0920 0200 J

Date In: 21/12/20 16:27

Job description

Date & Time Completed

Done by

Ref No MALEWD 20014210164

SAS e-filing

Veh No SKD 6129 E

E-mail (within 3hrs, AIC 2hrs)

IPFA 20/12/20 12:45

I-Motor Claim Form

(1) ☒ Reporting Only

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

TP Insurer:

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/Wksn

Preferred Wksp / INC Assign Wksp / QW: (

Tel: 4

Fax:

TP Particulars:

Veh No:

SHD 4824 Y

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 0011 07080606) ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Action

NA2100725

Insured/Driver/Owner:

Contact No:

amaged Portion:

Checked by (Bug-In-Charge):

Director's Comments:

Incident Registration Checklist

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON*	
*NS: Courtesy Car / Tpt Allowance	\$5
*NG: Repair Co-ordination	\$10
*NF: Post Repair Inspection	\$25
*NB: DV / Collect Excess Coordination	\$5
TP (NI): TP (Non INC) against INC	\$20
9) NI2: Idea 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	21/12/2020 16:27 (SGT)
Date of Accident	20/12/2020 12:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI B4 LORNIE RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD6109E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOOI CHIN CHUAN
NRIC No	SXXXX226I
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-98559331
Alternative Phone No	+65-98559331

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00005141-01
Cover Note Number	-

DRIVER

Name of Driver	LOOI CHIN CHUAN
NRIC No	SXXXX226I

Date Of Driving Pass	28/09/1999
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98559331
Alt. Phone Number	+65-98559331
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 679A PUNGGOL DR #10-876
Address complement	-
Postcode	821679
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	TOH E-VYN
Gender	Female

PASSENGER 2

Name	LIM BOON WEE
Gender	Male

PASSENGER 3

Name	CHARMAINE GOH CHAN MI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201220/7011

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 SHD4824Y
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GX1281P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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 TOH E-VYN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SKD6109E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHARMAINE GOH CHAN MI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SKD6109E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person	LOOI CHIN CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKD6109E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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.

Witnessed by Reporting Centre
Personnel

A: SKD 6109E
B: SHD 4824Y
C: GX1281P.

Describe Circumstances of the Accident

Please refer to the police report. (T/20201220/7011)

Declaration

We declare the foregoing particulars are true in every respect.





SINGAPORE POLICE FORCE



T/20201220/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 14:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOOI CHIN CHUAN			Address: 679A PUNGGOL DRIVE #10-876 SINGAPORE 821679		
ID Type / ID No.: NRIC NO / S7801226I			Contact No.: Home/Office: Mobile: 98559331		
Nationality: SINGAPORE CITIZEN			Email: shawnlooi11@gmail.com		
Sex: Male	Age: 42	Date of Birth: 01/01/1978	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Digital Consultant		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2020 12:45	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX1281P	Lorry					0
SHD4824Y	Taxi					0
SKD6109E	Car	HONDA	STREAM 1.8X A	White		0

Details of Vehicle Insurance



**SINGAPORE
POLICE FORCE**



T/20201220/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD6109E	FWD Singapore Pte. Ltd	PNPV2019-00005141-01	02/04/2020	01/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	RASHID HARUN OR		ID No.	G6964888L
Related Vehicle	GX1281P (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	ROHIM BIN SANDI		ID No.	S0045080D
Related Vehicle	SHD4824Y (Taxi)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	TOH E-VYN		ID No.	S9943103B
Related Vehicle	SKD6109E (Car)		Contact No.	92723411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20201220/7011

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20201220/7011

CONTINUATION OF REPORT

Passenger			
Name	LIM BOON WEE	ID No.	S9619112Z
Related Vehicle	SKD6109E (Car)	Contact No.	96453505
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LOOI CHIN CHUAN	ID No.	S7801226I
Related Vehicle	SKD6109E (Car)	Contact No.	98559331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHARMAINE GOH CHAN MI	ID No.	S9936534Z
Related Vehicle	SKD6109E (Car)	Contact No.	97667293
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving vehicle SKD6109E (Honda Stream) along Pan Island Expressway lane 2 (towards Changi) between Eng Neo exit and Lornie Road exit when my car was hit by taxi SHD 4824Y from the rear. There was also a second impact when lorry GX 1281P travelling behind taxi SHD 4824Y hit the taxi and the taxi hit my car's rear again. Prior to the accident, I was travelling within my lane 2 and started to slow down as the traffic became slower due to a road maintenance truck along lane 1. As I was slowing down and stopped for a few seconds due to the car in front stopping, that was when my car was hit by the taxi for 2 times. I was performing a Grab Hitch ride and inside my car, there were 3 other passengers in the back seat: 1) Lim Boon Wee S9619112Z, 2) Charmaine Goh Chan Mi S9936534Z, 3) Toh E-Vyn S9943103B. Initially, all passengers reported no injuries. However, as I dropped them off at Botanic Gardens MRT station after moving being cleared by the LTA officer to



**SINGAPORE
POLICE FORCE**



T/20201220/7011

Police Station Of Origin:
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Report No. T/20201220/7011

CONTINUATION OF REPORT

move off from the accident, Charmaine Goh Chan Mi indicated that she has slight lower back pain, while Toh E-Vyn indicated that she has slight upper back and shoulder pain. They indicated that they will be visiting the doctor. Lim Boon Wee did not report any injuries. Taxi SHD 4824Y was driven by Rohim Bin Sandi (S0045080D). Lorry GX 1281P was driven by Rashid Harun Or (G6964888L). Both drivers indicated no injuries. The lorry has 2 other passengers who indicated no injuries. The taxi has one passenger who indicated back pain.



**SINGAPORE
POLICE FORCE**



T/20201220/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

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

Date/Time:
20/12/2020 14:50

Classification Of Case:



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: PNPV2019-00005141-01 (Comprehensive - Executive Plan)

Car plate number: SKD6109E

Car chassis number: RN61084718

Engine number: R18A1793943

Your name (As the policyholder): Looi Chin Chuan

Coverage start date: 02/04/2020

Coverage end date: 01/04/2021

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 27/03/2020

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8838
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

Date of Accident : 20.12.2020 Accident Time: 12:45 (24-HR-Format)
Accident Place : PIE towards Changi Airport (Before Lornie Road Exit)
Vehicle. No. (Car Plate No.) : SKD 6109E Make/Model: Honda Stream 1.8X
Insurance Company : FWD Policy No: PNPV2019-00005141-01
Owner or Company Name /IC No. : Looi Chin Chuan (Lu Jing Quan) (S78012261)
Owner or Company Contact No. : 9855 9331 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 01 Jan 1978 DRIVER'S License Pass Date 28 Sep 1999
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 679A Punggol Drive #10-876 Singapore 821679
DRIVER'S Contact No./ Alt No. : 1) 9855 9331 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jasonkcapl@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver, 3 Passenger.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes.

Other Party Driver's Particular (if any)

Vehicle. No: SHD 4824Y (vehicle B)	Vehicle. No: GX1281P (vehicle C).
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Toh E-YUN (Female)
Lim Ruan Wai (Male)

Signature