

NATIONAL Assessment Centre Services [Ref: JA-102]

Date In: 06/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/PWD20014498/13	SAS e-filing		
Veh No. SKC9024B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/12/20 1455	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SME8602E 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 ()

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

Claimant's Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
NA2100616	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$30)		
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)			
Dat. 1:	6) TR: Re-inspection	\$75		
Dat. 2/3:	7) N1: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpl 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: 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	26/12/2020 17:47 (SGT)
Date of Accident	25/12/2020 14:55 (SGT)
Exact Location of Accident	E Coast Park Service Rd, Singapore
Additional Location Information	EAST COAST PARK CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9024B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOW LIN CHOON
NRIC No	SXXXX776I
Email Address	teow_lc@hotmail.com
Mobile Phone No	(Phone) +65-90038557
Alternative Phone No	+65-90038557

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	PNCV2020-00000277
Cover Note Number	-

DRIVER

Name of Driver	TEOW LIN CHOON
NRIC No	SXXXX776I
Date Of Birth	19/12/1987
Occupation	Indoor

Date Of Driving Pass	01/10/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90038557
Alt. Phone Number	+65-90038557
Email Address	teow_lc@hotmail.com
Address	BLK 43 BENDEMEER ROAD
Address complement	#10-1022
Postcode	330043
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 - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SME8602E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TEOW LIN CHOON
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SKC9024B
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 willful 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:

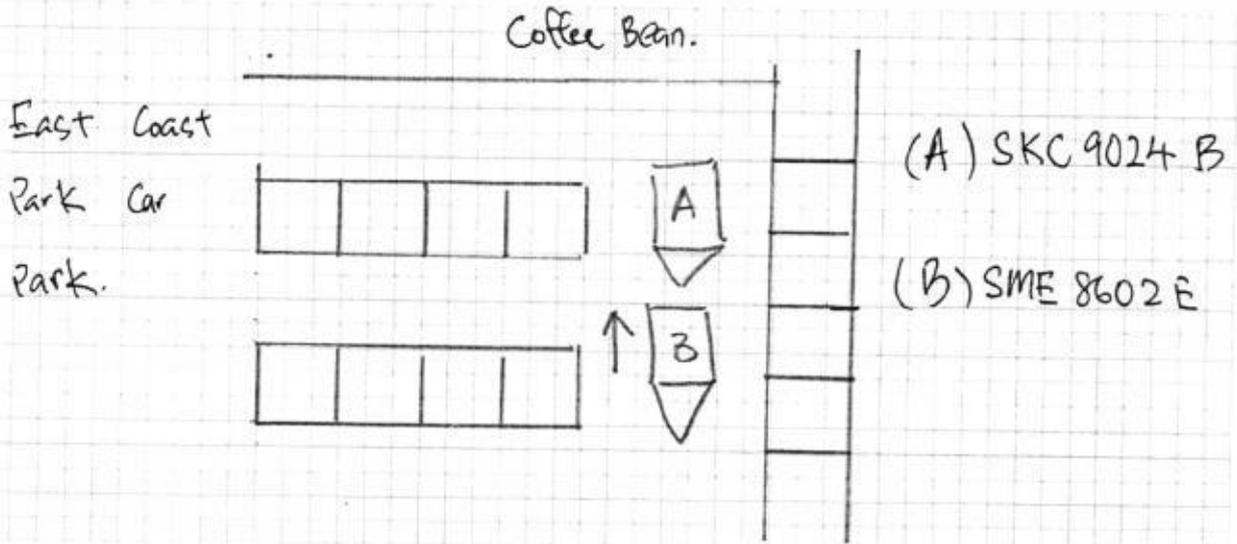


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling behind vehicle B at a slow speed. I noticed vehicle B stopped the vehicle, so I also stopped behind vehicle B. Suddenly, vehicle B reverted at a high speed and collided onto the front of my vehicle. I almost realised the driver of vehicle B had engaged into the Wrong gear.

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:

2/12/20

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



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 16:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEOW LIN CHOON		Address: 43 BENDEMEER ROAD #10-1022 SINGAPORE 330043	
ID Type / ID No.: NRIC NO / S8783776I		Contact No.: Home/Office:	Mobile: 90038557
Nationality: MALAYSIAN		Email: TEOW_LC@HOTMAIL.COM	
Sex: Male	Age: 33	Date of Birth: 19/12/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Warehouse manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2020 14:55	Type of Location: Car Park
Location: EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKC9024B	Car	HYUNDAI	ELANTRA+1 .6+AT+ABS+ D/AB+2WD+ 4DR	White		0
SME8602E	Car					0



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

Report No. T/20201226/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9024B	FWD Singapore Pte. Ltd	PNCV2020-00000277	13/04/2020	12/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEOW LIN CHOON		ID No.	S8783776I
Related Vehicle	SKC9024B (Car)		Contact No.	90038557
Hospital/Clinic	RAFFLESMEDICAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/12/2020		Date	25/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	

Brief Details.

On 25/12/2020 at about 14:55pm, I was travelling behind vehicle SME8602E at a slow speed in East Coast Park carpark . I noticed the vehicle stopped, so I also stopped behind it. Suddenly, the vehicle reversed at a high speed and collided onto the front of my vehicle. I alighted and realised thr driver of the vehicle had engaged the wrong gear.



**SINGAPORE
POLICE FORCE**



T/20201226/7023

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

3 of 3

Report No. T/20201226/7023

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

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:
26/12/2020 16:42

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0920C00000B Vehicle Registration No: SKC924B
 Name (as shown in NRIC) : Teow Lin Choon NRIC/FIN/Passport No : S 8783 776 I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 43 Bendemeer Rd #10-1022 Singapore (35043)
 Contact (Tel) : _____ Mobile No. : 9055 8557
 Email Address : _____
 Date of Accident : 25.12.2020 Time of Accident : _____
 Place of Accident : KCP CP
 Insurance Company : PWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach Police Report No: 7/2020/226/7023

G
 Policyholder / Driver's Signature
 Date:

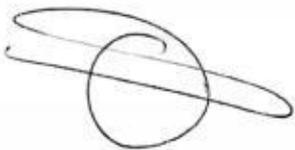
o/ym 29/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Car Plate : SME 8602E

Name : CHARLOTTE TEISSIER

NRIC : G322 433 1U

About 2.55pm, car plate # SME 8602E was reversed
in the middle of road of the car park hit my
car SKC 5024B. Car park was of East Coast Pk
near the coffee bench. The car owner particulars was
started above.



Date of Accident : 25/12/20 Accident Time: 1455 (24-HR-Format)

Accident Place : East Coast Park Car Park

Vehicle No. (Car Plate No.) : SKC9024B Make/Model: Hyundai Elantra 1.6 AT ABS

Insurance Company : FWD Policy No: (PNCV2020-00000277) ^{PLAB FWD 4DR}

Owner or Company Name /IC No. : Teow Lin Choon (88783776J)

Owner or Company Contact No. : 90038557 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 19.12.1987 DRIVER'S License Pass Date 01.10.2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : 4B Bendemeer Rd #10-1022 S(330043)

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

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : teow_lc@hotmail.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): Driver only

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: SME 8602E Vehicle No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name Driver: _____ Name Driver: _____

IC No, Driver/Contact: _____ IC No, Driver/Contact: _____

* NEW - Passenger's name & gender:

waiting for police report



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: PNCV2020-00000277

Car plate number : SKC9024B

Coverage start date: 13/04/2020

Coverage end date: 12/04/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: TEOW LIN CHOON

NRIC/FIN: S8783776I

Address: 33 Pasir Ris Link 03-29 Watercolours Singapore 518154

Email: TEOW_LC@HOTMAIL.COM

Mobile Number : 90038557

Date of Birth: 19/12/1987

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 20%

Years of driving experience: Three or more

About your car and policy

Car make and model: HYUNDAI ELANTRA 1.6

Year of first registration : 2011

Plan type: Comprehensive

Standard Excess: S\$5,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,966.00

Finance company: Hong Leong Finance Limited

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 776I

Vehicle Details

Vehicle No.: SKC9024B
Vehicle to be Exported: No
Intended Deregistration Date: 31 Dec 2020
Vehicle Make: HYUNDAI
Vehicle Model: ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour: White
Manufacturing Year: 2011
Engine No.: G4FGBU305430
Chassis No.: KMHDH41CMCU247233
Maximum Power Output: 95.6 kW (128 bhp)
Open Market Value: \$14,124.00
Original Registration Date: 13 Oct 2011
First Registration Date: 13 Oct 2011
Transfer Count: 1
Actual ARF Paid: \$14,124.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Oct 2021
PARF Rebate Amount: \$7,062.00

Intended COE Rebate Details

COE Expiry Date: 12 Oct 2021
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$50,289.00
COE Rebate Amount: \$3,933.00
Total Rebate Amount: \$10,995.00

The information contained herein is correct as at 26 Dec 2020

OK