

NATIONAL Assessment Centre Services. [part 1 Jan 03] SN09211P0008

Date In: 25/01/2021 14:46	Job description	Date & Time Completed	Done by
Ref No NA/FWD21001147/h4	SAS e-filing		
Veh No SML 8384Y	E-mail (within 3hrs, AIC 2hrs)		
DDA 23/01/2021 14:05	I-Motor Claim Form		
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Printed Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: 5JQ57584 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 repotr.

( ) 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: \_\_\_\_\_

Damage:

NAJ101364

Client's Particulars	1) AR: Accident Reporting (\$30);	20
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: 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 2009)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NR: DV / Collect Excess Coordination \$3	
	TP (NIL): 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 ..... 25/01/2021 14:46 (SGT)  
Date of Accident ..... 23/01/2021 14:05 (SGT)  
Exact Location of Accident ..... Kay Siang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML8384Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA MENG HONG ANDY  
NRIC No ..... SXXXX794C  
Email Address ..... CHUAAA87@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91777759  
Alternative Phone No ..... +65-91777759

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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 ..... PNPV2020-00006535  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHUA MENG HONG ANDY  
NRIC No ..... SXXXX794C  
Date Of Birth ..... 03/10/1987  
Occupation ..... Indoor

Date Of Driving Pass .....	14/10/2009
Driving experience .....	11 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91777759
Alt. Phone Number .....	+65-91777759
Email Address .....	CHUAAA87@GMAIL.COM
Address .....	BLK 9 HOLLAND AVENUE #04-04
Address complement .....	-
Postcode .....	272009
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE STATEMENT T20210123/2061

#### 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 .....	SJQ5758G
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) ..... -

## 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 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

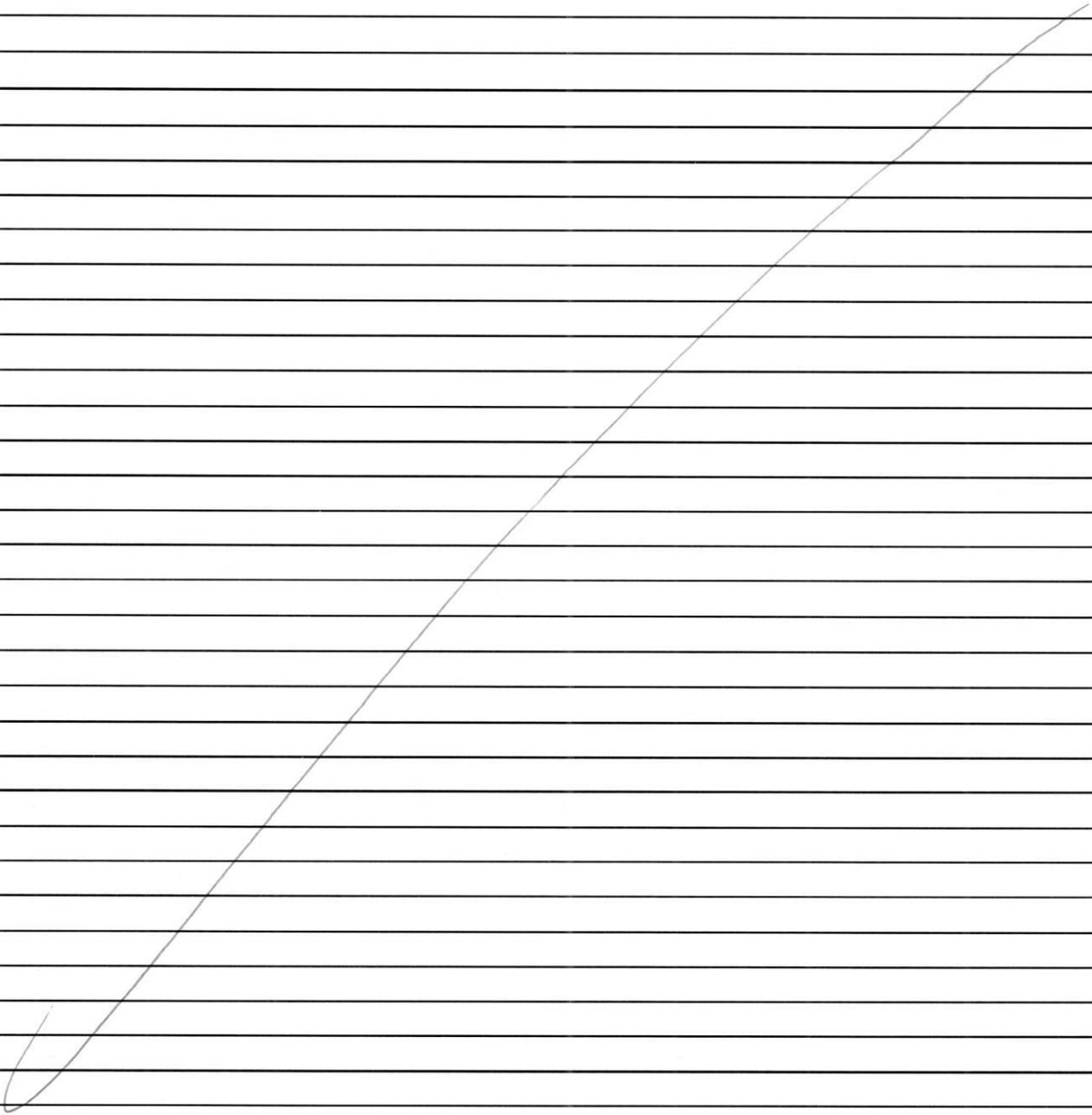
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

	<p>Ⓐ SML 83844</p> <p>Ⓑ SJG 57586</p>
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**Describe Circumstances of the Accident**

Refer to Police Report No: 7/20210K3/2061



**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



Witnessed by Reporting Centre Personnel





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML8384Y	FWD Singapore Pte. Ltd	PNPV2020-00006535	07/06/2020	06/06/2021

**Brief Details.**

On 23/01/2021 @ 1335 hrs, I parked my vehicle inside No 18, Kay Siang Road, S248934 and went for Swimming Coaching lesson for the students inside the landed property. The gate of the unit was opened. On the same day @ 1425 hrs, I went back to retrieve my car after the swimming coaching lesson but discovered the right front side of my vehicle bumper; the paint was chipped off. I then retrieved my in car camera and saw the footage of the vehicle SJQ5758G was trying to manoeuvre his way out as he has went into a wrong unit. The video footage showed the scratched paint mark on his vehicle before leaving the house which was probably from my vehicle. Before he entered the unit, his car has no paint mark on his car. The house owner also have CCTV facing the pathway, he might be able to retrieve the footage and give to me. I am lodging this Police report for Police investigation on the matter and also for insurance claim against the other party.



**SINGAPORE  
POLICE FORCE**



T/20210123/2061

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20210123/2061

**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: D / Sr Staff Sgt LIM KIM HUAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2021 16:40
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No: 65476144  POLICE FORCE SN 49	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	794C
<b>Vehicle Details</b>	
Vehicle No.:	SML8384Y
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 7-SEATER 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2ZR0D32533
Chassis No.:	ZWR800376561
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,550.00
Original Registration Date:	07 Jun 2019
First Registration Date:	07 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$28,970.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jun 2029
PARF Rebate Amount:	\$21,727.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,961.00
COE Rebate Amount:	\$30,554.00
<b>Total Rebate Amount:</b>	<b>\$52,281.00</b>

The information contained herein is correct as at 25 Jan 2021

OK



AP AUTOMOTIVE SERVICES PTE LTD  
ROC: 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

Date : 25/01/21  
Vehicle Number : SML 8384Y

**Ref: Authorised Letter**

I, Chua Meng Hong, (Owner / Driver Name)  
88731794C (NRIC / FIN Number) SML 8384Y (Vehicle No.) authorise

**AP AUTOMOBILE SERVICES PTE LTD** to do & submit accident report (GIA REPORT) on behalf  
of me /we.

Thank you.

Best Regards,

A handwritten signature in black ink, appearing to be 'Chua Meng Hong', is written above a horizontal line.



## 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: PNPV2020-00006535 (Comprehensive - Executive Plan)**

Car plate number: SML8384Y

Your name (As the policyholder): Chua Meng Hong Andy

Coverage start date: 07/06/2020

Coverage end date: 06/06/2021

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: Maybank Singapore

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

Issued on: 25/05/2020

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**Khor Kee Eng**  
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.

Date of Accident : 23.01.2021 Accident Time: 14:05h (24-HR-Format)

Accident Place : Kay Hane Rd

Vehicle. No. (Car Plate No.) : SML 8384Y Make/Model: Toyota Noah Hybrid

Insurance Company : FWD Policy No: \_\_\_\_\_

Owner or Company Name /IC No. : Chua Meng Hong, Andy (蔡明洪) - 587317940

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9177 7159 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : same as above

DRIVER'S Date Of Birth : 03.10.1987 DRIVER'S License Pass Date 14.10.2009

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

DRIVER'S Address : 9 Holland Avenue #04-40 S(272009)

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

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

Email Address : chuaaa87@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): 8 (including driver)

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): \_\_\_\_\_

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

Vehicle. No: <u>SJQ 5758E (FWD)</u>	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:



**SINGAPORE  
POLICE FORCE**



T/20210123/2061

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210123/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2021 16:40	Vide Report No.:	Station Diary No.: 41
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**Informant's Particulars**

Name of Informant: CHUA MENG HONG, ANDY		Address: APT BLK 9 HOLLAND AVENUE #04-40 SINGAPORE 272009	
ID Type / ID No.: NRIC NO / S8731794C		Contact No.: Home/Office:	Mobile: 91777759
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 03/10/1987	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: SWIMMING COACH		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2021 14:05	Type of Location: Private house
Location: KAY SIANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: HIT AND RUN			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ5758G	Car	TOYOTA		Black	Slightly Damaged	0
SML8384Y	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
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**CONTINUATION OF REPORT**

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T/20210123/2061

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Report No. T/20210123/2061

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Tel No: 1800-4719999

**CONTINUATION OF REPORT**

**Sketch Plan**

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**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.

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Signature Of Interpreter: Not applicable	Date/Time: 23/01/2021 16:40
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No: 65476144 	Classification Of Case:
Authentication Stamp NP168  	SN 49  SIGNATURE