

NATIONAL Assessment Centre Services

Date In: 30/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/PWD21009106/13	SAS e-filing		
Veh No: SMP33690	E-mail (within 3hrs. MC 2hrs)		
D.O.A: 29/08/21 1830	i-Motor Claim Form		
OD: (P) 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: 5001584	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:- (INC hotline: 6788 6616)	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

NA103825	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	5) sT : Follow-Through Survey (Resurvey) \$30		
	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC \$20		
Auditors' Comments :-	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:	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	30/08/2021 18:59 (SGT)
Date of Accident	29/08/2021 18:20 (SGT)
Exact Location of Accident	Raffles Quay, Singapore
Additional Location Information	TURNING INTO CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3369D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KIM SENG
NRIC No	SXXXX819G
Email Address	stevenlimks@yahoo.com.sg
Mobile Phone No	(Phone) +65-97470793
Alternative Phone No	+65-97470793

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00009419
Cover Note Number	-

DRIVER

Name of Driver	LIM KIM SENG
NRIC No	SXXXX819G

Date Of Birth	07/08/1958
Occupation	Indoor
Date Of Driving Pass	29/06/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97470793
Alt. Phone Number	+65-97470793
Email Address	stevenlimks@yahoo.com.sg
Address	BLK 473 PASIR RIS DR 6
Address complement	#03-492
Postcode	510473
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIU KHENG
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

PLS REFER TO THE POLICE REPORT: T/20210829/7024

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	SDD1808L
Vehicle Manufacturer	-

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	LIM KIM SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP3369D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM SIU KHENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP3369D
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

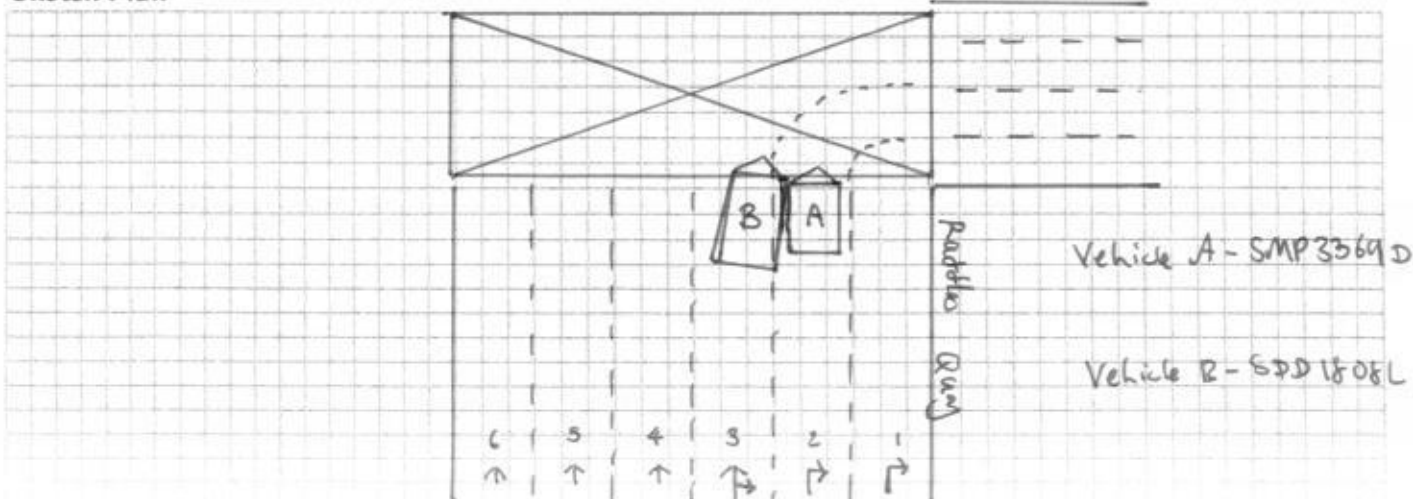


Driver's Signature (If driver is not the policyholder) / Date & Time

 30/08/11

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the police Report


7/20210829/2024

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

 20/08/24

Witnessed by Reporting Centre
Personnel

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SNU731800000 Vehicle Registration No: SMP24670
Name (as shown in NRIC): Lim Kim Seng NRIC/FIN/Passport No: S1208196
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 473 PASIR RIS DR 6 #03 473 Singapore (1851)
Contact (Tel): _____ Mobile No.: 97410792
Email Address: _____
Date of Accident: 29/05/21 Time of Accident: 18:30
Place of Accident: ALONG ROADS QUA TURNING INTO CROSS STREET
Insurance Company: FWD

(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:

AMEND DATE OF ACCIDENT
AMEND TP VEH NO
THERE WAS NO CAR CAMERA

Policyholder / Driver's Signature
Date:



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

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN0921840000E Vehicle Registration No: SMP33690
Name (as shown in NRIC): LIM KIM SENG NRIC/FIN/Passport No: S13128196
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 473 PASIR RIS DR 6 #03-492 Singapore (1851)
Contact (Tel): _____ Mobile No.: 97470793
Email Address: _____
Date of Accident: 29/08/21 Time of Accident: 18:20
Place of Accident: ALONG RAFFLES QUAY TURNING INTO CROSS STREET
Insurance Company: FWD

(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:

AMEND DATE OF BIRTH

Policyholder / Driver's Signature
Date:



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



**SINGAPORE
POLICE FORCE**



T/20210829/7024

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

1 of 3

Report No. T/20210829/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2021 22:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM KIM SENG			Address: 473 PASIR RIS DRIVE 6 #03-492 SINGAPORE 510473		
ID Type / ID No.: NRIC NO / S1312819G			Contact No.: Home/Office: Mobile: 97470793		
Nationality: SINGAPORE CITIZEN			Email: STEVENLIMKS@YAHOO.COM.SG		
Sex: Male	Age: 63	Date of Birth: 07/08/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Safety Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2021 18:20	Type of Location: X-Junction
Location: CROSS STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDD1808L	Car	TOYOTA			Slightly Damaged	0
SMP3369D	Car	TOYOTA	VIOS 1.5 E (AUTO)	Red	Seriously Damaged	1



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3369D	FWD Singapore Pte. Ltd	PNPV2020-00009419	23/09/2020	22/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM SIU KHENG		ID No.	S1692436I
Related Vehicle	SMP3369D (Car)		Contact No.	90063077
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021		Date	29/08/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	LIM KIM SENG		ID No.	S1312819G
Related Vehicle	SMP3369D (Car)		Contact No.	97470793
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021		Date	29/08/2021
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On 29/08/2021, at about 6.22pm, I was driving my vehicle SMP3369D with my wife LIM SIU KHENG, S1692436I, along Raffles Quay. I was in lane 2 making a right turn into Cross Street when the vehicle SDD1808L cut into my lane while making a right turn also. The vehicle collided into the passenger side of my vehicle.

I was injured and I went to Intemedical Kovan Clinic to consult a doctor and was given a 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210829/7024

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

3 of 3

Report No. T/20210829/7024

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 /
TAY CHUN KEEN
Contact No.: 65476436

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:
29/08/2021 22:32

Classification Of Case:

Date of Accident : 29/08/2021 Accident Time: 18:20 (24-HR-Format)
Accident Place : Along Raffles Quay turning into cross street
Vehicle No. (Car Plate No.) : SMP3369D Make/Model: Toyota Vios
Insurance Company : FWD Policy No: PNPV2020-00009419
Owner or Company Name /IC No. : LIM KIM SENG (S13128196)
Owner or Company Contact No. : Owner's Hp 97470793 Company Tel
DRIVER'S Name / IC No. : LIM KIM SENG (S13128196)
DRIVER'S Date Of Birth : 02/08/1958 DRIVER'S License Pass Date 29 Jun / 1983
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : Blk 473, Pair Rd Drive 6, #03-492 X(1851)
DRIVER'S Contact No./ Alt No. : 1) 97470793 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : stevenlimks@yahoo.com.sg
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): 02
Was the accident reported to the police? YES \ NO
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): Back and neck. Driver & passenger

Other Party Driver's Particular (if any)

Vehicle No: <u>SDD1F08L</u>	Vehicle No: <u> </u>
Vehicle Make/Model: <u>Toyota Wish</u>	Vehicle Make/Model: <u> </u>
Name Driver: <u> </u>	Name Driver: <u> </u>
IC No. Driver/Contact: <u> </u>	IC No. Driver/Contact: <u> </u>

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

1. Lim Sim Kheng / Female



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: PNPV2020-00009419 (Comprehensive - Classic Plan)

Car plate number: SMP3369D

Your name (As the policyholder): LIM KIM SENG

Coverage start date: 23/09/2020

Coverage end date: 22/09/2021

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: Hong Leong Finance Limited

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

Issued on: 21/08/2020

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 if any details
in this Certificate of Insurance need to be changed.