

NATIONAL ASSESSMENT CENTRE SERVICES, Inc. **NO921A00003**

Date In: 26/10/2021 12:02	Job description	Date & Time Completed	Done by
Ref No: NBA/RWD210129324	SAS e-illing		
Vehicle No: SLG 80768	1-Motor Claim Form		
P.O.A: 26/10/2021 15:30	1-Motor W/O (Number of sheets) (Y/N)		
(1) TP Reporting Only	1-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Assessment Report by Tax/Hand to Owner/Driver		

Preferred Wksp / INO Appoin Wksp / QW: ()
 Yell () Fax ()
 VIN / Plate No: **GBC 8281M** INO () / Non-INO ()
 Yell () Fax ()
 Owner / Driver ()
 Policy No () Period () Cover Type ()

Confirmed by () Date ()
 Insured/Driver Liability () % (Note- Est. Slows (WO) N: 0-20% P: 25-79% P: 80-100%)
 Year of Registration () Warranty Y/N () / NO ()
 Excess (\$) Loading \$1,000 () / \$2,000 ()

() Will be in Charge of Customer's information & strictly NO report of violation
 () Total Loss Case () to e-mail Insurer URGENTLY
 Drive-In () / Towed-In () ; Invoice Y/N () / NO () ; Towing Cost ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QO Check / Post Repair Inspection
 3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury ()
 ()
 ()
 ()

X1A2104213

Driver/Owner	1) All incident information ()
Company No	2) DR/Owner information ()
Documented Portion	3) P1 Follow up ()
QC Checked by (Engineer-Client)	4) P1 Follow up with survey ()
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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	26/10/2021 12:02 (SGT)
Date of Accident	24/10/2021 15:30 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	BEFORE CTE (CITY) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8076A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KEVIN ANG CHENG SOON
NRIC No	SXXXX364I
Email Address	malldeluxury@gmail.com
Mobile Phone No	(Phone) +65-87924687
Alternative Phone No	+65-87924687

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
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	Commercial vehicle
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2019-00001455-01
Cover Note Number	-

DRIVER

Name of Driver	KEVIN ANG CHENG SOON
NRIC No	SXXXX364I

Date Of Birth	20/10/1974
Occupation	Outdoor
Date Of Driving Pass	28/12/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87924687
Alt. Phone Number	+65-87924687
Email Address	malldeluxury@gmail.com
Address	37 SIMEI RISE #03-15
Address complement	-
Postcode	528782
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 vehicle 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211025/7037

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	GBC8281M
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	KEVIN ANG CHENG SOON
Gender	Male
Phone No	(Phone) +65-87924687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG8076A
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.

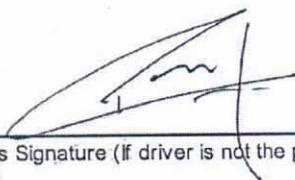
(collectively the "Purposes")

(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

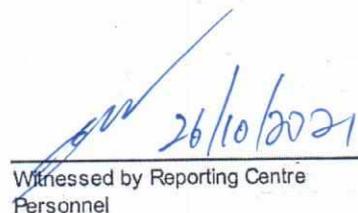
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

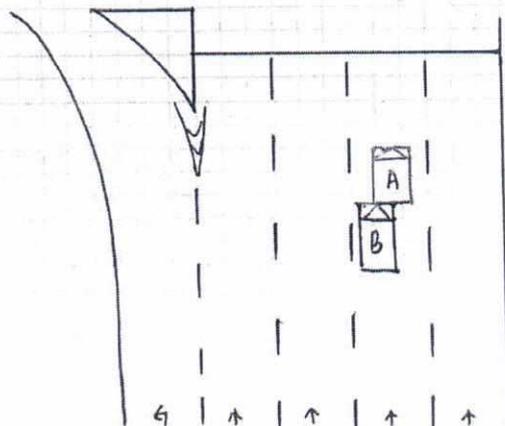


26/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

Balestier Road
before (TE(City) Exit

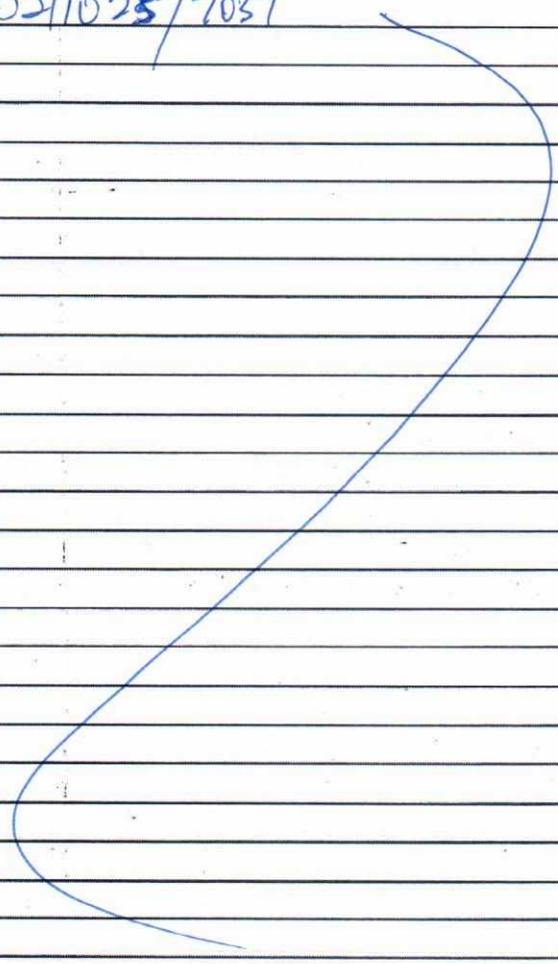


Vehicle A: SLG B076A
Vehicle B: GBC B2B1M

Describe Circumstances of the Accident

on the stated date & time; I, vehicle A (SLG 8076A) was stationary at the stated location on Lane 2. As the traffic light turn green, front vehicle started to move off, when I was about to move off, out of sudden, I felt an impact from the rear left portion of my vehicle. I alighted & realised vehicle B (BNC 8081M) collided onto the rear left portion of my vehicle causing damages.

POLICE REPORT 1/20211025/7037



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

20/10/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 24/10/2021 Accident Time: 1530hrs (24-HR-FORMAT)
 Accident Place : Balestier Road before (TE (City) Exit
 Vehicle Reg. No (Car plate No.) : SLG8076N Vehicle Make/Model: Citroen C4
 Insurance Company : FWD Policy No. PNCV2019-00001455-01
 Name of Registered Owner : Company / Individual Kevin Ang Cheng Soon
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7435364I
 Co Contact No: - Owner's Contact No: 87924687

DRIVER'S Name : Kevin Ang Cheng Soon DRIVER'S NRIC No: S7435364I
 DRIVER'S Date of Birth : 20 Oct 1974 DRIVER'S License Pass Date 28 Dec 1996
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner
 DRIVER'S Address : Blk 37 Simei Rise #03-15 Singapore 528782
 DRIVER'S Contact No. / Alt No. : 1) 87924687 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : malldeluxury@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): 02 Passenger Name: Unknown Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Kevin Ang Cheng Soon
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ ~~work purpose~~

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBC8281M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



T/20211025/7037

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

2 of 3

Report No. T/20211025/7037

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SLG8076A (Car)		Contact No. NIL
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	KEVIN ANG CHENG SOON		ID No. S7435364I
Related Vehicle	SLG8076A (Car)		Contact No. 87924687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/10/2021		Date 25/10/2021
No. of Days granted Medical Leave	03		Degree of Slight

Brief Details.

ON 24/10/2021 AROUND 1530HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SLG8076A) STATIONARY AT BALESTIER ROAD BEFORE CTE(CITY) EXIT ON LANE 2. AS THE TRAFFIC LIGHT TURN GREEN, THE FRONT VEHICLE STARTED TO MOVE OFF, WHEN I WAS ABOUT TO MOVE OFF OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR LEFT PORTION OF MY VEHICLE. I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (GBC8281M) COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE CAUSING DAMAGESS. I THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (JURONG EAST), THE DOCTOR WAS GIVEN ME 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20211025/7037

3 of 3

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

Report No. T/20211025/7037

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

NP168

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

Date/Time:
25/10/2021 18:16

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 or by the next working day of the incident regardless of whether it will lead to a claim.

Policy number: PNCV2019-00001455-01

Car plate number : SLG8076A

Coverage start date: 14/04/2021

Coverage end date: 13/04/2022

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Kevin Ang Cheng Soon

NRIC/FIN: S7435364I

Address: 37 Simei Rise 03-15 Savannah Condopark Singapore 528782

Email: malldeluxury@gmail.com

Mobile number : 87924687

Date of birth: 20/10/1974

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company name: Doctors Clique Concierge

ACRA number: 53346525K

About your car and policy

Car make and model: CITROEN C4 PICASSO 1.6

Year of first registration : 2016

Plan type: Comprehensive

Standard excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas booster: Not Applicable

Premium paid (inclusive of GST): S\$2,411.28

Finance company: Goldbell Financial