

NATIONAL Assessment Centre Services

Date In: 17/12/21	Job description	Date & Time Completed	Done by
Ref No: N/A/KW821012796/13	SAS e-filing		
Veh No: SJ64188K	E-mail (within 8hrs: ABC 2hrs)		
D.O.A: 16/12/21 1320	i-Motor Claim Form		
OD: TP 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: SML2116U	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

N/A3104705	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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) RT : 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:-		
QC Checked by (Engr-In-Charge):	QH*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non-INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$0		
	Invoice date:	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	17/12/2021 17:36 (SGT)
Date of Accident	16/12/2021 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOUNTBATTEN RD SLIP RD TWDS TANJONG KATONG RD SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG4188K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOO JIN RONG(ZHU JINRONG)
NRIC No	SXXXX440Z
Email Address	tobytnngis@gmail.com
Mobile Phone No	(Phone) +65-86062021
Alternative Phone No	+65-86062021

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Sx4
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	1586

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00008196
Cover Note Number	-

DRIVER

Name of Driver	CHOO JIN RONG(ZHU JINRONG)
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NRIC No	SXXXX440Z
Date Of Birth	03/06/1988
Occupation	Indoor
Date Of Driving Pass	17/03/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86062021
Alt. Phone Number	+65-86062021
Email Address	tobytnngis@gmail.com
Address	437 TANJONG KATONG ROAD
Address complement	#16-01
Postcode	437147
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/202112617/7107

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2116U
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	CHOO JIN RONG(ZHU JINRONG)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDERS & LOWER BACK
Injured person in which vehicle?	SJG4188K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

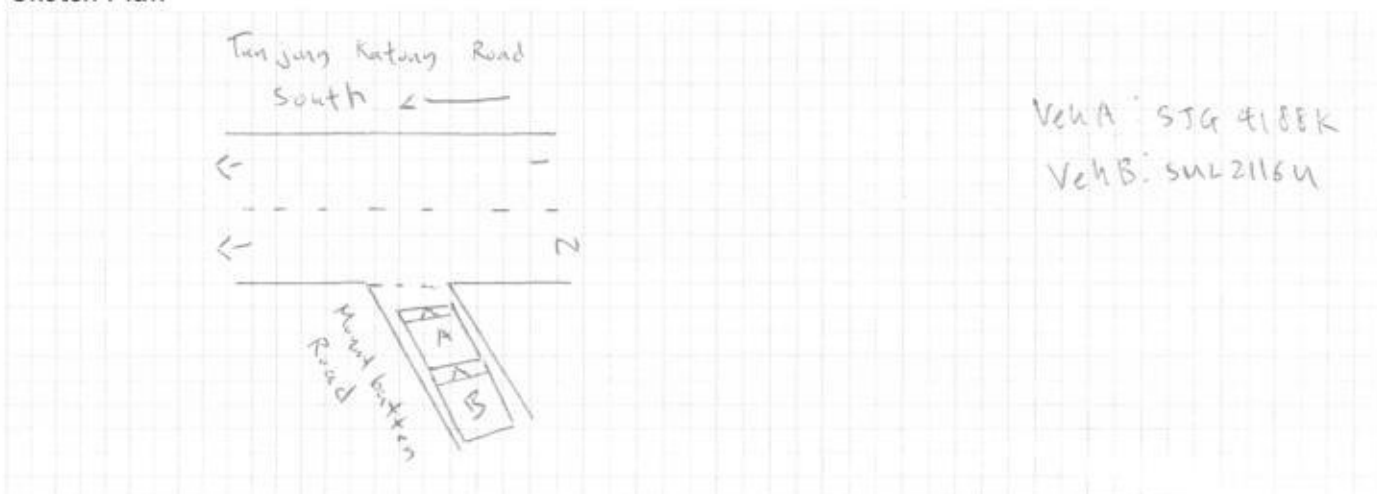
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report sG/20211216/7107

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 REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Report No. G/20211216/7107

Date/Time Report Made 16/12/2021 22:07	Vide Report No.		Station Diary No.
Name Of Informant CHOO JIN RONG	Address 437 TANJONG KATONG ROAD #16-01 SINGAPORE 437147		
ID Type / ID No. NRIC NO / S8822440Z	Contact No. Home/Office:	Mobile: 86062021	
Nationality SINGAPORE CITIZEN	Email Address JINRONG.CHOO@GMAIL.COM		
Occupation IT sales	Sex Male	Age 33	Date of Birth 03/06/1988
Institution/School Name	Race Chinese		
Date/Time Of Incident 16/12/2021 13:20	Language English		
	Location Of Incident AMBER GARDENS		

Brief details.

On the stated date and time, I was driving my vehicle SJG4188K along Amber gardens.

I had gradually come to a stop due to traffic conditions along Tanjong Katong Road South and was waiting along the slip road.

Suddenly, a massive impact crashed into my vehicle's rear causing my vehicle to surge forward. My entire body lurched forward only to be restrained by my seat belt.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2021 22:07
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20211216/7107

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211216/7107

I was caught completely off guard as my vehicle had surged onto the main road. Fortunately, I managed to regain my composure and prevented my vehicle from spinning out of control.

I alighted to realise that SML2116U had crashed into the rear of my vehicle.

Later the same day, I started feeling soreness over my neck, shoulders and lower back areas.

I proceeded to LifePlus medical Group Bedok for treatment as the pain got increasingly worse.

I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2021 22:07
Officer In-Charge Of Case:	Classification Of Case:

Date of Accident : 16/12/2021 Accident Time: 1320 (24-HR-Format)
 Accident Place : Mountbatten Rd slip Road twds Tanjung Katong Rd South
 Vehicle No. (Car Plate No.) : SJL 4188K Make/Model: Sx4 Suzuki
 Insurance Company : FWD Policy No: PNPV2020-00008196
 Owner or Company Name /IC No. : Choo Jin Rong (Zhu Jiarong) 588224402
 Owner or Company Contact No. : 8606 2021 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : M
 DRIVER'S Date Of Birth : 05/06/1988 DRIVER'S License Pass Date 17 Mar 2008
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: owner
 DRIVER'S Address : 437 Tanjung Katong Road #16-01 5437147
 DRIVER'S Contact No./ Alt No. : 1) M 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Toby Ing is @ 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): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle. No: SML 2116 M

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:**

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: PNPV2020-00008196 (Comprehensive - Classic Plan)

Car plate number: SJG4188K

Your name (As the policyholder): Choo Jin Rong

Coverage start date: 01/10/2020

Coverage end date: 02/04/2022

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:

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

Issued on: 04/05/2021



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.