

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 24/01/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FWD22000798/13 | SAS e-filing | | |
| Veh No: SME14910 | E-mail (within 3hrs, 30C 2hrs) | | |
| D.O.A: 22/01/22 1500 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within 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: SJT4832R | 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 () / Towel-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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA2200259

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-

| | | |
|---------------------------------|---|-------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors' Comments:- | 5) RT: Follow-Through Survey (Resurvey) \$30 | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat. 2 / 3: | 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 | |
| | TP (N11): TP (Non INC) against INC \$20 | |
| | 9) N12: Idac Mobile 30 | |
| | 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 | 24/01/2022 10:44 (SGT) |
| Date of Accident | 22/01/2022 13:00 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | TWDS TAMPINES RD EXIT 7A |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SME1491D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TANG JOO YONG |
| NRIC No | SXXXX969E |
| Email Address | bendevon@gmail.com |
| Mobile Phone No | (Phone) +65-86882785 |
| Alternative Phone No | +65-86882785 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | PRIUS PLUS |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNCV2018-00000391-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TANG JOO YONG |
| NRIC No | SXXXX969E |

| | |
|--|---------------------------|
| Date Of Birth | 23/04/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/01/1986 |
| Driving experience | 36 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-86882785 |
| Alt. Phone Number | +65-86882785 |
| Email Address | bendevon@gmail.com |
| Address | BLK 724 BEDOK RSERVOIR RD |
| Address complement | #12-5226 |
| Postcode | 470724 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T20220122/2070

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 | KIV |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SJT4832R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | OW RONG YI |
| NRIC No | SXXXX351J |
| Contact Number | (Phone) +65-91904737 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|------------------------------|
| Vehicle Registration Number | SJR5121M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MUHAMMAD NURHISYAM BIN JASNI |
| NRIC No | SXXXX648A |
| Contact Number | (Phone) +65-92344793 |
| 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 | TANG JOO YONG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK,CHEST & KNEE |
| Injured person in which vehicle? | SME1491D |
| 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.

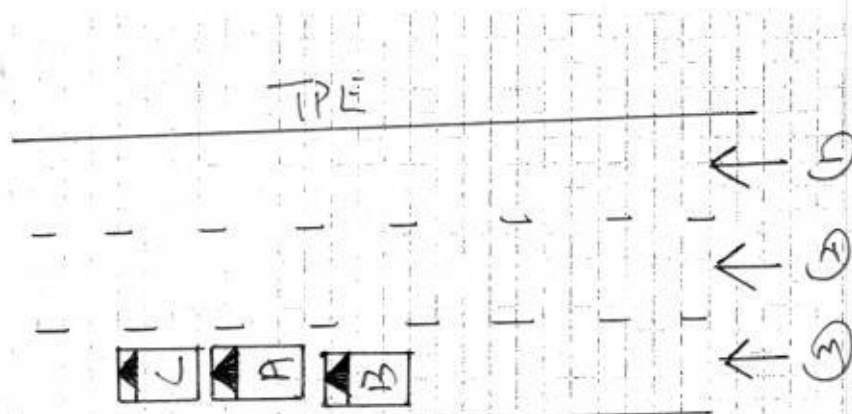
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SME 1491D
Veh B: SST 4832R
Veh C: SSR 5121M




Describe Circumstances of the Accident


Pls refer to Police Report


T/20220122/2070

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

 24/01/22
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220122/2070

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20220122/2070

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 22/01/2022 18:10 | Vide Report No.: | Station Diary No.: 89 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: TANG JOO YONG | Address: APT BLK 724 BEDOK RESERVOIR ROAD #12-5226 SINGAPORE 470724 | | |
| ID Type / ID No.: NRIC NO / S6815969E | Contact No.: Home/Office: Mobile: 86882785 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 53 | Date of Birth: 23/04/1968 | Type of Informant: Driver |
| Race: Chinese | Language: | Institution / School Name: | |
| Occupation: GRAB DRIVER | Driving Licence Information: Class: 2B,2A,2,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--------------------------------------|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/01/2022 13:00 | Type of Location: Straight Road |
| Location: TAMPINES EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Chain accident | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------------------|-------|------------------|-----------------|
| SJR5121M | Car | SUZUKI | | | Slightly Damaged | 0 |
| SJT4832R | Car | HONDA | | | Slightly Damaged | 0 |
| SME1491D | Car | TOYOTA | PRIUS PLUS (AUTO) | White | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20220122/2070

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20220122/2070

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------------|----------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SME1491D | FWD Singapore Pte. Ltd | PNCV2018-00000391-03 | 12/10/2021 | 11/10/2022 |

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

| | | | |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Name | Muhammad Nurhisyam Bin Jasni | ID No. | S8911648A |
| Related Vehicle | SJR5121M (Car) | Contact No. | 92344793 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Driver

| | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Name | Ow Rong Yi | ID No. | S9039351J |
| Related Vehicle | SJT4832R (Car) | Contact No. | 91904737 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Driver

| | | | |
|-----------------------------------|-------------------------|--|---|
| Name | TANG JOO YONG | ID No. | S6815969E |
| Related Vehicle | SME1491D (Car) | Contact No. | 86882785 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 22/01/2022 | Date Discharge | 22/01/2022 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |



**SINGAPORE
POLICE FORCE**



T/20220122/2070

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20220122/2070

CONTINUATION OF REPORT

Brief Details.

On 22/01/2022 at about 1300hr, I was driving my grab vehicle bearing registration number SME1491D along the Tampines Expressway on the lane toward Tampines Road exit 7A. Suddenly, there was a vehicle bearing registration number SJT4832R (Suzuki swift) red in colour collided onto my vehicle back portion, while resulted my vehicle to collided to the front vehicle bearing registration number SJR5121M (Honda fit) white in color rear bumper slight dented. We then stopped our vehicle to exchange particular and only the SJT4832R (Suzuki swift) was towed away. My vehicle back bumper was dented and carboot damaged.

After which, I pain on my neck, chest and knee area, I had went to Mount Alvernia Hospital to consult doctor and I was given 7 days Medical certificate by the doctor.



**SINGAPORE
POLICE FORCE**



T/20220122/2070

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20220122/2070

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

E /

Sr Staff Sgt LIM WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/01/2022 18:10

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2022 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: TPE towards Tampines Rd exit 7A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME1491D
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNCU2018-00000391-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Prius X Auto / Manual
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Tang Joo Yong MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S6815469E CONTACT: 8688 2785
 c) ADDRESS: 31K 724 Bedok Reservoir Rd
#12-522G S(470724)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above MALE / FEMALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 23/04/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 / 1 / 1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Toa Payoh JPK

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SST4832R MODEL: Susuki
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJR5121M MODEL: Honda
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = bendevon@gmail.com

fax =

VIDEO = KIV

No. of passengers
 (including driver)
(03)

1 male
 1 female

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

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: PNCV2018-00000391-03

Car plate number : SME1491D

Car chassis number : JPDZS3EU00J033640

Engine number : 2ZR0C51778

Coverage start date: 12/10/2021

Coverage end date: 11/10/2022

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tang Joo Yong

NRIC/FIN: S6815969E

Address: 724 Bedok Reservoir Road 12-5226 Singapore 470724

Email: bendevon@gmail.com

Mobile number : 86882785

Date of birth: 23/04/1968

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 30%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA PRIUS PLUS 1.8

Year of first registration : 2018

Plan type: Comprehensive

Standard excess: S\$1,800

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\$2,263.84

Finance company: Hong Leong Finance Limited