

NATIONAL Assessment Centre Services

Date In: 24/01/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA / FWD 22000833 / m4	E-mail (within 3hrs. Aft. 2hrs):		
Veh No: SLU 1240P	i-Motor Claim Form		
D.O.A: 21/01/2022 16:10	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: TP Reporting Only	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: SLH699A	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: 50-100%]		
Year of Registration: ( )	Warranty: YBS ( ) / 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

NA 2200221	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: 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 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	* 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 15:55 (SGT)
Date of Accident	21/01/2022 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI ROAD AND MANDAI LAKE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1240P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH MOI CHOO ANNIE
NRIC No	SXXXX034E
Email Address	zoomautowerks@gmail.com
Mobile Phone No	(Phone) +65-93860686
Alternative Phone No	+65-83892868

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1496

## INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2021-00000130
Cover Note Number	-

## DRIVER

Name of Driver	FONG WENG KIN DEXTER
NRIC No	SXXXX862A

Date Of Birth	16/09/1962
Occupation	Outdoor
Date Of Driving Pass	01/03/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83892868
Alt. Phone Number	-
Email Address	DEXXXFONG@GMAIL.COM
Address	BLK 972 HOUGANG STREET 91
Address complement	#03-186
Postcode	530972
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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?	Yes
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	KOH MOI CHOO ANNIE
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/20220122/7009

#### 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	SLH699A
Vehicle Manufacturer	Toyota

Vehicle Model	Harrier
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	FONG WENG KIN DEXTER
Gender	Male
Phone No	(Phone) +65-83892868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLU1240P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	KOH MOI CHOO ANNIE
Gender	Female
Phone No	(Phone) +65-93860686
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLU1240P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

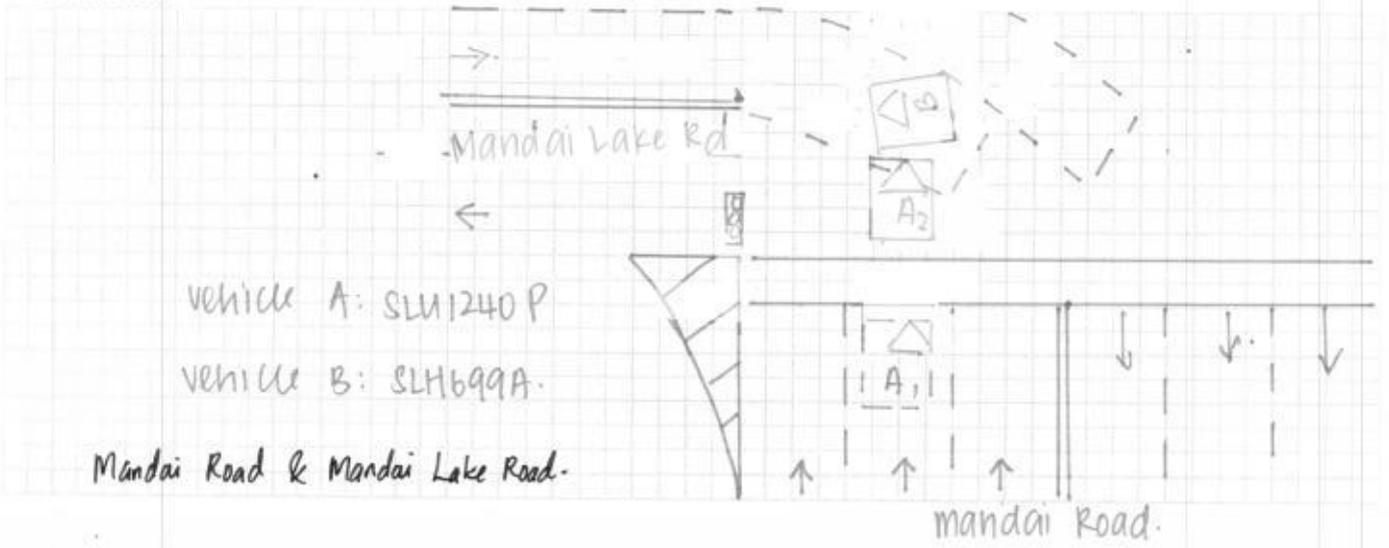
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
24/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

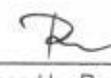
- Refer to Police Report -  
T/20220122/7009.

**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

 24/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220122/7009

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

2 of 4

Report No. T/20220122/7009

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU1240P	FWD Singapore Pte. Ltd			

Details of Person Involved				
Arty Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	KOH MOI CHOO ANNIE		ID No.	S1644034E
Related Vehicle	SLU1240P (Car)		Contact No.	93860686
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/01/2022		Date	21/01/2022
No. of Days granted Medical Leave	07		Degree of	Serious
Driver				
Name	FONG WENG KIN DEXTER		ID No.	S1530862A
Related Vehicle	SLU1240P (Car)		Contact No.	83892868
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/01/2022		Date	21/01/2022
No. of Days granted Medical Leave	07		Degree of	Serious

Brief Details.

ON 21/01/2022 AT ABOUT 16:10HR, I WAS DRIVING ALONG MANDAI ROAD TOWARDS BKE WITH MY WIFE IN MY VEHICLE. I WAS TRAVELLING STRAIGHT ALONG THE MIDDLE LANE WHEN SUDDENLY, VEHICLE NUMBER - SLH699A, TURNED RIGHT FROM THE OPPOSITE DIRECTION AND CAME INTO MY PATH AND CAUSED OUR VEHICLES TO COLLIDE. MY VEHICLE WAS BADLY DAMAGED ON THE FRONT PORTION.

SUBSEQUENTLY, I CALLED FOR THE POLICE AT ABOUT 16:13HR, AND AMBULANCE CONVEYED MY WIFE TO KHOO TECK PUAT HOSPITAL FROM THE ACCIDENT SCENE. THE TRAFFIC POLICE ATTENDED THE SCENE AND I WAS ADVISED TO SUBMIT THIS POLICE REPORT. I WISH TO STATE THAT I HAD SOUGHT FOR MEDICAL ATTENTION AS WELL AFTER THE ACCIDENT.



**SINGAPORE  
POLICE FORCE**



T/20220122/7009

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

3 of 4

Report No. T/20220122/7009

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20220122/7009

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

4 of 4

Report No. T/20220122/7009

**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 /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

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

Date/Time:  
22/01/2022 12:02

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 2022) (DD/MM/YYYY), TIME: (16 : 10) (HH:MM)

LOCATION: Mandai Road x Mandai Lake Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU1240P.  
b) INSURANCE COMPANY: FWD.  
c) POLICY NUMBER: PNCV2021-0000130  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Freed Hybrid (A) (1496cc)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) (private hire)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Foh Mei Choo Annie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1644034E CONTACT: 9386 0686  
c) ADDRESS: 972 Honggang St 91, #03-186 S530972

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Fong Weng Kin Dexter (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1530862A CONTACT: 8389 2868  
c) ADDRESS: 972 Honggang St 91 #03-186 S530972

- \*d) DATE OF BIRTH: (16 / 09 / 1962) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 01/03/1994.

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

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: Traffic Police 110

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH699A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
(02)

female pax.

No of passenger  
(including driver)  
female driver  
(03)

No of passenger  
(including driver)  
( )

Email = zoom autowerks@gmail.com

fax =

video = No.

## 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: PNCV2021-00000130

Car plate number : SLU1240P

Coverage start date: 23/05/2021

Coverage end date: 22/05/2022

Who is insured to drive: You and any Authorised Driver

Covered geographical area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Koh Moi Choo Annie

NRIC/FIN: S1644034E

Address: 972 Hougang Street 91 03-185 Singapore 530972

Email: Akoh142@yahoo.com.sg

Mobile number : 93860686

Date of birth: 24/06/1964

Gender : Female

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 40%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: HONDA FREED 1.5

Year of first registration : 2017

Plan type: Comprehensive

Standard excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: Yes

Overseas booster: Not Applicable

Premium paid (inclusive of GST): S\$2,805.57

Finance company: Maybank