

NATIONAL Assessment Centre Services

Date In: 05/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/KWD22003124/13	SAS e-filing		
Veh No: SM778714	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 04/04/22 1830	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: FBF589M	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

NA2200919	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) RT: 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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 Charges	

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	05/04/2022 14:57 (SGT)
Date of Accident	04/04/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(PIE CHANGI)EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7871Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH REN JIE JONATHAN
NRIC No	SXXXX942C
Email Address	jonathanoh@live.com.sg
Mobile Phone No	(Phone) +65-91695374
Alternative Phone No	+65-91695374

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2021-00000166
Cover Note Number	-

DRIVER

Name of Driver	OH REN JIE JONATHAN
NRIC No	SXXXX942C

Date Of Birth	31/12/1987
Occupation	Outdoor
Date Of Driving Pass	26/11/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91695374
Alt. Phone Number	+65-91695374
Email Address	jonathanoh@live.com.sg
Address	BLK 293D
Address complement	#13-536
Postcode	BUKIT BATOK ST 21
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM FANG YIK
Gender	Female

PASSENGER 2

Name	CHONG KIAN YAP
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PS REFER TO THE ATTACHED STATEMENT.

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	FBF589M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 FANG YIK
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMT7871Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHONG KIAN YAP
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMT7871Y
Were seat belts worn?	-
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.
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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.

 7:15pm
4/4/22

Policyholder's Signature / Date & Time

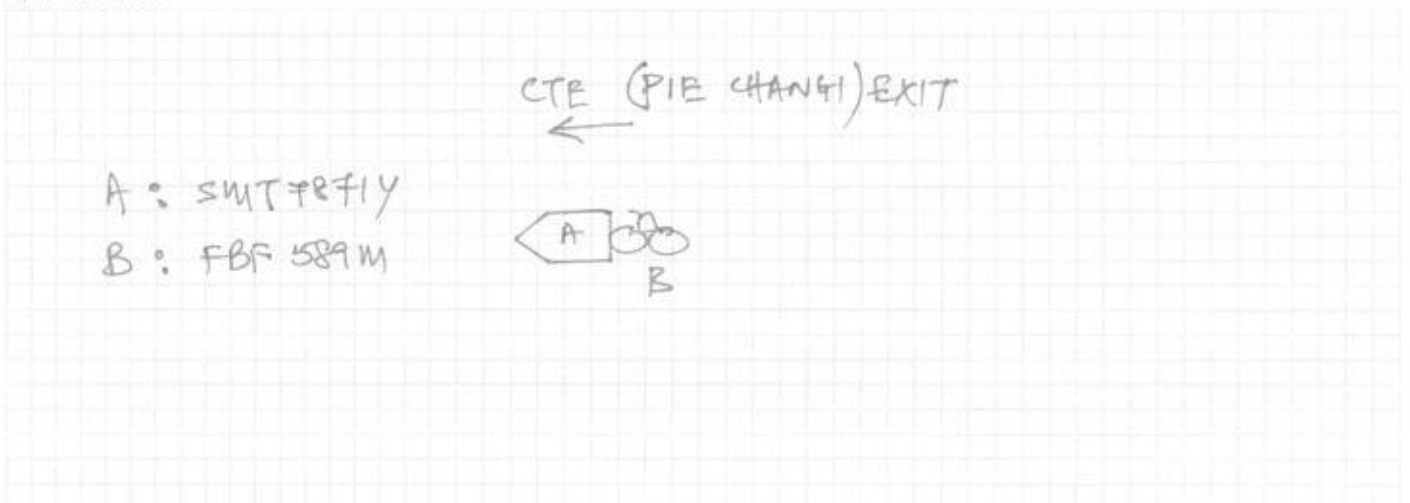
 7:15pm
4/4/22

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

 05/04/22

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


I WAS TRAVELLING ALONG CTE (PIE CHANGI) EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.


Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 7:15pm
4/4/22
Policyholder's Signature / Date &
Time

 7:15pm
4/4/22
Driver's Signature (if driver is not the policyholder) / Date
& Time

 05/04/22
Witnessed by Reporting Centre
Personnel

Accident Reporting Draft

VEHICLE NO: SMT7871Y

MODEL: HONDA SHUTTLE

AUTO/MANUAL

DATE OF ACCIDENT	4/4/22	C.C:
TIME OF ACCIDENT	1830	HRS AM/PM
LOCATION OF ACCIDENT	CTE (PIE CHANGI) EXIT	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	OH REN JIE JONATHAN	
CONTACT NO.	91695374	EMAIL: JONATHANOH@LIVE.COM.SG
NRIC	S8742942C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3RD PARTY	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	ANY PASSENGER: 02	
DATE OF BIRTH	31/12/87	F) LIM PAN/ 41k
OCCUPATION	OUTDOOR / INDOOR	M) Chong Kian YAP
DATE OF DRIVING PASS	26/11/07	
GENDER	MALE / FEMALE	
CONTACT NO.	91695374	EMAIL: JONATHANOH@LIVE.COM.SG
ADDRESS	BLK 293D, #13-536, BT BATOK ST 21 (654293)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: 2 Passenger Only	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	NO / YES	NO/IF YES: WHO?
AUDIO RECORDING	NO / YES	SCENE PHOTO(S) NO / YES
VEHICLE B NO.	FBF589M	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277

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: PNCV2021-00000166

Car plate number : SMT7871Y

Coverage start date: 05/07/2021

Coverage end date: 04/07/2022

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Oh Ren Jie Jonathan

NRIC/FIN: S8742942C

Address: 293D Bukit Batok Street 21 13-536 Skypeak @ Bukit Batok Singapore 654293

Email: jonathanoh@live.com.sg

Mobile number : 91695374

Date of birth: 31/12/1987

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: HONDA SHUTTLE HYBRID 1.5

Year of first registration : 2020

Plan type: Comprehensive

Standard excess: S\$1,500

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\$1,734.76

Finance company: Hong Leong Finance Limited