

NATIONAL Assessment Centre Services

(wef 1 Jan'08)

SL09224-P0002

Date In: 26/04/2022 11:20	Job description	Date & Time Completed	Done by
Ref No: NBM/IND 220037844	SAS e-filing		
Veh No: SL8 3270A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/04/2022 19:10	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: SKW 5555G 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Net Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting	(\$30);		
Contact No:	2) DA : Damage Assessment	(\$100); INC (\$50)		
Damaged Portion:	3) TF : Towing Fee	\$40/\$45		
	4) FT : Follow-Through Survey	\$120		
C Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors Comments :-	6) TR : Re-inspection	\$75		
	7) N1 : Idac DA + SMRT Survey	\$160		
t. 1:	8) NTUC Additional Services:-			
	OD*			
t. 2 / 3:	*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	\$0		
	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	25/04/2022 11:20 (SGT)
Date of Accident	22/04/2022 19:10 (SGT)
Exact Location of Accident	E Coast Park Service Rd, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE LAGOON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS3270A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WEE KIAN
NRIC No	SXXXX566H
Email Address	xkiane@hotmail.com
Mobile Phone No	(Phone) +65-88626804
Alternative Phone No	+65-88626804

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2022-00000415
Cover Note Number	-

DRIVER

Name of Driver	LOH WEE KIAN
NRIC No	SXXXX566H

Date Of Birth	12/05/1992
Occupation	Indoor
Date Of Driving Pass	28/12/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88626804
Alt. Phone Number	+65-88626804
Email Address	xkiane@hotmail.com
Address	BLK 609C TAMPINES NORTH DRIVE 1 #07-386
Address complement	-
Postcode	523609
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 - Major/Minor Rd
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	JANE SIM
Gender	Female

PASSENGER 2

Name	OWEN LOW
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

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	SKW5555G
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	JANE SIM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS3270A
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.



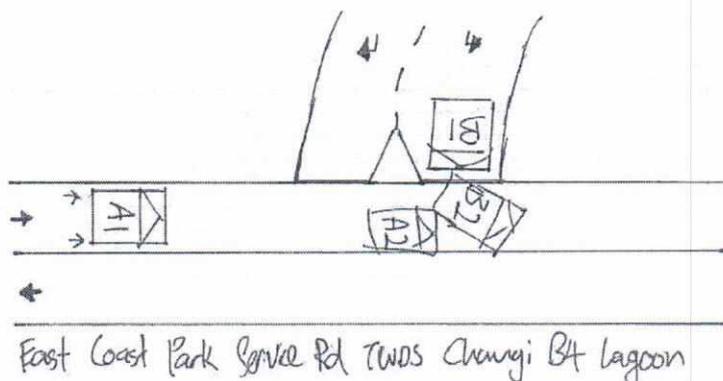
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SLS 3230A

Vehicle B : SKW5555G

Describe Circumstances of the Accident

REFER TO POLICE REPORT G/20220424/2016

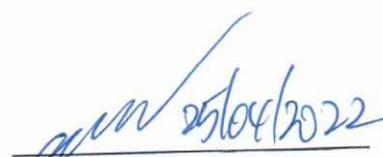
Lined area for describing the accident circumstances, containing a large blue scribble.

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



G/20220424/7016

1 of 2

Report No. G/20220424/7016

POLICE REPORT (NP299)

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

Date/Time Report Made 24/04/2022 13:27	Vide Report No.	Station Diary No.
Name Of Informant LOH WEE KIAN	Address 609C TAMPINES NORTH DRIVE 1 #07-386 SINGAPORE 523609	
ID Type / ID No. NRIC NO / S9215566H	Contact No. Home/Office:	Mobile: 88626804
Nationality SINGAPORE CITIZEN	Email Address XKIANE@HOTMAIL.COM	
Occupation Air Force Engineer	Sex Male	Age 29
Institution/School Name	Date of Birth 12/05/1992	Race Chinese
Date/Time Of Incident 22/04/2022 19:10	Location Of Incident EAST COAST PARK SERVICE ROAD	

Brief details.

On the stated date and time, I was driving my vehicle SLS3270A along East Coast Park Service Road towards Lagoon with my wife Jane Sim and son Owen Low on board my vehicle.

As I was approaching the slip road of ECP, I noticed SKW5555G lining up at the stop line wanting to turn left.

Hence, I slowed down and honked to give warning that I was approaching.

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: 24/04/2022 13:27
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220424/7016

However, just as I was about to reach the intersection, SKW5555G abruptly dashed out past the stop line.

I attempted to jam on my brakes but due to the proximity of the 2 vehicles, there was no way that I could avoid the collision. Hence, upon checking that there were no oncoming vehicles on the other lane, I immediately swerved to my right in a bid to avoid the collision but to no avail.

SKW5555G's rear right portion still collided into the front left portion of my vehicle.

After the accident, my son Owen was crying profusely while my wife, despite being belted, knocked both her knees against the glove compartment of our vehicle as her body lurched forward, having been caught completely off guard.

After a while she started to feel pain on her body.

The next morning the pain worsen and she went to Sunshine clinic family practise and surgery to seek treatment and was given 5 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: 24/04/2022 13:27
Officer In-Charge Of Case:	Classification Of Case:

Date of Accident : 22/04/2022 Accident Time: 1910 (24-HR-FORMAT)
 Accident Place : East Coast Park Service Rd TWDS Changi B4 Lagoon
 Vehicle Reg. No (Car plate No.) : SL53270A Vehicle Make/Model: Honda City
 Insurance Company : FWD Policy No. PNPV2022-00000415
 Name of Registered Owner : Company / Individual Loh Wee Kian
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9215566H
 : Co Contact No: _____ Owner's Contact No: 8862 6804
 DRIVER'S Name : LOH Wee Kian DRIVER'S NRIC No: S9215566H
 DRIVER'S Date of Birth : 12 May 1992 DRIVER'S License Pass Date 28 Dec 2021
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : APT B1K 609C Tampines North Drive 1 #07-386 S(528609
 DRIVER'S Contact No./ Alt No. : 1) 8862 6804 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : xkiane@hotmail.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): 3 Passenger Name: Jane Sim Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: Own Loh Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Jane Sim
 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>JKW 5555 G</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: _____

Please call **1800 100 1000** 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: PNPV2022-00000415 (Comprehensive - Classic Plan)

Car plate number: SLS3270A

Car chassis number: MRHGM26709P020448

Engine number: L15A71810746

Your name (As the policyholder): Loh Wee Kian

Coverage start date: 11/01/2022

Coverage end date: 10/01/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive: You

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: Century Tokyo Leasing (Singapore) Pte Ltd

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

Issued on: 11/01/2022



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.