

NATIONAL Assessment Centre Services:

(with 1 Job)

50922920004

Ref: 07/09/2022 14:56
 Ref No: N/A / FWD 280085757
 Ref No: SC 14873
 O.A: 07/09/2022 06:18

D / TP Reporting Only

P Insurer:

referred Wksp / INO Ass'n Wksp / QW:

P Particulars:

Veh No:

3MD 4234R

INC () / Non-INC ()

Owner / Driver:

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:

(Note: No. 5788 5616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/ Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Action:

NA2202357

Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Eng-In-Charge):

Additional Comments:

1.1:

1.2/3:

Invoice Breakdown - Checklists

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee \$100/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claimant's use only (over 10 Jan 2023)

6) TR: Re-inspection \$75

7) NI: Also DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Coordination \$16

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11) against INC \$20

9) N12: Issue Mobile \$10

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 Actual 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	02/09/2022 14:56 (SGT)
Reported by	Both
Date of Accident	02/09/2022 06:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE JALAN BAHAR/KRANJI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1482J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JASON NG CONG RONG
NRIC No	SXXXX967C
Email Address	jasonng.spazio@gmail.com
Mobile Phone No	(Phone) +65-91867974
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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.
Policy Number / Cover Note Number	PNPV2020-00000437-01

DRIVER

Name of Driver	JASON NG CONG RONG
NRIC No	SXXXX967C
Date Of Birth	22/12/1983
Occupation	Outdoor

Date Of Driving Pass	30/04/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91867974
Alt. Phone Number	-
Email Address	jasonng.spazio@gmail.com
Address	BLK 212 PETIR ROAD #04-465
Address complement	-
Postcode	670212
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GOJEK PASSENGER
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20220902/7016

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4234R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	JASON NG CONG RONG
Gender	Male
Phone No	(Phone) +65-91867974
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLP1482J
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.

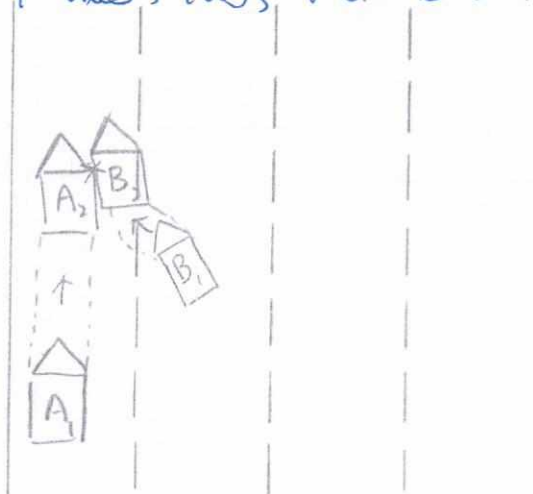

Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan

PIE TOWARDS LANE BEFORE JAWA BARTAR / KRAJ. EXIT.



A : SLP1482J

B : SMD4234R

Describe Circumstances of the Accident


REFER TO POLICE REPORT

7/20220902/2016

Declaration

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

 02/09/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220902/7016

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

1 of 3

Report No. T/20220902/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2022 11:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JASON NG CONG RONG		Address: 212 PETIR ROAD #04-465 SINGAPORE 670212			
ID Type / ID No.: NRIC NO / S8340967C		Contact No.: Home/Office:		Mobile: 91867974	
Nationality: SINGAPORE CITIZEN		Email: jasonng.spazio@gmail.com			
Sex: Male	Age: 38	Date of Birth: 22/12/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2022 06:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLP1482J	Car	TOYOTA	ALLION 1.5 A	Silver		2
SMD4234R	Car					2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220902/7016

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

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Report No. T/20220902/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1482J	FWD Singapore Pte. Ltd	PNCV2020-00000437-01	16/09/2021	15/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASON NG CONG RONG	ID No.	S8340967C
Related Vehicle	SLP1482J (Car)	Contact No.	91867974
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/09/2022	Date	02/09/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling in my vehicle (a) with my passenger on board. While I was travelling straight in the last lane, vehicle (b) from my right cut in without checking at his blindspot and hence collided onto the right portion of my vehicle (a) causing damages to my vehicle (a).

I felt pain after the accident so I went to our family physician clinic to seek consultation and was given 5 days mc.

Vehicle (a) - SLP1482J
Vehicle (b) - SMD4234R



**SINGAPORE
POLICE FORCE**

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



T/20220902/7016

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Report No. T/20220902/7016

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
02/09/2022 11:44

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 2 / 9 / 22 (dd/mm/yy) Time of Accident: 6 : 50 (24-HR-FORMAT)

Vehicle No.: SLP 1482J Vehicle Make & Model: TOYOTA ALLION AIS

*Transmission: ☐ Manual ☒ Auto TOWARDS*C.C.: 1.5

Exact location of Accident: PIE TUBS BEFORE JALAN BAHAR / KRANJI EXIT

Policyholder's Name: JASON NG CONG RONG NRIC/FIN/REG No.: S8340967C

*Policyholder's email address: jasonng.spazio@gmail.com

Driver's Name: JASON NG CONG RONG NRIC/FIN/REG No.: S8340967C

*Driver's email address: jasonng.spazio@gmail.com

Driver's Contact No.: 9186 7974 Company Contact No (if any): -

Date of birth: 22 DEC 1983 Driving Pass Date: 30 APR 2004

Driver's Address: APT BLK 212 PETIR ROAD #04-465 (S) 670212

Insurance Company: FWD

Policy No.: PNCV2020-00000437-01 Type of Coverage: Comprehensive ☒ Third Party ☐ Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 2

*Passenger Name: GOJEK PASSENGER Gender: Male / Female

*Passenger Name: - Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry ☒ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: JASON NG CONG RONG

Injuries Sustain: - Injured Person in Which Vehicle: SLP 1482J

Police Report filed: ☒ Yes / ☐ No (if YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: - Vehicle No: SMD 4234R

Driver's Contact No: - Insurance Company: -

2. Driver's Name / IC No (If Any): - Vehicle No: -

Driver's Contact No: - Insurance Company: -

*Independent Witness (If Any): - Contact No: -

Preferred Workshop Name: - Contact 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: PNCV2020-00000437-01

Car plate number : SLP1482J

Coverage start date: 16/09/2021

Coverage end date: 15/09/2022

Who is insured to drive: You and any Authorised Driver

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Jason Ng Cong Rong

NRIC/FIN: S8340967C

Address: 212 Petir Road 04-465 Singapore 670212

Email: jasonng.spazio@gmail.com

Mobile number : 91867974

Date of birth: 22/12/1983

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA ALLION A15

Year of first registration : 2008

Plan type: THIRD PARTY

Standard excess: Not Applicable

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas booster: Not Applicable

Premium paid (inclusive of GST): S\$2,099.79