

SW0922AV0002

Preferred Week / NO Assign Week / GW: ()

Center/Division: _____ Paper Type: _____

Policy No. () Period: () Date: Time: ()

Confirmed by: [Signature] 10/10/2014 10:10:14 AM

WARRANTY: YES () NO ()

Loading: \$1,000() / \$2,000()

SECRET

2. All information in this document is strictly confidential & subject to the terms of the Non-Disclosure Agreement.

Total Loss Case - to e-mail Insurer URGENTLY.

Driver: () Towel-In: () Invoice: YES () / NO ()

0186 60100

12. Apply for Transport Allowance () / Courtesy Car ()

13. CO Check: Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3000)

[Faint, illegible handwritten notes]

SECRET

[Faint, illegible text from bleed-through]

[illegible]

Invoice Preparation Checklist

NA2105081

[illegible][illegible][illegible]

Approved For: 1000

CONFIDENTIAL

Checked by (Engr-In-Charge)	Not for Construction
	Not for Bridge Inspection

17

[Faint handwritten notes and stamps are visible along the bottom edge of the page.]

$$f(x) = \frac{1}{2} \left(\frac{1}{x} + \frac{1}{x^2} \right) = \frac{1}{2} \left(x^{-1} + x^{-2} \right)$$

$$f'(x) = \frac{1}{2} \left(-x^{-2} - 2x^{-3} \right) = -\frac{1}{2} \left(\frac{1}{x^2} + \frac{2}{x^3} \right)$$

$$f''(x) = \frac{1}{2} \left(\frac{2}{x^3} + \frac{6}{x^4} \right) = \frac{1}{x^3} + \frac{3}{x^4}$$

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	31/10/2022 11:10 (SGT)
Reported by	Both
Date of Accident	28/10/2022 17:00 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	EXIT TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7489E
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO WEI CHIEH (HE WEICHIEH)
NRIC No	SXXXX153E
Email Address	oscar_ho1981@hotmail.com
Mobile Phone No	(Phone) +65-97966691
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00003758

DRIVER

Name of Driver	HO WEI CHIEH (HE WEICHIEH)
NRIC No	SXXXX153E
Date Of Birth	27/09/1981
Occupation	Indoor

Date Of Driving Pass	15/08/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97966691
Alt. Phone Number	-
Email Address	oscar_ho1981@hotmail.com
Address	103 HILLVIEW RISE #05-12
Address complement	-
Postcode	667982
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)	4
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	LINDA NG
Gender	Female

PASSENGER 2

Name	HO XUAN HUI, CHARLOTTE
Gender	Female

PASSENGER 3

Name	HO ZHENG XUAN, CAVAN
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

PLEASE REFER TO SKETCH PLAN

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	SJG746B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC6783D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	HO WEI CHIEH (HE WEICHIEH)
Gender	Male
Phone No	(Phone) +65-97966691
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM7489E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LINDA NG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM7489E
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person HO XUAN HUI, CHARLOTTE
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMM7489E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person HO ZHENG XUAN, CAVAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMM7489E
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

JALAN BAHAR EXIT TOWARDS TUNAS.

A
B
C

(A) SMM 7489E

(B) SJG 746B

(C) PC6T83D

Describe Circumstances of the Accident

On 28.10.2022 at about 1700hrs, I was travelling along Jalan Batare exit towards Tuas. The traffic was on moderate move. Ahead of me, there's a vehicle slow down and I follow suit. All of a sudden, I felt an impact from the rear. Then I realised a vehicle SJB 746B had collided onto my rear. Total 3 vehicles involve in the accident.

Declaration

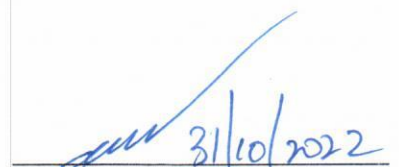
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


31/10/2022
Witnessed by Reporting Centre Personnel

(J)

Date of Accident : 28.10.2022 Accident Time: 1700h (24-HR-Format)
Accident Place : Jalan Bahar Exit towards Tuas
Vehicle No. (Car Plate No.) : SMM 7489E Make/Model: Mercedes Benz C180 Avantgarde
Insurance Company : FWD Policy No: PNW2022-00003758
Owner or Company Name /IC No. : Howard Chieh (He WüchneH) -(S 8129153E)
Owner or Company Contact No. : _____ Owner's Hp 97966691 Company Tel _____
DRIVER'S Name / IC No. : Same as above
DRIVER'S Date Of Birth : 27.09.1981 DRIVER'S License Pass Date 15.08.2000
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 103 Hillview Rise #05-12 S(667982)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 97966691
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : oscar_ho1981@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): 4 Pax
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): to all

Other Party Driver's Particular (if any)

Vehicle No: <u>SJG 746B</u> (Alim)	Vehicle No: <u>Pc 6783D</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ① Linda Ng (F)
- ② Ho Xuan Hui, Charlotte (F)
- ③ Ho Zhens Xuan, Cavan (M)

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 of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2022-00003758 (Comprehensive - Classic Plan)

Car plate number: SMM7489E

Your name (As the policyholder): Ho Wei Chieh

Coverage start date: 08/10/2022

Coverage end date: 07/10/2023

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: OCBC Bank Limited

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

Issued on: 09/09/2022



Khoo Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 153E

Vehicle Details

Vehicle No.: SMM7489E
Vehicle to be Exported: No
Intended Deregistration Date: 10 Dec 2022
Vehicle Make: MERCEDES BENZ
Vehicle Model: C180 AVANTGARDE (R17 LED)
Primary Colour: Silver
Manufacturing Year: 2015
Engine No.: 27491030339442
Chassis No.: WDD2050402R054017
Maximum Power Output: 115.0 kW (154 bhp)
Open Market Value: \$35,392.00
Original Registration Date: 02 Apr 2015
First Registration Date: 02 Apr 2015
Transfer Count: 2
Actual ARF Paid: \$31,549.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 01 Apr 2025
PARF Rebate Amount: \$18,929.00

Intended COE Rebate Details

COE Expiry Date: 01 Apr 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$70,890.00
COE Rebate Amount: \$16,370.00
Total Rebate Amount: \$35,299.00

The information contained herein is correct as at 28 Oct 2022

OK