

NATION'S 1. ASSESSMENT Centre SERVICES

| | | | |
|------------------------|---|-----------------------|----------|
| Date: 2/12/22 | Vehicle Description: | Engr. Time Completed: | Done By: |
| Ref: NA/FWD22012069/44 | SAs e-filing | | |
| File: SMN 519T | E-mail (w/ or w/o W-2s) | | |
| Date: 1/12/22 2010 | i-Motor Claim Form | | |
| IP: Reporting only | i-Motor W/O (w/ or w/o 2nd IP 4/22) | | |
| IP Incident: | i-Photo Uploaded | | |
| | Assessment Survey Report | | |
| | Ass't Report by Fax / Hand to Owner (W&D) | | |

| | | |
|---|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW. () | Tel: | Fax: |
| IP Particulars: () | Veh No: SMN 1597K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|----------|----------|
| | | 1st Bill | Add Bill |
| Driver/Owner | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100), INC (\$30) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 19 Jan 2015) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *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 (w/ or w/o INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | Invoice date / Fee Charges | | |
| | Invoice date / 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 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 | 02/12/2022 10:55 (SGT) |
| Reported by | Both |
| Date of Accident | 01/12/2022 20:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE (TUAS) AFTER WHITLEY ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SMN519T |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | CHENG HENG TAK ALVIN |
| NRIC No | SXXXX964E |
| Email Address | HEREISALVIN@YAHOO.CO.UK |
| Mobile Phone No | (Phone) +65-97432280 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Civic |
| 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 | 1799 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2021-00002997-01 |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | CHENG HENG TAK ALVIN |
| NRIC No | SXXXX964E |
| Date Of Birth | 04/09/1979 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 04/12/1999 |
| Driving experience | 23 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-97432280 |
| Alt. Phone Number | - |
| Email Address | HEREISALVIN@YAHOO.CO.UK |
| Address | BLK 181 YUNG SHENG ROAD #09-89 |
| Address complement | - |
| Postcode | 610181 |
| 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 | Raining |
| Road Surface | Wet |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | KOH CHEE YEE |
| Gender | Female |

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 ATTACHED REPORT

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 | SMN1597K |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SKZ1906M |
| 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) | - |

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
2/12/22



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



2/12/22
Witnessed by Reporting Centre Personnel

Sketch Plan **PIE (TUAS) AFTER WHITLEY ROAD**

A: SMN519T
B: SMN1597K
C: SKZ1906M



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE (TUAS) AFTER WHITLEY ROAD. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. AFTER I ALIGHTED FROM MY VEHICLE, I REALISED I WAS INVOLVED IN A 3-CAR COLLISION.

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.

 2/12/22
Policyholder's Signature / Date & Time

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

 2/12/22
Witnessed by Reporting Centre Personnel

Accident Reporting Draft

VEHICLE NO: SMN519T

MODEL: HONDA CIVIC

(AUTO) / MANUAL

| | | |
|--|--|--------------------------------|
| DATE OF ACCIDENT | 1/12/2022 | C.C: 1,597 |
| TIME OF ACCIDENT | 2010 | HRS AM/PM |
| LOCATION OF ACCIDENT | PIE (TUAS) AFTER WHITLEY ROAD | |
| EXACT PURPOSE USE DURING ACCIDENT | EMPLOYMENT/ (PRIVATE USE) / PRIVATE HIRE | |
| NAME OF OWNER | CHENG HENG TAK, ALVIN (ZHENG XINDE) | |
| CONTACT NO. | 97432280 | EMAIL: HEREISALVIN@YAHOO.CO.UK |
| NRIC | S7924964E | |
| CLAIM TYPE | OD / (THIRD PARTY) / REPORTING ONLY 3P | |
| INSURANCE CO. | FWD | |
| TYPE OF COVERAGE | (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT | |
| POLICY NO. | | |
| NAME OF DRIVER | (AS ABOVE) / IF NO: CHENG HENG TAK, ALVIN (ZHENG XINDE) | |
| NRIC | S7924964E | ANY PASSENGER: 1 |
| DATE OF BIRTH | 4/9/1979 | KOH CHEE YEE (F) |
| OCCUPATION | OUTDOOR / (INDOOR) | |
| DATE OF DRIVING PASS | 8/2/2003 | |
| GENDER | (MALE) / FEMALE | |
| CONTACT NO. | 97432280 | EMAIL: HEREISALVIN@YAHOO.CO.UK |
| ADDRESS | APT BLK 181 YUNG SHENG ROAD #09-89 S(610181) | |
| DOES DRIVER OWN OTHER VEHICLES | (NO) IF YES: REG NO. | |
| RELATIONSHIP | EMPLOYEE / IF (NO) OWNER | |
| WEATHER CONDITION | CLEAR / (RAINY) / OTHER: RAINY | |
| ROAD SURFACE | DRY / (WET) / OTHER: WET | |
| ANY INJURIES | (NO) IF (YES) YES - DRIVER (CHENG HENG TAK, ALVIN (ZHENG XINDE)) (M) - YES - PASSENGER (KOH CHEE YEE) (F) - | |
| 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. | SMN1597K | ANY PASSENGER: |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | SKZ1906M | ANY PASSENGER: |
| VEHICLE D NO. | | ANY PASSENGER: |
| VEHICLE E NO. | | ANY PASSENGER: |
| VEHICLE F NO. | | ANY PASSENGER: |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| PARTICULAR WORKSHOP | Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 | |
| MOBILE NO. | | |
| CONTACT PERSON | | |
| FAX NO. | | |
| HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? NO / YES | | |

Done

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1 of 28

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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: PNPV2021-0002997-01 (Comprehensive - Classic Plan)

Car plate number: SMN519T

Your name (As the policyholder): Cheng Heng Tak Alvin

Coverage start date: 30/07/2022

Coverage end date: 29/07/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You, and

(b) Anyone with a valid driving license who you give permission to drive your car.

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: UOB Limited

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

Issued on: 16/06/2022

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.

FWD Singapore Pte. Ltd. 8 Temasek Boulevard, # 08-01 Suntec Tower 4, Singapore 038986. T: (65) 6421 8888. Registration No. 200901737H

FWD
insurance

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Your Classic Car Insurance Summary

Please call **+65-6322-2072** for FWD Emergency Assistance
if your car breaks down or is involved in an accident.

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regardless of whether it will lead to a claim.

