

# NATIONAL Assessment Centre Services

Date In 14 / 12 / 2022	Job description	Date & Time Completed	Done by
Ref No NA/FWD22012497/W	SAS e-filing		
Veh No SJD 8662 Y	E-mail (within 8hrs. APT 2hrs)		
DOA 08 / 12 / 2022	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: SME 9838 K	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

NA2203464

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal. 1:

Cal. 2/3:

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) FT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : (dac DA + SMRT Survey) \$160		
8) NTUC Additional Services:-		
ON*		
*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:

Invoice dated:

Fee Charged

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	14/12/2022 15:22 (SGT)
Reported by	Both
Date of Accident	08/12/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE Exit 10B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD8662Y

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ling Wei Chang
NRIC No	SXXXX524F
Email Address	cliffordling88@gmail.com
Mobile Phone No	(Phone) +65-96805012
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00001782-01

#### DRIVER

Name of Driver	Ling Wei Chang
NRIC No	SXXXX524F
Date Of Birth	30/07/1988
Occupation	Indoor

Date Of Driving Pass	14/05/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96805012
Alt. Phone Number	-
Email Address	cliffordling88@gmail.com
Address	Blk 352 Tampines Street 33
Address complement	#07-492
Postcode	520352
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Koh Swee Gee
Gender	Female

#### PASSENGER 2

Name	Koh Teck Kee
Gender	Male

#### PASSENGER 3

Name	Khang Lucy
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. L/20221209/7085

## 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 SME9838K  
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 SMJ3664H  
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 3

Vehicle Registration Number SLC1470L  
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	Ling Wei Chang
Gender	Male
Phone No	(Phone) +65-96805012
Address	Blk 352 Tampines Street 33
Address Complement	#07-492
Post Code	520352
Approximate Age Years Old	34
Injuries Sustained	Seriously injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### INJURED 2

Name of injured person	Koh Swee Gee
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously injured
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### INJURED 3

Name of injured person	Koh Teck Lee
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### INJURED 4

Name of injured person	Khang Lucy
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously Injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

VEHICLE NO: SJD 86624.

MAKE &amp; MODEL: TOYOTA ALTIS

AUTO/MANUAL

DATE OF ACCIDENT	08 / 12 / 22.	CC 1.6.
TIME OF ACCIDENT	1030.	AM / PM
LOCATION OF ACCIDENT	BKE (WOODLANDS) BEE EXIT 10B.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	88	LING WEI CHANG.
EMAIL	CLIFFORDLING88@gmail.com	OFFICE: MOBILE: 96805012.
NRIC	88826524F.	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	FWP.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PNPV2021-00001782-01.	
NAME OF DRIVER	AS ABOVE / IF NO: 9	
NRIC	9	
DATE OF BIRTH	30 / 07 / 88.	
ANY PASSENGER	YES / NO: 3	
NAME OF PASSENGER	(F) KOH SWEE GEE, (M) KOH TEE LEE, (F) KA	
GENDER OF PASSENGER	MALE / FEMALE	KAP KHAN G
OCCUPATION	Outdoor / Indoor	LUCY.
DATE OF DRIVING PASS	14 / 05 / 08.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 96805012 Office: Home:	
EMAIL	CLIFFORDLING88@gmail.com	75
ADDRESS	352 TAMPAINE ST 33 #07-492 S (520882).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: -	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER + 3 PASSENGERS	
CONTACT NO.	SERIOUS - A.	
ROLICE REPORT	No / If yes, Where? WOODLANDS DIV.	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	Smc 9838K.	Any Passenger: UNSURE
NAME		
CONTACT NO.	J	
VEHICLE C NO.	Smc 3664H.	Any Passenger: UNSURE.
VEHICLE D NO.	SLC 1470L.	Any Passenger: UNSURE.
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO.	



## IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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:

- (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.

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

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Describe Circumstance of the Accident


REFER TO POLICE REPORT.

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

  
14/12/2012  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



L/20221209/7085

1 of 2

## POLICE REPORT (NP299)

Report No. L/20221209/7085

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 09/12/2022 23:12	Vide Report No.	Station Diary No.
Name Of Informant LING WEI CHANG	Address 352 TAMPINES STREET 33 #07-492 SINGAPORE 520352	
ID Type / ID No. NRIC NO / S8826524F	Contact No. Home/Office:	Mobile: 96805012
Nationality SINGAPORE CITIZEN	Email Address CLIFFORDLING88@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 34
Institution/School Name	Date of Birth 30/07/1988	Race Chinese
Date/Time Of Incident 08/12/2022 10:30 - 08/12/2022 12:00	Location Of Incident #NA-NA BKE EXIT 10B	

### Brief details.

On the stated time and date, my vehicle A SJD8662Y was stationary at BKE towards Johor Bahru on lane 1 as there was a heavy traffic congestion. Suddenly vehicle B SME9838K hit me from behind with a strong impact causing my vehicle to surge forward and hit onto Vehicle C SLC1470L. When I alight, I realised that I was involved in a 4 vehicle chain accident. My 3 passengers and I were all admitted to the hospital by ambulance. I was hospitalised and given 10 days hospitalisation leave. All of my passengers were given 5 days MC each.

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: 09/12/2022 23:12
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20221209/7085

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221209/7085

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male		
<b>Victim</b>			
Person Name	LING WEI CHANG		
ID Type	NRIC NO	ID No	S8826524F
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Sales manager	Address	352 TAMPINES STREET 33 #07-492 SINGAPORE 520352
Mobile No	96805012	Is Informant A Victim?	Yes
<b>Person Name</b> LING WEI CHANG (Informant)			

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
09/12/2022 23:12

Classification Of Case:

## 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: PNPV2021-00001782-01 (Comprehensive - Executive Plan)**

Car plate number: SJD8662Y

Your name (As the policyholder): LING WEI CHANG

Coverage start date: 08/04/2022

Coverage end date: 07/04/2023

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 13/02/2022



**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.