

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In 20/01/2023 | Job description | Date & Time Completed | Done by |
| Ref No NA/FWD23000698 / 4 | SAS e-filing | | |
| Veh No SMS75447 | E-mail (within 2hrs. A/C 2hrs) | | |
| D O A 20/01/2023 | i-Motor Claim Form | | |
| OD / (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SGK 9033E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|------------------------------|---|-----------|-----------|
| NA2300217 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| | | 1st Bill | Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idac 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 | | |
| Editors' Comments:- | | | |

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 | 20/01/2023 15:08 (SGT) |
| Reported by | Both |
| Date of Accident | 20/01/2023 11:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PREMISES OF BLK 509 BEDOK NORTH STREET 3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMS7544Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | KOH SEE MIN |
| NRIC No | SXXXX292D |
| Email Address | benkoh525@gmail.com |
| Mobile Phone No | (Phone) +65-81115666 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Shuttle |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2022-00000341 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | KOH SEE MIN |
| NRIC No | SXXXX292D |

| | |
|--|----------------------------|
| Date Of Driving Pass | 26/01/2013 |
| Driving experience | 10 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-81115666 |
| Alt. Phone Number | - |
| Email Address | benkoh525@gmail.com |
| Address | APT BLK 63 CHESTNUT AVENUE |
| Address complement | # 08-14 |
| Postcode | 679523 |
| 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 | Collided into Parked Vehicle |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| 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 | - |

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 THE ATTACHED POLICE REPORT- T/20230120/7026

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SGK9033E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|-------------|
| 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



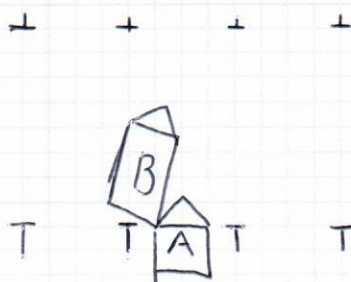
Driver's Signature (If driver is not the policyholder) / Date & Time

 20/1/23

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 509 Bedok North Street 3



(A) SMS 7544Y
(B) SHK 9033E

Describe Circumstances of the Accident

Refer to Traffic police

Report no: T/20230120/7026

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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



20/1/23

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230120/7026

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

1 of 3

Report No. T/20230120/7026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 20/01/2023 13:03 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: KOH SEE MIN | | | Address: 63 CHESTNUT AVENUE #08-14 SINGAPORE 679523 | | |
| ID Type / ID No.: NRIC NO / S8486292D | | | Contact No.: Home/Office: Mobile: 81115666 | | |
| Nationality: MALAYSIAN | | | Email: BENKOH525@GMAIL.COM | | |
| Sex: Male | Age: 38 | Date of Birth: 25/05/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Engineer | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 20/01/2023 11:00 | Type of Location: Car Park |
| Location: BEDOK NORTH STREET 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|--------------------------|-------|----------|-------|
| SGK9033E | Car | | | | | 0 |
| SMS7544Y | Car | HONDA | SHUTTLE 1.5G CVT SENSING | Blue | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20230120/7026

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

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Report No. T/20230120/7026

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------------|-------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMS7544Y | FWD Singapore Pte. Ltd | PNPV2022-00000341 | 12/03/2022 | 11/03/2023 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KOH SEE MIN | | ID No. S8486292D |
| Related Vehicle | SMS7544Y (Car) | | Contact No. 81115666 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

ON 20/01/2023 AT ABOUT 0750 HOURS, I PARKED MY VEHICLE STATIONARY AT THE CARPARK OF PREMISES OF BLK 509 BEDOK NORTH STREET 3 AND EVERYTHING WAS INTACT. AT ABOUT 1100 HOURS, I WENT BACK TO MY VEHICLE AND I REALISED THAT MY FRONT PORTION OF MY VEHICLE (A) WAS DAMAGED. I VIEWED BACK MY CCTV FOOTAGE AND REALISED THAT THE FRONT PORTION OF MY VEHICLE (A) WAS CAUSED BY A VEHICLE (B) WHO HIT AND RAN AWAY. I WISH TO STATE THAT IT IS A HIT AND RUN CASE AND NOBODY WAS ONBOARD ON MY VEHICLE.

- (A) SMS7544Y
(B) SGK9033E



**SINGAPORE
POLICE FORCE**



T/20230120/7026

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

3 of 3

Report No. T/20230120/7026

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 /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

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

Date/Time:
20/01/2023 13:03

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 20/01/2023 | | Time: 1100hrs | | (hh:mm) 24 hr format | |
| Location premises of Blk 509 bedok north street 3 | | | | | |
| Vehicle Number SMS 7544Y | | | | | |
| Insured Name Koh See Min | | | | | |
| NRIC / FIN S 8486 292D | | Contact Number 8111 5666 | | | |
| Make Honda | | Model Shuttle 1.5G | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | | | | |
| Insurance Company FWD | | | | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number PNPV2022 - 00000341 | | | | | |
| Name of Driver (/) Same as Insured | | | | | |
| NRIC / FIN S 8486 292D | | Contact Number 8111 5666 | | | |
| Date of Birth 25/05/1984 | | | | | |
| Driving Pass Date 26/01/2013 | | | | | |
| Occupation () Indoor (/) Outdoor | | | | | |
| Gender (/) Male () Female | | | | | |
| Email Address benkoh525@gmail.com | | | | () NO EMAIL | |
| Address of Driver Blk 63 Chestnut Avenue #08-14 s(679523) | | | | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | |
| (/) Owner () Spouse () Friend () Relative () Children () Sibling | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (/) No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions (/) Clear () Raining () Others | | | | | |
| Road Surface (/) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | | | | |
| Was anybody injured in the accident? () Yes (/) No | | | | | |
| If yes, injured detail | | | | | |
| Was there any video captured by Car Camera? (/) Yes () No | | | | | |
| Was the Accident reported to the Police? (/) Yes () No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B SKK 9033E | | | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

0 person including driver

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: PNPV2022-00000341 (Comprehensive - Executive Plan)

Car plate number: SMS7544Y

Your name (As the policyholder): KOH SEE MIN

Coverage start date: 12/03/2022

Coverage end date: 11/03/2023

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: Maybank Singapore

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

Issued on: 04/01/2022



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.