

VAT / Assessment Centre Services

Date In 03/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/PWD 23001138 /dp	SAS e-filing		
Veh No SGU 909K	E-mail (within Mins. After 2hrs)		
DOA 03/02/2023 0645	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: SMH 9451B 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% P: 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)

Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: -

e/Time: -

Actions: -

NA2300356

Client's Particulars:	Invoice Preparation Checklist	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
ct No:	2) DA: Damage Assessment (\$100); INC (\$80)		
ged Portion:	3) TP: Towing Fee \$40/\$45		
hecked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
ors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Source Coordination \$5		

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	03/02/2023 14:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AT 14KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU909K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MIN YEOW
NRIC No	SXXXX045B
Email Address	minyeow@gmail.com
Mobile Phone No	(Phone) +65-98460530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2362

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00000354-03

DRIVER

Name of Driver	TAN MIN YEOW
NRIC No	SXXXX045B
Date Of Birth	21/08/1973
Occupation	Indoor

Date Of Driving Pass	20/01/1993
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98460530
Alt. Phone Number	-
Email Address	minyeow@gmail.com
Address	70 JALAN GREJA
Address complement	-
Postcode	488933
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	8
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)	3
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	AVERY TAN
Gender	Female

PASSENGER 2

Name	VALERIE TAN
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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	MEMORY CARD TAKEN BY TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9451B
Vehicle Manufacturer	Kia
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	SJT3816U
Vehicle Manufacturer	Honda
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	SLD1618Z
Vehicle Manufacturer	Audi
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 4

Vehicle Registration Number	SCA688A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

PIE towards Tuas at 14 km

	<p>Vehicle A - SGU 909K</p> <p>Vehicle B - SMH 9451B</p> <p>Vehicle C - SST 3816U</p> <p>Vehicle D - SLD 1618Z</p> <p>Vehicle E - SCA 688A</p> <p>Vehicle F - SLF 8596X</p> <p>Vehicle G - SMG 7388S</p> <p>Vehicle H - SLC 2933L</p>
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Describe Circumstance of the Accident

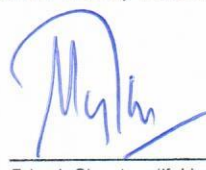
On the stated date & time, I vehicle A SGU 909K was driving along PE towards Tuas on the extreme right lane. Vehicle in front me slow down & brake, I follow suit. Suddenly vehicle B SMH 9451B cannot stop in time and hit into my vehicle. The impact was great and cause my vehicle push forward & hit into vehicle G SMA 7388S. Then I realise there is a chain collision between 3 vehicles.

Declaration

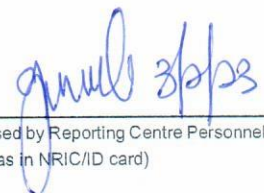
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



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

Date of Accident : 31 Feb / 23 Accident Time: 0645 (24-HR-Format)
Accident Place : Pte Tuds Tuds at 14 km
Vehicle No. (Car Plate No.) : SGU 909K Make/Model: T. Estima
Insurance Company : FWD PNR 2020-00000354-03 Policy No: _____
Owner or Company Name / IC No. : Tan Min Yeow S7330045B
Owner or Company Contact No. : 9846 0530 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : Tan Min Yeow S7330045B
DRIVER'S Date of Birth : 21 Aug 1973 DRIVER'S License Pass Date: 20 Jan 1993
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: OWNER

DRIVER'S Address : 70 Jln Greja S 488933
DRIVER'S Contact No./ Alt No. : 1) 9846 0530 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 3, Avery Tan Female, Valerie Tan Female

Was there any video Captured by car camera: YES / NO Memory card taken by TP
Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose
Any injury (If YES, Please state): Yes, muscle ache.

Other Party Driver's Particular (if any)

Vehicle No <u>B</u>	: SMH 9451B	Vehicle No <u>BC</u>	: SST 3816U
Vehicle Make/Model	: <u>Kia</u>	Vehicle Make/Model	: <u>Honda</u>
Name Driver	: <u>unknown</u>	Name Driver	: <u>unknown</u>
IC No. Driver/Contact:	: <u>unknown</u>	IC No. Driver/Contact:	: <u>unknown</u>

Passenger's name & gender:

vehicle D SLD 1618Z Audi
vehicle E SCA 688A Mercedes
vehicle F SLF 8596X Kia
vehicle G SMQ 7388S Nissan
vehicle H SLC 2933L SEC Toyota

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: PNPV2020-00000354-03 (Comprehensive - Executive Plan)

Car plate number: SGU909K

Your name (As the policyholder): Tan Min Yeow

Coverage start date: 29/01/2023

Coverage end date: 28/01/2024

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:

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

Issued on: 26/12/2022



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.