

NATIONAL Assessment Centre Services *(part 1 of 2)* **SNW922F000A**

Date In: 15/07/2023 16:52	Job description	Date & Time Completed	Done by
Ref No: NA2300482	SAS e-filing		
Veh No: SC6 22164	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 14/07/2023 15:00	I-Motor Claim Form		
OD: TP / Repairing Only	I-Motor W/O (within: OD 2hrs, 2P 10hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: **SNW 2687E** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Notes: ()

Insured/Driver Liability: () % (Note-Use Status (W/O): N: 0-30%, 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: ()

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

Injury: ()

Date/Time	Action	Done by

NA2300482

Customer's Particulars	Invoice/Preparation Checklist	Ass'n
Owner/Owner:	1) AR: Accident Reporting (300)	
Contact No:	2) DA: Damage Assessment (\$1000) INC (\$56)	
Assigned Portion: ()	3) TP: Towing Fee \$10/\$45	
	4) PE: Follow-Through Survey \$125	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$25	
	7) NI: New DA + SMRT Survey \$140	
	8) NTWC Additional Fee: ()	
Checked by (Engr-In-Charge):	9) QM:	
	*No: Courtesy Car / Tpt Allowance \$5	
	*No: Repair Coordination \$10	
	*No: Post Repair Inspection \$25	
	*No: DV / Collect Excess Coordination \$1	
	*TP (N11): TP (Non-INC) replaces INC \$20	
	*No: 14 Day Month \$10	
	Invoice dated	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	15/02/2023 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/02/2023 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2216Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HUI SIONG
NRIC No	SXXXX686I
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-81809312
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	PNPV2021-00000587-02

DRIVER

Name of Driver	KOH YIN LIAN, JANE
NRIC No	SXXXX743H
Date Of Birth	18/01/1982
Occupation	Outdoor

Date Of Driving Pass	05/11/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98566132
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	25 HAZEL PARK TERRACE #15-04
Address complement	-
Postcode	678948
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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 SKETCH PLAN AND POLICE REPORT T/20230215/7003

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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW2687E
Vehicle Manufacturer	Suzuki
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	NG JUN WEI SAMSON
NRIC No	SXXXX421B
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	KOH YIN LIAN, JANE
Gender	Female
Phone No	(Phone) +65-98566132
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLH2216Y
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 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.

Signature

Policyholder's Signature / Date & Time

Signature

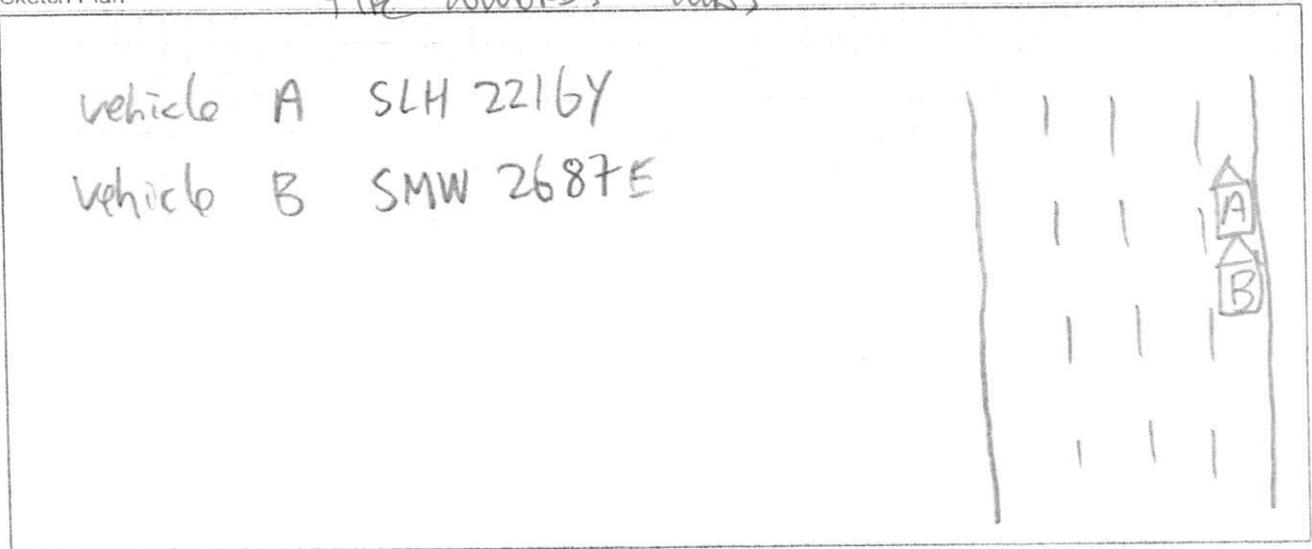
Driver's Signature (if driver is not the policyholder) / Date & Time

Signature 15/02/2023

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

Sketch Plan

PIE TOWARDS TUNAS



Describe Circumstance of the Accident

On 14/02/2023 about 15:00pm I was driving along PIE towards Tuas Expressway. I am on the most right lane 1st lane. I notice front vehicle slow down and stop due to front congestion traffic. I slow down my vehicle too. Suddenly vehicle B "BMW 2687E" from my rear collided onto my rear car portion with impact very heavy and badly and my car push forward much. After left the accident. I felt body pain and unwell. I went to consult doctor and given 3 days mc. I have video footage recorded the accident.

POLICE REPORT T/20230215/7003

Declaration

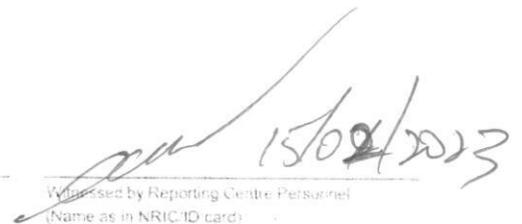
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 15/02/2023

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



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

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Report No. T/20230215/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH YIN LIAN, JANE	ID No.	S8203743H
Related Vehicle	SLH2216Y (Car)	Contact No.	98566132
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/02/2023	Date	14/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	NG JUN WEI SAMSON	ID No.	S9206421B
Related Vehicle	SMW2687E (Car)	Contact No.	97565962
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.

Accident took place on the right lane of PIE expressway towards Tuas. It's near the signboard of Exit 20 Adam Road.

Blue Suzuki SMW2687E has hit my white BMW SLH2216Y on the rear.

Suzuki owner is Ng Jun Wei Samson. Driving license S9206421B.

Accident happened at around 3pm on 14 Feb 2023.

With a hair clip at the back of my head, I hit the headrest with the collision impact. Suffered a temporary blackout vision upon the hit, developed giddiness, neck and back pain, seen doctor and is on MC for 3 days.



**SINGAPORE
POLICE FORCE**



T/20230215/7003

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

3 of 3

Report No. T/20230215/7003

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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

Date/Time:
15/02/2023 01:30

Classification Of Case:

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 14/02/2023 Time: 15:00pm (24 hr format)
 Exact Location of Accident * PIE tower, tuas Expressway

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLH 2216Y Make & Type *: BMW 216D
 Name of Registered Owner * LIM Hui Siang (LIN Hui Xiang)
 NRIC / FIN / Passport / Co Regn No. * S8200686I
 Contact Number * 8180 9312 Email/Fax No: Winson_tingwei@hotmail.com
 Exact Purpose for which vehicle was being used at Time of Accident Private Usage / Commercial or Company's Usage
 Are you claiming under your own insurance policy for repair to your vehicle? * Yes / No if No, Please state action to be taken
 Third Party Claim (SYH/Other workshop?) / Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American / FWD
 Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft
 Policy No. (Certificate No.) / Cover Note No. PNPV 2021 - 00060587 - 02

DRIVER

Name of Driver * Koh Yin Lian, Jane Gender * Male / Female
 NRIC / FIN / Passport Number * S8203743H
 Date of Birth * 18/01/1982 (dd/mm/yyyy)
 Occupation * Indoor / Outdoor
 Date of Driving Pass (Pass Date) * 05/11/2003
 Contact Number * 9856 6132
 Address 25 HAZEL Park terrace #15-04 S (678948)
 Email Address / Fax Number * Email: Winson_tingwei@hotmail.com Fax: —
 Relationship of the Driver with the Insured * Owner / Employee / Spouse / Friend / Others:
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *
 Veh No: 1) _____ 2) _____ 3) _____
 Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:
 Weather Conditions * Clear / Raining / Others:
 Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody Injured in the accident? * No / Yes (Police Report required)
 Was any injured conveyed to hospital by ambulance? No / Yes
 Was any foreign vehicle involved in this accident? * No / Yes Veh No: _____ Veh Category: _____
 Number of vehicles involved in the accident (02)
 Was there any witness? No / Yes
 Was any other VEHICLE / Property involve / damage? * No / Yes
 Was there any video captured by Car Camera? No / Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * No / Yes If Yes, Please state which Police Station _____
 Was Notice of Intended Prosecution given? * No / Yes If Yes, against whom? _____
 Number of Passengers (Including DRIVER)? (01)
 Passengers Name: _____ Gender: Male / Female
 Name: _____ Gender: Male / Female
 Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SMW 2687E	2)
Vehicle Make / Model / Colour	Suzuki / Blue	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	NG Jun wei SAMSON	
NRIC/Passport Number	S 9206421B	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

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: PNPV2021-00000587-02 (Comprehensive - Executive Plan)

Car plate number: SLH2216Y

Your name (As the policyholder): Lim Hui Siong

Coverage start date: 28/01/2023

Coverage end date: 27/01/2024

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: 29/12/2022



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.