

NATIONAL Assessment Centre Services		Job Description		Date & Time Completed	Done by
Date In: 28/07/2023 17:38	Ref No: N88/FWD230020534	SAS e-Milling			
Veh No: 5CR 4535K	D.O.A: 21/07/2023 19:18	E-mail (with VIN, A/C 200)			
QC: TP (Repeating Only)		1-Motor Claim Form			
		1-Motor W/O (with: OD 200, 200, 200)			
		1-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: 5CR 4535K		INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (			
Policy No: (		Period: (		Cover Type: (	
Confirmed by: (		Date: (		Time: (	
Insured/Driver Liability: (		95) (Note: Bst Status (WO): 10-0-30%, 21-70%, 30-100%)			
Year of Registration: (		Warranty: YES ( ) / NO ( )			
Excess: (\$		Loading: \$1,000 ( ) / \$2,000 ( )			
General Remarks: (					
( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of repair.					
( ) 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 ( )					
2) QC Check / Post Repair Inspection ( )					
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )					
Injury: (					
Date/Time/Location: (					
Invoice Preparation Checklist:					
1) All Accident Penalties (\$300) ( )					
2) DA: Damage Assessment (\$1000) INC (\$50) ( )					
3) TP: Towing Fee (\$100) ( )					
4) PE: Follow-Through Survey (\$100) ( )					
5) PE: Follow-Through Survey (Emergency) (\$50) ( )					
6) TR: Reimbursement (\$100) ( )					
7) NIS: Has DA + CMRT Survey (\$100) ( )					
8) NTUC Additional Services: ( )					
9) NIS: Courtesy Car / Transport Allowance (\$50) ( )					
10) NIS: Repair Coordination (\$100) ( )					
11) NIS: Post Repair Inspection (\$100) ( )					
12) NIS: DV / Collect Excess Coordination (\$100) ( )					
13) NIS: TP (INC/INC) against INC (\$100) ( )					
14) NIS: Other: ( )					
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# 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	23/02/2023 17:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 19:15 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4535K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW TECK LEONG
NRIC No	SXXXX741E
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90057511
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	PNCV2020-00000599-01

### DRIVER

Name of Driver	CHOW TECK LEONG
NRIC No	SXXXX741E
Date Of Birth	18/05/1964
Occupation	Outdoor

Date Of Driving Pass .....	27/04/1988
Driving experience .....	34 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90057511
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 290 CHOA CHU KANG AVENUE 3 #04-252
Address complement .....	-
Postcode .....	680290
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 .....	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 .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20230222/7001

#### 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 .....	SLS897L
Vehicle Manufacturer .....	BMW
Vehicle Model .....	520i

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGUYEN VAN HUAN
NRIC No	SXXXX078F
Contact Number	-
Address	-
Address complement	BLK 515A TAMPINES CENTRAL 7 #05-02
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	521515

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHOW TECK LEONG
Gender	Male
Phone No	(Phone) +65-90057511
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR4535K
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.

*Chaw.*

*Chaw.*

*23/08/2023*

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

*Along JONGER DELTA ROAD SLIP ROAD*

Vehicle A SLR 4535K  
Vehicle B SLS 897L



Describe Circumstance of the Accident

Refer to Police Report.

A/20230222/7001

Declaration

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

*Chow.*

Policyholder's Signature / Date & Time

*Chow.*

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

*[Signature]* 23/01/2023

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





**SINGAPORE  
POLICE FORCE**



A/20230222/7001

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20230222/7001

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 22/02/2023 00:24	Vide Report No.	Station Diary No.
Name Of Informant CHOW TECK LEONG	Address 290 CHOA CHU KANG AVENUE 3 #04-252 SINGAPORE 680290	
ID Type / ID No. NRIC NO / S2621741E	Contact No. Home/Office:	Mobile: 90057511
Nationality SINGAPORE CITIZEN	Email Address CHOW.TL66@GMAIL.COM	
Occupation Other car and light goods vehicle drivers	Sex Male	Age 58
Institution/School Name	Date of Birth 18/05/1964	Race Chinese
Date/Time Of Incident 21/02/2023 19:15 - 21/02/2023 19:30	Language English	
	Location Of Incident 19 TELOK BLANGAH CRESCENT MOUNT FABER VIEW SINGAPORE 090019	

**Brief details.**

I had just turned out of AYE to enter into Lower Delta Rd, when I stopped my car on the slip road to check for oncoming vehicles from Lower Delta Rd. However, before I entered into Lower Delta Rd, vehicle SLS897L rammed into my vehicle, SLR4535K from the back. As a result, my vehicle sustained damages on the rear bumper and boot lid. Furthermore, I had felt nauseas and had a headache after. I also experience pain in my neck and back after the incident. I have since visited the doctor and received a 3 day MC.

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: 22/02/2023 00:24
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20230222/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230222/7001

Subjects Involved			
Victim			
Person Name	CHOW TECK LEONG		
ID Type	NRIC NO	ID No	S2621741E
Gender	Male	Age	58
Race	Chinese	Language	English
Occupation	Other car and light goods vehicle drivers	Address	290 CHOA CHU KANG AVENUE 3 #04-252 SINGAPORE 680290
Mobile No	90057511	Is Informant A Victim?	Yes
Person Name	CHOW TECK LEONG (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:  
22/02/2023 00:24

Classification Of Case:



<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 21/02/2023 Time: 19.15pm (24 hr format)
Exact Location of Accident *	Along Lower Delta Road Slip Road
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SLR 4535K Make & Type *: MAZDA 3
Name of Registered Owner *	Chow tek leong
NRIC / FIN / Passport / Co Regn No. *	S2621741E
Contact Number *	9005 7511 Email/Fax No: Winson_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	PNCV 2020 - 00000599-01
<b>DRIVER</b>	
Name of Driver *	Chow tek leong Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
NRIC / FIN / Passport Number *	S2621741E
Date of Birth *	18/05/1964 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	27/04/1988
Contact Number *	9005 7511
Address	Blk 290 Choa chuan kang Ave 3 #04-252 S(680290)
Email Address / Fax Number *	Email: Winson_tingwei@hotmail.com Fax: _____
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> 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) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others: _____
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others: _____
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others: _____
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SLS 897L	2)
Vehicle Make / Model / Colour	BMW 520 / silver	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	NGUYEN VAN Huan	
NRIC/Passport Number	S8188078F	
Contact Number		
Address	Blk 515A Tampines Central 7 #05-02 S (521515)	
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 or by the next working day of the incident regardless of whether it will lead to a claim.

Policy number: PNCV2020-00000599-01

Car plate number : SLR4535K

Coverage start date: 16/02/2022

Coverage end date: 15/02/2023

Who is insured to drive: You and any Authorised Driver

Covered geographical area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Chow Teck Leong

NRIC/FIN: S2621741E

Address: 290 Choa Chu Kang Avenue 3 04-252 Singapore 680290

Email: chow.tl66@gmail.com

Mobile number : 90057511

Date of birth: 18/05/1964

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: MAZDA 3 1.5

Year of first registration : 2017

Plan type: Comprehensive

Standard excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: Yes

Overseas booster: Not Applicable

Premium paid (inclusive of GST): S\$2,551.25

Finance company: Hong Leong Finance Limited