

NATIONAL Assessment-Centre Services

Date In 24/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/FWD23002067/d4	SAS e-filing		
Veh No SLC 7474L	E-mail (within 8hrs. APT 2hrs)		
DOA 23/02/2023 18:00	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: SMP 7228 B	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

NA2300585

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$) 1st Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : 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:-		
	OT*		
	*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 date/	Fee Charged	
	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	24/02/2023 14:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARKWAY (ECP) , (CHANGI) AFTER STILL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7474L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CASEY WONG KOK CHUN
NRIC No	SXXXXX309Z
Email Address	caseywkc90@gmail.com
Mobile Phone No	(Phone) +65-87207375
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116i
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	1499

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004883

DRIVER

Name of Driver	CASEY WONG KOK CHUN
NRIC No	SXXXXX309Z
Date Of Birth	14/08/1990

Occupation	Indoor
Date Of Driving Pass	09/02/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-87207375
Alt. Phone Number	-
Email Address	caseywkc90@gmail.com
Address	APT BLK 13 UPPER BOON KENG ROAD
Address complement	# 10-945
Postcode	380013
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	3
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230223/2110

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	SMP7228B
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla

Vehicle Variant	-
Vehicle Colour	Gray
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	SHC8553H
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)	-

IMPORTANT NOTICE

SKETCH PLAN

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 rebutiate 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.

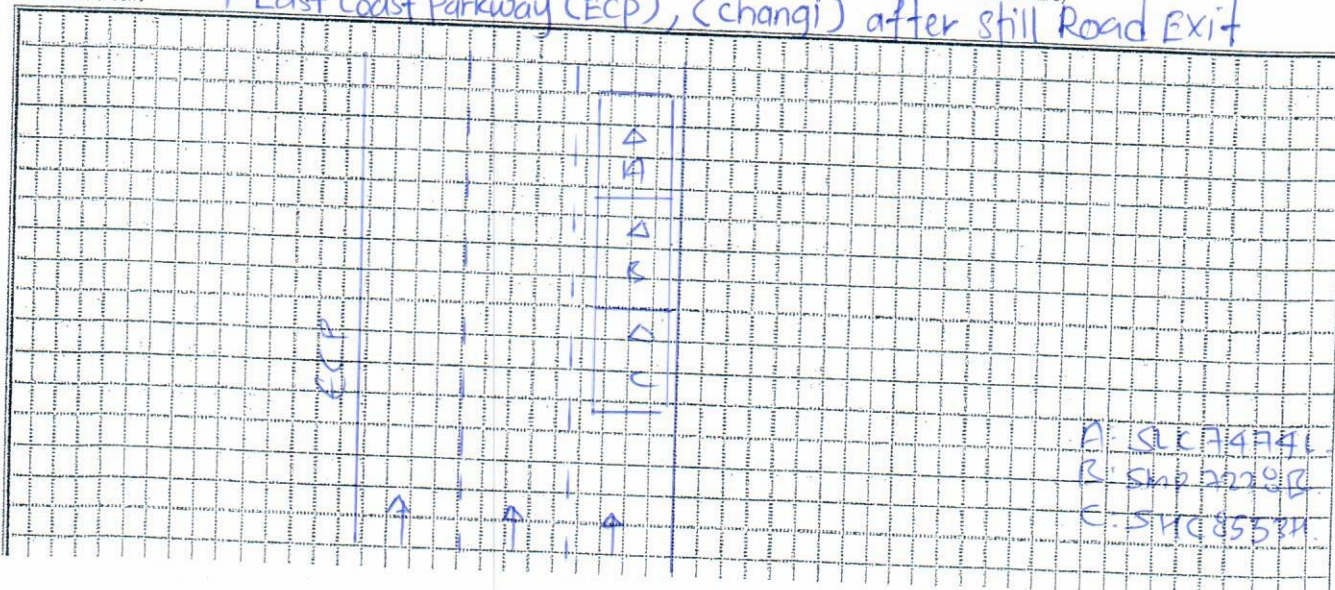
Policyholder's Signature / Date & Time

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

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

Sketch Plan

East Coast Parkway (ECP), (Changi) after Still Road Exit



Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT.

— T120230223/2110—

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

 24/2/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230223/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2023 22:32		Vide Report No.: G/20230223/0144		Station Diary No.: 96	
Informant's Particulars					
Name of Informant: CASEY WONG KOK CHUN		Address: APT BLK 13 UPPER BOON KENG ROAD #10-945 SINGAPORE 380013			
ID Type / ID No.: NRIC NO / S9072309Z		Contact No.: Home/Office: Mobile: 87207375			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 32	Date of Birth: 14/08/1990	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: manager		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/02/2023 18:00	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7474L	Car	BMW	116I LED HL SPORTLINE	Red	Slightly Damaged	0
SMP7228B	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230223/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7474L	FWD Singapore Pte. Ltd	PNPV2022-00004883	25/12/2022	24/12/2023

Brief Details.

On 23/02/2023 at about 1800hrs, I was driving my vehicle bearing plate number SLC7474L along East Coast Parkway Express and heading towards Singapore Expo. I was driving on lane 1 and the vehicle in front of me suddenly braked.

I managed to brake in time to avoid colliding with the vehicle in front of me. However, a vehicle bearing plate number SMP7228B collided onto the rear of my vehicle. After the collision I went down my vehicle and spoke to the driver of the vehicle who had one passenger. I called for police assistance. Subsequently, the passenger also informed that she is in pain and ambulance was activated.

I exchanged particulars with the driver. Traffic Police came down to scene. Ambulance arrived and conveyed the passenger to the hospital.

I would like to state that Traffic Police took my SD card.



**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20230223/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SGT 2 MUHAMMAD FIRDAUS
BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

Signature Of Informant:

Date/Time:
23/02/2023 22:32

Classification Of Case:

NP168

VEHICLE NO: SLC7474LMAKE & MODEL: Bmw 116

AUTO / MANUAL

DATE OF ACCIDENT	<u>23 / 02 / 23.</u>	C.C. <u>1.5.</u>
TIME OF ACCIDENT	<u>1800.</u>	AM / PM
LOCATION OF ACCIDENT	<u>ECP (CHANGI) NPT STILL RD EXIT.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>CASEY WONG KOK CHUN.</u>	
EMAIL	<u>CASEYWK90@gmail.com</u>	MOBILE: <u>87207375.</u>
NRIC	<u>SG0723092.</u>	OFFICE:
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	YES / NO?	
INCURANCE CO.	<u>FLD.</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>PNDV2022 - 0000 4883.</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO:</u>	
NRIC	<u>"</u>	
DATE OF BIRTH	<u>14 / 08 / 90.</u>	
ANY PASSENGER	YES / NO: <u>DRIVER ONLY.</u>	
NAME OF PASSENGER	<u>"</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor.</u>	
DATE OF DRIVING PASS	<u>09 / 07 / 10.</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>"</u>	Office: <u>"</u> Home: <u>"</u>
EMAIL	<u>"</u>	
ADDRESS	<u>"</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>13 LKPR Bmw Kona PN #10-945 5 (3800 S).</u>	
RELATIONSHIP	NO / If yes, Reg No:	INSURE:
WEATHER CONDITION	Employee / If No: <u>SMP.</u>	
ROAD SURFACE	<u>Clear / Raining / Other:</u>	
ANY INJURIES	<u>Dry / Wet / Other:</u>	
CONTACT NO.	<u>No / If yes, Who?</u>	
ROLICE REPORT	<u>No / If yes, Where?</u>	<u>MARINE PT NRC.</u>
NOTICE OF INTENDED PROSECUTION?	<u>No / If yes, Who?</u>	
VEHICLE B NO.	<u>SHP 728R.</u>	Any Passenger: <u>1 DRIVER</u>
NAME		<u>1 PASSENGER.</u>
CONTACT NO.		
VEHICLE C NO.	<u>SHC 855TH.</u>	Any Passenger: <u>1 DRIVER</u>
VEHICLE D NO.		Any Passenger: <u>1 PASSENGER</u>
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		Any Passenger:
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	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

caseywk90@gmail.com

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: PNPV2022-00004883 (Comprehensive - Executive Plan)

Car plate number: SLC7474L

Your name (As the policyholder): Casey Wong Kok Chun

Coverage start date: 25/12/2022

Coverage end date: 24/12/2023

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: OCBC Bank Limited

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

Issued on: 24/12/2022



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.