

NATIONAL Assessment Centre Services (part 1 of 2) **SN0923500002**

Date In: 24/05/2023 16:46	Job description	Date & Time Completed	Done by
Ref No: MB01FWD280052724	SAS e-filing		
Vehicle: 8-CC 805JK	E-mail (with this, A/C 2013)		
D.O.A: 24/05/2023 07:39	1-Motor Claim Form		
QD: TP Reporting Only	1-Motor W/O (Vehicle: OD 2013, 70 1000)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'n Report by Fax / Hand to Owner/Driver		

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

TP Particulars: Vehicle No: **GBE 6929G** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Use Status (WO): 1: 0-3014, 2: 21-7290, 3: 80-14004)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's information strictly Confidential & Supply 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 of Injury: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

x/A2301536

Invoice / Repairation Check List

1) AR: Accident Passport (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$50
4) PF: Follow-Through Survey (\$100)	\$100
5) PF: Follow-Through Survey (Basic Fee)	\$100
6) TR: Reproduction	\$75
7) NI: New DA + SMART Survey	\$140
8) NI: Additional Services	
9) NI: Additional Services	
10) NI: Additional Services	
11) NI: Additional Services	
12) NI: Additional Services	
13) NI: Additional Services	
14) NI: Additional Services	
15) NI: Additional Services	
16) NI: Additional Services	
17) NI: Additional Services	
18) NI: Additional Services	
19) NI: Additional Services	
20) NI: Additional Services	
21) NI: Additional Services	
22) NI: Additional Services	
23) NI: Additional Services	
24) NI: Additional Services	
25) NI: Additional Services	
26) NI: Additional Services	
27) NI: Additional Services	
28) NI: Additional Services	
29) NI: Additional Services	
30) NI: Additional Services	
31) NI: Additional Services	
32) NI: Additional Services	
33) NI: Additional Services	
34) NI: Additional Services	
35) NI: Additional Services	
36) NI: Additional Services	
37) NI: Additional Services	
38) NI: Additional Services	
39) NI: Additional Services	
40) NI: Additional Services	
41) NI: Additional Services	
42) NI: Additional Services	
43) NI: Additional Services	
44) NI: Additional Services	
45) NI: Additional Services	
46) NI: Additional Services	
47) NI: Additional Services	
48) NI: Additional Services	
49) NI: Additional Services	
50) NI: Additional Services	
51) NI: Additional Services	
52) NI: Additional Services	
53) NI: Additional Services	
54) NI: Additional Services	
55) NI: Additional Services	
56) NI: Additional Services	
57) NI: Additional Services	
58) NI: Additional Services	
59) NI: Additional Services	
60) NI: Additional Services	
61) NI: Additional Services	
62) NI: Additional Services	
63) NI: Additional Services	
64) NI: Additional Services	
65) NI: Additional Services	
66) NI: Additional Services	
67) NI: Additional Services	
68) NI: Additional Services	
69) NI: Additional Services	
70) NI: Additional Services	
71) NI: Additional Services	
72) NI: Additional Services	
73) NI: Additional Services	
74) NI: Additional Services	
75) NI: Additional Services	
76) NI: Additional Services	
77) NI: Additional Services	
78) NI: Additional Services	
79) NI: Additional Services	
80) NI: Additional Services	
81) NI: Additional Services	
82) NI: Additional Services	
83) NI: Additional Services	
84) NI: Additional Services	
85) NI: Additional Services	
86) NI: Additional Services	
87) NI: Additional Services	
88) NI: Additional Services	
89) NI: Additional Services	
90) NI: Additional Services	
91) NI: Additional Services	
92) NI: Additional Services	
93) NI: Additional Services	
94) NI: Additional Services	
95) NI: Additional Services	
96) NI: Additional Services	
97) NI: Additional Services	
98) NI: Additional Services	
99) NI: Additional Services	
100) NI: Additional Services	

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

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	24/05/2023 16:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/05/2023 07:29 (SGT)
Exact Location of Accident	Old Jurong Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8055K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GABRIEL ONG KAH LEONG
NRIC No	SXXXX241J
Email Address	phantom628@gmail.com
Mobile Phone No	(Phone) +65-92737911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00001985

DRIVER

Name of Driver	GABRIEL ONG KAH LEONG
NRIC No	SXXXX241J
Date Of Birth	28/06/1976
Occupation	Indoor

Date Of Driving Pass	16/02/2022
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92737911
Alt. Phone Number	-
Email Address	phantom628@gmail.com
Address	2B HONG SAN WALK #09--07
Address complement	-
Postcode	689048
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	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/20230523/7044

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	GBE6929G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GABRIEL ONG KAH LEONG
Gender	Male
Phone No	(Phone) +65-92737911
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG8055K
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.

3. 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

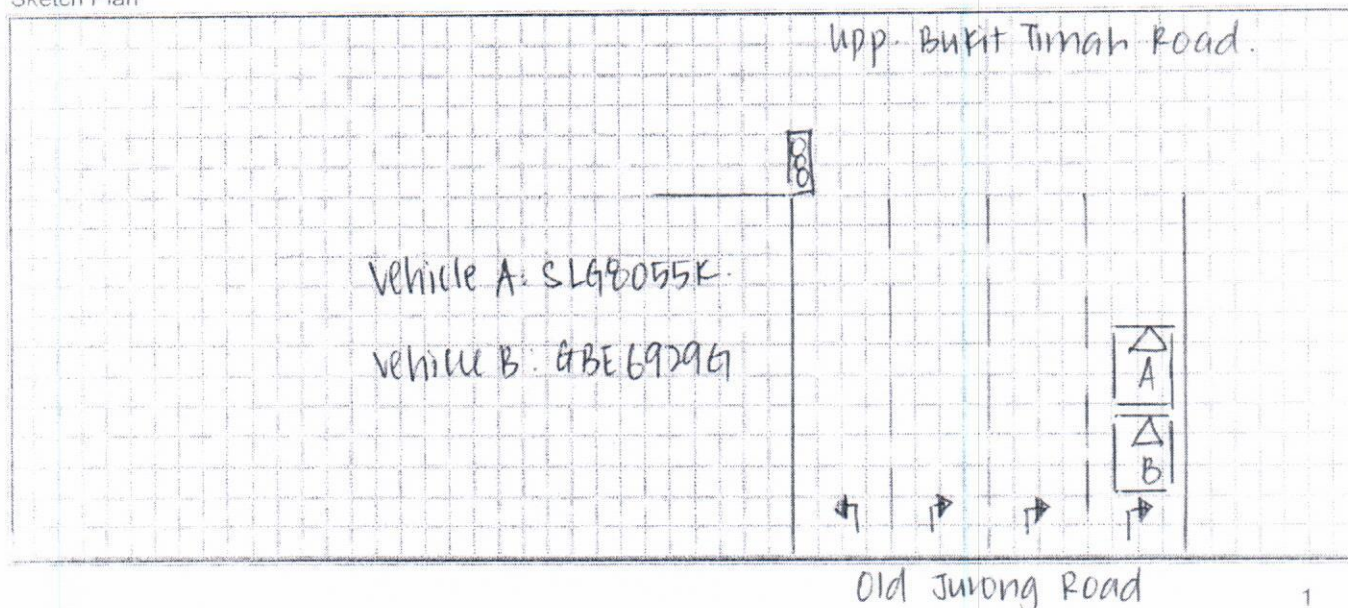
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

24/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I, vehicle 'A',
was travelling along the stated venue when the traffic
light turned green and before I could move off,
vehicle 'B', collided onto my vehicle's rear portion.

POLICE REPORT T/20230523/7064

Declaration

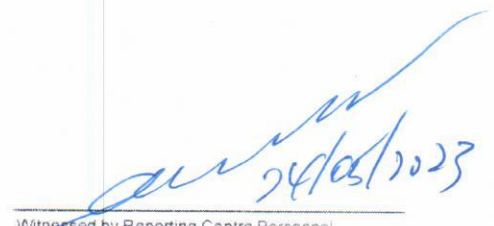
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



24/05/2023

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



SINGAPORE POLICE FORCE



T/20230523/7044

1 of 3

Report No. T/20230523/7044

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2023 13:55	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: GABRIEL ONG KAH LEONG			Address: 2B HONG SAN WALK #09-07 SINGAPORE 689048		
ID Type / ID No.: NRIC NO / S7613241J			Contact No.: Home/Office:		Mobile: 92737911
Nationality: SINGAPORE CITIZEN			Email: PHANTOM628@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 28/06/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Insurance sales agent/broker			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2023 07:30	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH VIEW				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE6929G	Van				Slightly Damaged	0
SLG8055K	Car	BMW	520I+2.0L+A T+D/AB+2W D+4DR+GA S/D+NAV	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230523/7044

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

2 of 3

Report No. T/20230523/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG8055K	FWD Singapore Pte. Ltd	PNPV2022-00001985	21/06/2022	22/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GABRIEL ONG KAH LEONG		ID No.	S7613241J
Related Vehicle	SLG8055K (Car)		Contact No.	92737911
Hospital/Clinic	PRO-LIFE MEDICAL ASSOCIATES		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/05/2023		Date	23/05/2023
No. of Days granted Medical Leave		05	Degree of	Serious

Brief Details.

On 23/05/2023 at about 07:29hr, I was driving my vehicle - SLG8055K, along Old Jurong Road heading towards Upper Bukit Timah Road. I was stationary as the traffic light was red. When it turned green and before I could move off, Vehicle Number - GBE6929G, collided onto my vehicle's rear portion.

Subsequently, I felt discomfort and sought for medical attention at Pro-Life Medical Associates and was given 5days MC.



**SINGAPORE
POLICE FORCE**



T/20230523/7044

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

3 of 3

Report No. T/20230523/7044

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
23/05/2023 13:55

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 23/05/2023 (DD/MM/YYYY), TIME: 07:29 (HH/MM)

LOCATION: Old Jurong Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG8055K
b) INSURANCE COMPANY: TWD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Gabriel Ong Kah Leong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7615241J CONTACT: 92737911
c) ADDRESS: 2B Hong San Walk #09-07 S(689048)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 28/06/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/02/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rain)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: ABE69296 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = phantom628@gmail.com

fax = _____

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: PNPV2022-00001985 (Comprehensive - Executive Plan)

Car plate number: SLG8055K

Your name (As the policyholder): GABRIEL ONG KAH LEONG

Coverage start date: 21/06/2022

Coverage end date: 20/06/2023

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: Hin Lung Credit Pte Ltd

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

Issued on: 17/06/2022



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.