

NATIONAL Assessment Centre Services. (Unit 1 Jan 2005)

NA170754/96

Date In: 08/12/07 13:20
Ref No: NGA/FWD/17022929/4
Veh No: SLG95KOR
D.O.A: 02/12/2017 09:15

OD (TP) Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 2hrs)		
E-Motor Claim Form		
E-Motor W/O (within 2hrs, TP 1hr)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Yeh No: SLG 83234 INC () / Non-INC ()

Owner / Drivers: () Tel: () Fax: ()

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 5616

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: Actions:

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Human's Particulars:

river/Owner:

Contact No:

Damaged Portion:

C. Checked by (Ungr-In-Charge):

Life's Comments:

L 2:

L 2/2:

Invoice Preparation Checklist	Amount (\$)	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claims against INC Only (use for 2005)		
6) TR: As-inspection	\$15	
7) NI: IDA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q11:		
*NI: Courtesy Car / Tpl Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DY / Collect Unacc Coordination	\$5	
TP (NI): TP (Non INC) against INC	\$20	
9) NI: IDA Mobile	\$0	
Invoice dated	File Charged	
Invoice dated	File 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 Authorised 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 ability.
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 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 Report	04/12/2017 13:20
Date Of Accident	02/12/2017 09:15
Exact Location Of Accident	PIONEER ROAD NORTH TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9550R
Insured/Policyholder	
Name Of Registered Owner	LEONG DICK LONG, IVAN (LIANG DILONG)
NRIC No	S8820151E
Email Address	LEONGIVAN8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96950104
Alternative Phone No	OTHERS-96950104

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-0008160
Cover Note Number	

Driver

Name of Driver	LEONG DICK LONG, IVAN (LIANG DILONG)
NRIC No	S8820151E
Date Of Birth	15/06/1988
Occupation	INDOOR
Date Of Driving Pass	09/02/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96950104
Fax Number	
Contact Number	OTHERS-96950104
Email Address	LEONGIVAN8@GMAIL.COM

Address	BLK 624 JURONG WEST STREET 61 #03-131
Postcode	640624
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC8323H
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Name of Driver	CHEW YIN KAM
NRIC/Passport Number	S7787684G
Contact Number	81287937
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LEONG DICK LONG, IVAN (LIANG DILONG)
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLG9550R
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE



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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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

PIONEER ROAD NORTH TOWARDS AYE

A) SLG 9550 R

B) SLG 8323 H



(1) (2)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Dec 17, 0915, I was travelling on Pioneer Road north third lane towards AYE, the driver of SLG 8323 H changed lane from first lane to third lane and knocked onto my ^{driver} side door to front bumper.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 17 / 2017 (DD/MM/YYYY), TIME: 09 : 15 (HH:MM)

LOCATION: Pioneer Rd north towards AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 9550 R
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNA 2017 - 00008160
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA VEZEL 1.5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: LEONG DECK LONG IVAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8820151E CONTACT: 96950104
 c) ADDRESS: BLK 624 #03-131 Surong West St 61 SINGAPORE
640624

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
(including driver)
(1)

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

* d) DATE OF BIRTH: 15 / 06 / 1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING LICENCE: 09 feb 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 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: _____

3. THIRD PARTY VEHICLE

No. of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SLC 6323 H MODEL: TOYOTA VIOS
 b) DRIVER'S NAME: CHEW YIN KAM
 c) NRIC/FIN/PASSPORT: S77876846 CONTACT: 81287937

4. THIRD PARTY VEHICLE

No. of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Leongivan8@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8820151E



LEONG DICK LONG, IVAN
(LIANG DILONG)

梁迪龍

Race

CHINESE

Date of Birth

15-06-1988

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8820151E

Name

LEONG DICK LONG, IVAN
(LIANG DILONG)

Birth Date: 15 Jun 1988

Issue Date: 22 Nov 2013



002248184F



3371098



NRIC No. S8820151E

Blood Group

Date of issue

18-07-2003

APT BLK 624 JURONG WEST STREET 61 #03-131
SINGAPORE 640624

NRIC No: S8820151E

Date:

28/05/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Feb 2007

NP 428A



Licence No: S8820151E

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: PNPV2017-00008160 (Comprehensive - Classic Plan)

Car plate number: SLG9550R

Your name (As the policyholder): Leong Dick Long Ivan

Coverage start date: 28/10/2017

Coverage end date: 27/10/2018

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: Hong Leong Finance Limited

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

Issued on: 27/10/2017



Abhishek Bhatia
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.