

NATIONAL Assessment Centre Services. [Print / Save]

Date In: 05/12/2017 09:55	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD M023006/ky	SAS e-Milling		
Veh No: SJF8371B	E-mail (within 3hrs, A/C 3hrs)		
P.O.A: 05/12/2017 08:45	4-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within 60 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insurech:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SJU92LSJ, 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%; 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: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC hotline 6788 0016	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

NA 1707559	Invoice Preparation Checklist	by	checked by
Human's Particulars:	1) AR: Accident Reporting (300)		
Driver/Owner:	2) DA: Damage Assessment (300)	INC (300)	
Contact No:	3) TP: Towing Fee	\$100	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) XT: Follow-Through Survey (Resurvey)	\$20	
	Forfeiting against INC Only (waif 10 Jan 2008)		
	6) TR: Re-inspection	\$15	
	7) NI: Issue DA + SMRT Survey	\$160	
	8) NTUC Additional Servicing		
	9) NI: NI		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DY / Collect Unsettled Coordination	\$5	
	TP (NI) / TP (N/A INC) against INC	\$20	
	P) NI: Issue Mobile	\$10	
	Invoice dated	File Charged	
	Invoice for	File Charged	

C. Checked by (Engr-In-Charge): _____

Inspector's Comments: _____

L 1: _____

L 2/3: _____

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	05/12/2017 09:55
Date Of Accident	05/12/2017 08:45
Exact Location Of Accident	AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8371B
Insured/Policyholder	
Name Of Registered Owner	YAO HUITING GERTRUDE
NRIC No	S8426860G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98217417
Alternative Phone No	OTHERS-98217417

Vehicle Particulars

Manufacturer	MAZDA
Model	ATENZA 2.0C 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00004745
Cover Note Number	

Driver

Name of Driver	CHAY LAP WAI, JACKSON (XIE LIWEI)
NRIC No	S8239190H
Date Of Birth	27/11/1982
Occupation	INDOOR
Date Of Driving Pass	06/07/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97124555
Fax Number	
Contact Number	OTHERS-97124555
Email Address	NOEMAIL

Address	BLK 454 CLEMENTI AVE 3 #23-556
Postcode	120454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

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 this accident?	NO
Was any body injured in the Accident?	NO
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)	2

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9215J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	97520004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN


IMPORTANT NOTICE

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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:

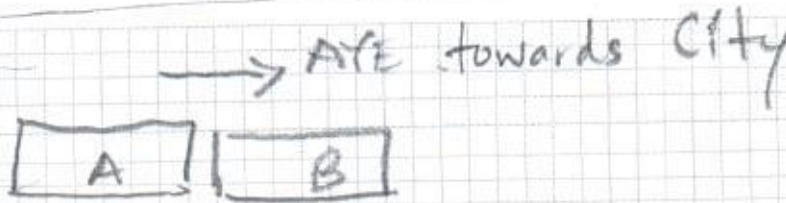


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 5/12/2017

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

SKETCH PLAN



A - SJF 8371B

B - SSU 9215J


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

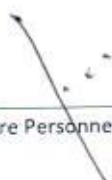
While driving ^{on} towards A/E towards city, vehicle A collided with ~~the~~ vehicle B 10 feet (Vehicle B did an emergency brake)

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:

 5/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

OWNER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8426860G



Name

YAO HUITING, GERTRUDE

姚惠婷

Race

CHINESE

Date of birth

18-09-1984

Sex

F

Country/Place of birth

SINGAPORE



5464610



NRIC No. S8426860G



Date of issue

06-05-2015


APT BLK 345 CHOA CHU KANG LOOP #11-57
SINGAPORE 680345

NRIC No: S8426860G

Date: 28/08/2016

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8239190H



Name
CHAY LAP WAI, JACKSON
(XIE LIWEI)
谢立伟

Race
CHINESE

Date of birth
27-11-1982

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8239190H

Name
CHAY LAP WAI, JACKSON
(XIE LIWEI, JACKSON)

Birth Date 27 Nov 1982

Issue Date 23 Apr 2003



4113928



NRIC No. S8239190H



Date of Issue
25-09-2007


Address
APT BLK 454 CLEMENTI AVENUE 3
#23-556
SINGAPORE 120454

VEHICLE CLASSES TO WHICH THIS LICENCE APPLIES

CLASS	VEHICLE CLASS	ISSUE DATE
Class 2B	Motorcycles <= 200 CC	18 Apr 2001
Class 2A	Motorcycles between 201 CC and 400 CC	03 Jun 2002
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Jul 2006

S8239190H

S / No. 9000050042





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: PNPV2017-00004745 (Comprehensive - Classic Plan)

Car plate number: SJF8371B

Your name (As the policyholder): Yao Huiting Gertrude

Coverage start date: 12/06/2017

Coverage end date: 11/06/2018

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: Maybank

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

Issued on: 06/06/2017

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.