

Date In: 7/12/18 10:18	Job description	Date & Time Completed	Done by
Ref No: MA/FWD 19002435/h4	SAS e-filing		
Veh No: SKJ 9049X	E-mail (within 3hrs. AOC 24hrs)		
D.O.A: 4/12/18 15:50	i-Motor Claim Form		
OD  Reporting Only	i-Motor W/O (within OD 3hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: SFH 3269J	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

MA1900854	Invoice Preparation Checklist	Am. (\$)	Am. (\$)
		TP Bill	Ass Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA - SMPT Survey \$160		
	8) NTUC Additional Services:-		
	QC:		
	*NI: Courtesy Car / Tpt Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$15		
	*NI: DV / Police Egress Coordination \$5		
	TP (NI) - TP ON-INC against WOC \$20		
	9) NI2: Idea Mobile \$5		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors Comments:-			
Tel: 11			
Tel: 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 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	07/02/2018 10:18
Date Of Accident	04/02/2018 15:50
Exact Location Of Accident	UPP THOMSON RD TWDS SIN MING AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9048X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE HWEE NGOR
NRIC No	S1718082G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91055030
Alternative Phone No	OFFICE-91055030

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180
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	PNPV2017-00004005
Cover Note Number	-

### Driver

Name of Driver	NG YENG SOON
NRIC No	S1385913B
Date Of Birth	11/02/1959
Occupation	INDOOR
Date Of Driving Pass	25/04/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96699636
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	50 ST PATRICK'S RD #01-03
Postcode	424216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: UNKNOWN GENDER: FEMALE

#### 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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFH3269J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93388812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	


## SKETCH PLAN


### IMPORTANT NOTICE

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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:

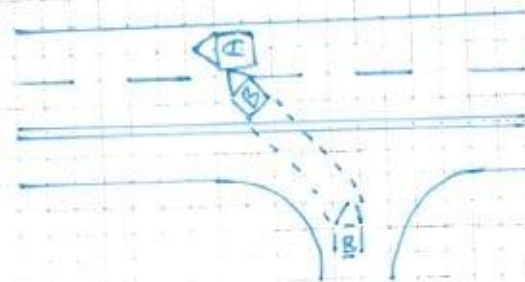
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



**SKETCH PLAN**

Upper Thomson Road Toward Sin Ming Ave (Outside Thomson Plaza)



A-SKJ 9048X

B-SFH 3269J

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above date and time, I was driving along Upper Thomson road toward Sin Ming ave on the 1st lane of a 3 lanes road. Somewhere outside Thomson Plaza, vehicle B (SFH 3269J) that was exiting out from the carpark. Failed to give way to oncoming traffic. Thus causing the front portion of vehicle B (SFH 3269J) to collided onto the left portion of my vehicle.

A-SKJ 9048X

B-SFH 3269J

**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.:



Vehicle No.	SKJ 9048X	Model / Make	C180
Date of Accident	4/2/18		
Time of Accident	15.50	HRS	
Location of Accident	Upper Thomson Road Toward Sin Ming Ave (Outside Thomson Plaza)		
Exact purpose use during accident	Private Use		
Name of Owner	Lee Hwee Ngor		
Telephone No.	H/P : 9105 5030	Home :	Office :
NRIC	S17180829		
Address	50 St. Patrick's Road #01-03 S(424216)		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	PND		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PNPV2017-00004005		
Name of Driver	As Above (If No, Ng Yeng Soon)		
NRIC	S13859138	Any Passengers : 1F	
Date of birth	11/2/1959		
Occupation	Outdoor /	Indoor	
Driving License Pass Date	25 April 1983		
Gender	Male / Female		
Contact No.	H/P : 9669 9636	Home :	Office :
Address	50 St. Patrick's Road #01-03 S(424216)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SFH 32693	Any Passengers : Nil	
Name of Driver	SUZANN	Contact No. : 93388812	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Left Portion		
Camera Recorder	Yes / No		
Email Address	david@unitedship.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1385913B**

Name: **NG YENG SOON**

Birth Date: **11 Feb 1959**

Issue Date: **02 Apr 2003**

000343196J




**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1385913B**



Name

**NG YENG SOON**

**黄 远 顺**

Race

**CHINESE**

Date of birth

**11-02-1959**

Country/Place of birth

**SINGAPORE**

Sex

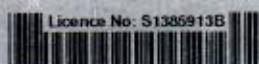
**M**

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

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE

**25 Apr 1983**



Licence No: **S1385913B**

NP 428A

5666781



NRIC No: **S1385913B**



Date of issue

**31-10-2016**

Address

**50 ST. PATRICK'S ROAD  
 #01-03  
 SINGAPORE 424216**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1718082G



Name

LEE HWEE NGOR

李惠娥

Race

CHINESE

Date of Birth

04-02-1965

Sex

F

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1718082G

Name

LEE HWEE NGOR

Birth Date: 04 Feb 1965

Issue Date: 13 Jan 2003

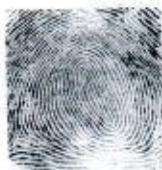


000104174C

0413710



NRIC No. S1718082G



Blood Group: B+ Date of issue: 02-07-1992

APT BLK 161B PUNGGOL CENTRAL #12-97  
SINGAPORE 822161

NRIC No: S1718082G Date: 21/01/2008 No: 5945314

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

PASS DATE

- Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 06 Jul 1988

REPUBLIC AUTO PTE LTD  
301 ALEXANDRA ROAD  
MERCEDES-BENZ CENTER  
SINGAPORE 159968  
TEL: 6844 4448 FAX: 6866 1717



Licence No: S1718082G

NP 428A





## 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: PNPV2017-00004005 (Comprehensive - Executive Plan)

Car plate number: SKB048X

Your name (As the policyholder): Lee Hwee Ngor

Coverage start date: 26/05/2017

Coverage end date: 25/05/2018

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.

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

Issued on: 11/05/2017

Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact@fwd.com](mailto:contact@fwd.com) if any details  
in this Certificate of Insurance need to be changed.