

Date In: 11/01/2018 07:24	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD/800297914	SAS e-illing		
Veh No: SJD 7756	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 14/01/2018 07:05	1-Motor Claim Form		
OD / TPV Reporting Only	1-Motor W/O (vehicle sheet, TP sheet)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: **SKX 8750J** Tel: Fax: INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: ()

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 5015**

1) Apply for Trans/Int Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date Time Action:

NBA800981

Customer's Details:	Invoice Preparation Checklist	
Driver/Owner:	1) AA: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (3100)	INC (330)
Assigned Portion:	3) TP: Towing Fee	\$40/24h
	4) IT: Follow-Through Survey	\$130
	5) RT: Follow-Through Survey (Resurvey)	\$30
	Expiry claim against INC only (w/e 10 Jan 2019)	
	6) TR: Re-inspection	\$33
	7) NI: 1 day DA + SMART Survey	\$160
	8) NTUC Additional Services:	
	Q11:	
	1) NI: Courtesy Car / Tpl Allowance	\$3
	2) NI: Repair Coordination	\$10
	3) NI: Post Repair Inspection	\$33
	4) NI: DY / Collision/Unacc Coordination	\$3
	5) NI: TP (Non-INC) against INC	\$30
	6) NI: 1 day Mobile	\$10
	Invoice dated	Not Charged
	Invoice due date	Not Charged

Signature: **MAA 918022448**

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	14/02/2018 09:24
Date Of Accident	14/02/2018 07:05
Exact Location Of Accident	DOVER AVE BEFORE BUS STOP B19091
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7775L
Insured/Policyholder	
Name Of Registered Owner	LIM JIE YI
NRIC No	S8019993G
Email Address	LYP.STUDIOS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97878305
Alternative Phone No	OTHERS-97709281

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	PNPV2017-00006572
Cover Note Number	

Driver

Name of Driver	LEE YEE PEI
NRIC No	S7333999E
Date Of Birth	01/09/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709281
Fax Number	
Contact Number	OTHERS-97878305
Email Address	LYP.STUDIOS@GMAIL.COM

Address	28A DOVER CRESCENT #03-03
Postcode	131028
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : JESSICA LEE XINYUAN GENDER: : FEMALE
Passenger 2	NAME: : ALISTAIR LEE RENY GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX4809M
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHIMIZU MIREI
NRIC/Passport Number	G5212559L
Contact Number	98343901
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN


IMPORTANT NOTICE

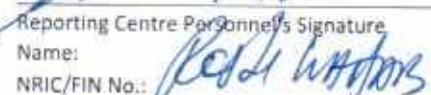


1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy 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: 14/2/18
9:40am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 Feb 2018
0940h


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

SKETCH PLAN

Direction of travel

Toward Commonwealth Ave West

SJD 7775L

SJX 4809M

Towards Dover Rd.

ST. JOHN - ST. MARGARET CHURCH

(DOVER AVE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Dover Ave on 14 Feb 2018 at 0705hr in the morning. At that time I was ~~am~~ travelling on the left lane. Suddenly the car (STX 4809 M) changed lane abruptly from the right lane. There was not enough distance in front of my car and the front right corner made contact with the left side of the other car.

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

Date & Time: 14/02/18
9.40 am

(If driver is not the policyholder)
Date & Time: 14 Feb 2018
0940h

Name: Kesha N. Williams
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14/02/2018 (DD/MM/YYYY), TIME: 07:05 (HH:MM)

LOCATION: DOVER AVE, BEFORE BUS STOP B19091

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 7775 L
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNPV2017-00006572
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MITSUBISHI LANCER EX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

JESSICA LEE
XINYUAN (F)
AUSTAIR LEE
RENY (M)

2. INSURED / POLICY HOLDER
 a) NAME: LIM JIE YI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8019993G CONTACT: 97878305
 c) ADDRESS: 28A DOVER CRESCENT #03-03
SINGAPORE 131028

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(3)

- DRIVER
 a) NAME: LEE YEE PEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7333999E CONTACT: 97709281
 c) ADDRESS: 28A DOVER CRESCENT #03-03
SINGAPORE 131028

* d) DATE OF BIRTH: 01/09/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 31/07/2009

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

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: _____

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: SJX 4809 M MODEL: BMW
 b) DRIVER'S NAME: SHIMIZU MIREI
 c) ~~NRIC~~/FIN/PASSPORT: G5212559 L CONTACT: 98343901

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

email: lyp.studios@gmail.com

fax: _____

video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7333999E



Name

LEE YEE PEI
(LI YIPEI)

李 喬 培

Race
CHINESE

Date of birth
01-09-1973

Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

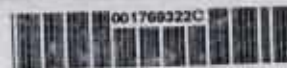
Licence Number S7333999E

Holder

LEE YEE PEI
(LI YIPEI)

Valid Date 01 Sep 1973

Issue Date 31 Jul 2009



3454388

NRIC No. S7333999E



Date of issue
09-01-2004

APT BLK 28A DOVER CRESCENT #03-03
SINGAPORE 131028

NRIC No: S7333999E Date: 18/04/2010 No: 6483337

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 31 Jul 2009

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: PNPV2017-00006572 (Comprehensive - Executive Plan)

Car plate number: SJD7775L

Your name (As the policyholder): Lim Jie Yi

Coverage start date: 26/08/2017

Coverage end date: 25/08/2018

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: 18/08/2017

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.