

NATIONAL Assessment Centre Services

12/11/2018 05561

Date In: 30/04/2018 16:00
 Ref No: N/A 000079141
 Veli No: 8/1853
 P.O.A: 30/04/2018 07:00
 QD / TPA Reporting Only

Job Description	Date & Time Completed	Done by
QAS e-filing		
E-mail (Vehicle Start, AIO, etc)		
E-mail Claim Form		
E-mail W/O (Vehicle Start, AIO, etc)		
E-photo Uploaded		
Assessment/Survey Report		
Ass'n Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Ass'n Wksp / OWI

TP Particulars: Yeli No: SL1155A INC () / Non-INC ()

Owner / Drivers ()

Policy No () Period () Cover Type ()

Confirmed by () Date () Time ()

Insured/Driver Liability () % (Note: BIL SANI (WO) NI: 0-20% PI: 21-79% PI: 80-100%)

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

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

General Remarks: () Work-in Questionnaire | 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/Non-INC	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: ()

Other TPA Actions: ()

Item	Amount	Notes
1) ARI Accident Reporting (\$300)		
2) DA (Damage Assessment) (\$100)		INC (40)
3) TP (Towing Fee)		100
4) PT (Follow Through Survey)		100
5) PT (Follow Through Survey (Repairer))		100
6) TR (Towing Fee)		100
7) NTUC (NTUC Assessment)		100
8) NTUC (NTUC Assessment)		100
9) NTUC (NTUC Assessment)		100
10) NTUC (NTUC Assessment)		100
11) NTUC (NTUC Assessment)		100
12) NTUC (NTUC Assessment)		100
13) NTUC (NTUC Assessment)		100
14) NTUC (NTUC Assessment)		100
15) NTUC (NTUC Assessment)		100
16) NTUC (NTUC Assessment)		100
17) NTUC (NTUC Assessment)		100
18) NTUC (NTUC Assessment)		100
19) NTUC (NTUC Assessment)		100
20) NTUC (NTUC Assessment)		100

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	30/04/2018 16:00
Date Of Accident	30/04/2018 07:00
Exact Location Of Accident	OUTSIDE 170 WATTEN ESTATE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8785J
Insured/Policyholder	
Name Of Registered Owner	CHUA YONG KWANG KEVIN (CAI RONGGUANG KEVIN)
NRIC No	S7412042C
Email Address	DR@KEVINCHUA.COM.SG
Mobile Phone No	(LOCAL) +65-98009179
Alternative Phone No	OTHERS-98009179

Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Exact Purpose for which vehicle was being used at time of accident	FETCHING SON TO SCHOOL
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	PNPV2017-00003480
Cover Note Number	

Driver

Name of Driver	CHUA YONG KWANG KEVIN (CAI RONGGUANG KEVIN)
NRIC No	S7412042C
Date Of Birth	19/04/1974
Occupation	INDOOR
Date Of Driving Pass	21/07/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98009179
Fax Number	
Contact Number	OTHERS-98009179
Email Address	DR@KEVINCHUA.COM.SG

Address	170 WATTEN ESTATE ROAD
Postcode	287615
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : SON 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	SLL1155A
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG HUI CHENG
NRIC/Passport Number	S6824443I
Contact Number	97878961
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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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:

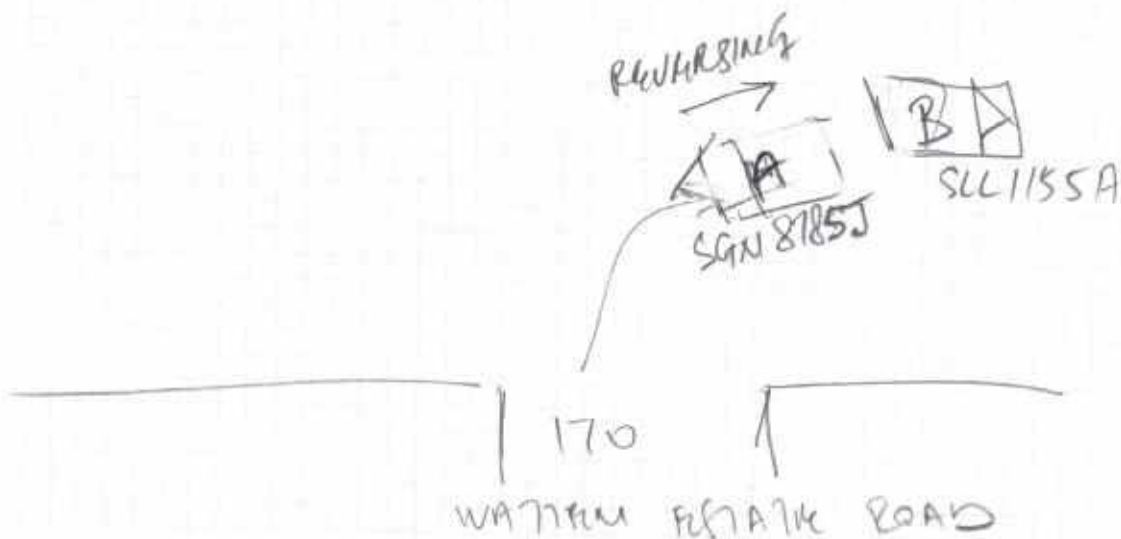
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ 7:00 hrs - whilst reversing from driveway.
I reversed into Mr Ang's back 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.:

30/04/2018
Red 1 401/003

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 4 2018 (DD/MM/YYYY), TIME: 7 : 00 (HH:MM)

LOCATION: Outside 170 Watten Estate Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 87859
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Fetching son to school
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: (HUI YONG PAUANG Kevin) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SGA12042C CONTACT: 98009179
 c) ADDRESS: 170 Watten Estate Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 19 / 04 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/7/1994

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 115A MODEL: Nissan
 b) DRIVER'S NAME: Ang Hui Cheng
 c) NRIC/FIN/PASSPORT: SG824443I CONTACT: 97578961

9. THIRD PARTY VEHICLE

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

Email = dr@karinchua.com.sg

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7412042C



Name

CHUA YONG KWANG KEVIN
(CAI RONGGUANG KEVIN)

Race

CHINESE

Date of birth

19-04-1974

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7412042C

Name

CHUA YONG KWANG KEVIN
(CAI RONGGUANG KEVIN)

Birth Date 19 Apr 1974

Issue Date 12 Apr 2004



3562084

NRIC No: S7412042C



Date of issue

14-06-2004

170 WATTEN ESTATE ROAD
SINGAPORE 287615

NRIC No: S7412042C

Date: 05/12/2010

No: 8547399

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

21 Jul 1984

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: PNPV2017-00003480 (Comprehensive - Classic Plan)

Car plate number: SGN8785J

Your name (As the policyholder): Chua Yong Kwang Kevin

Coverage start date: 29/05/2017

Coverage end date: 28/05/2018

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.

Finance company: BMW Financial Services Singapore Pte Ltd

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

Issued on: 25/04/2017

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.