

NATIONAL Assessment Centre Services (Unit 1/1000) **MMAY18060151**

Out In: 08/05/2018 17:41	Job description	Date & Time Completed	Done by
Ref No: NBA/PWD1800843714	SAS e-Milling		
Veh No: SC5 6240B	E-mail (within 24hrs, 1103hrs)		
D.O.A: 08/05/2018 08:46	E-Motor Claim Form		
QC: TP Reporting Only	E-Motor YZQ (within 24hrs, 1103hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/VWAP		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yeh No: **SUE 5951D** INC () / Non-INC ()

Owner / Driver: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL Status (WO): N10.20%; P: 21.79%; P: 50.100%)

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

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

General Remarks:

() Walk-In Customer: Customers information strictly Confidential & strictly NO order of repair.

() Total Loss Case: () e-mail Insurer URGENTLY.

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

Remarks: **MMAY18060151** Done by: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Damage:

NBA802936

Driver/Owner:	1) AR (Assessment) Reports (430)		
Invoice No:	2) DA (Damage Assessment) (1100)	INC (43)	
Assigned Portion:	3) TP (Towing Fee)	100/11	
	4) ET (Follow Through Survey)	118	
	5) FT (Follow Through Survey (ASurvey))	118	
	6) TR (Through Survey (ASurvey))	118	
	7) NTUC (NTUC) (1100)	118	
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Checked by (Eng-In-Charge):

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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	08/05/2018 17:41
Date Of Accident	08/05/2018 08:40
Exact Location Of Accident	PIE TOWARDS CHANGI (NEAR LAMPOST NO.736)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6240B
Insured/Policyholder	
Name Of Registered Owner	CHUA YUE BAN
NRIC No	S7533735C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83880007
Alternative Phone No	OTHERS-83880007

Vehicle Particulars

Manufacturer	MAZDA
Model	5 SP-2.0 (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	PNPV2018-00003921
Cover Note Number	

Driver

Name of Driver	CHUA YUE BAN
NRIC No	S7533735C
Date Of Birth	14/11/1975
Occupation	INDOOR
Date Of Driving Pass	01/11/1996
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83880007
Fax Number	
Contact Number	OTHERS-83880007
Email Address	NOEMAIL

Address	BLK 660D JURONG WEST STREET 64 #04-340
Postcode	644660
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE5951D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4388P
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

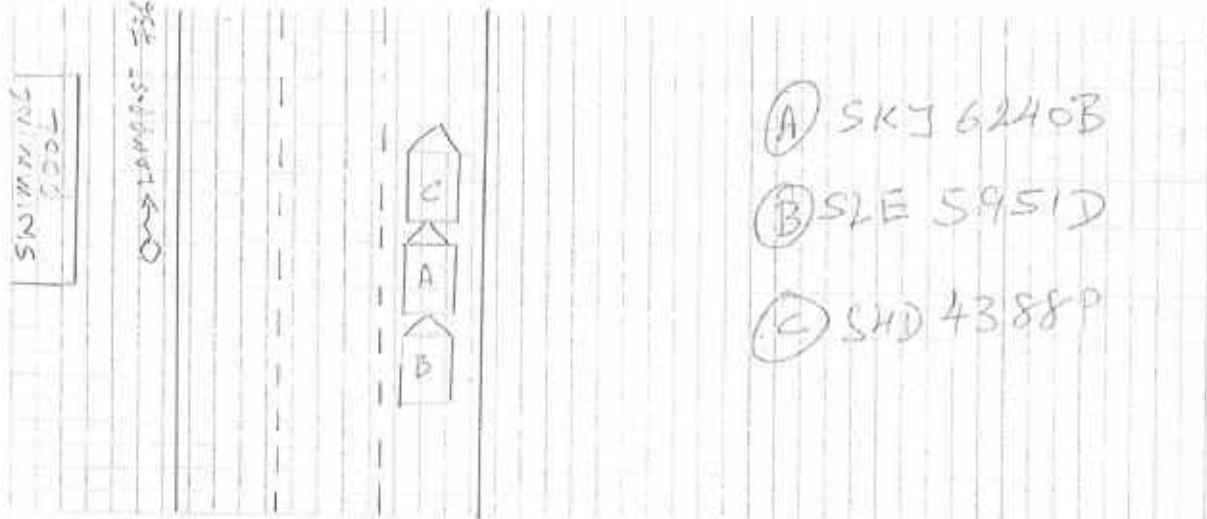
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

ON 08 MAY 2018 AT 0840 HRS I WAS DRIVING ALONG PIE TOWARDS CHANGLI WHEN THE FRONT VEHICLE STOPPED, I FOLLOW SUIT. SUDDENLY VEHICLE B COLLIDED INTO MY REAR AND THIS PUSHED ME FWD I WAS STATIONARY BEFORE THE IMPACT.

THERE IS SOME SLIGHT DAMAGE BETWEEN THE FRONT VEHICLE C & ME HOWEVER A PRIVATE SETTLEMENT HAS BEEN REACHED. VEHICLE C WAS PAID AN AMOUNT \$50 BY VEHICLE B

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08/05/2018 05 MAY 2018		TIME: 0840HRS	(hh:mm) 24 hrs Format
LOCATION P12 TOWARDS CHANGI (NSAR LAMPPOST NO 736)			
VEHICLE NUMBER SKJ62408			
INSURED NAME CHUA YUE BAN			
NRIC / FIN 57573735C		CONTACT: 8388 0007	
MAKE MAZDA		MODEL MAZDA 5 2.0L SP GREAT HBS D/AB	
Are you claiming under your own insurance policy for repair to your vehicle? 2ND 5PR SR			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY FWD INSURANCE			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : PNPV2018-00003921			
NAME DRIVER :		(/) SAME AS INSURED	
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 14 NOV 1975			
DRIVING PASS DATE: 01 NOV 1996			
OCCUPATION : (/) INDOOR () OUTDOOR			
GENDER : (/) MALE () FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: BLK 660D JURONG WEST STREET 64 #04-340 S(644660)			
Number Of Passenger Include Driver: 01 DRIVER			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (/) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? () YES (/) NO			
If YES, Injured details :			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	
Veh B SLE 5951D			
Veh C SHD 4355P			
Veh D			
Veh E			
Veh F			
Veh G			

A0013436



NRIC No S7533735C

Blood Group
O+

Date of Issue
23-04-2001

Address

APT BLK 660D JURONG WEST STREET 64
#04-340
SINGAPORE 644660

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7533735C



Name

CHUA YUE BAN



Race

CHINESE

Date of Birth

14-11-1975

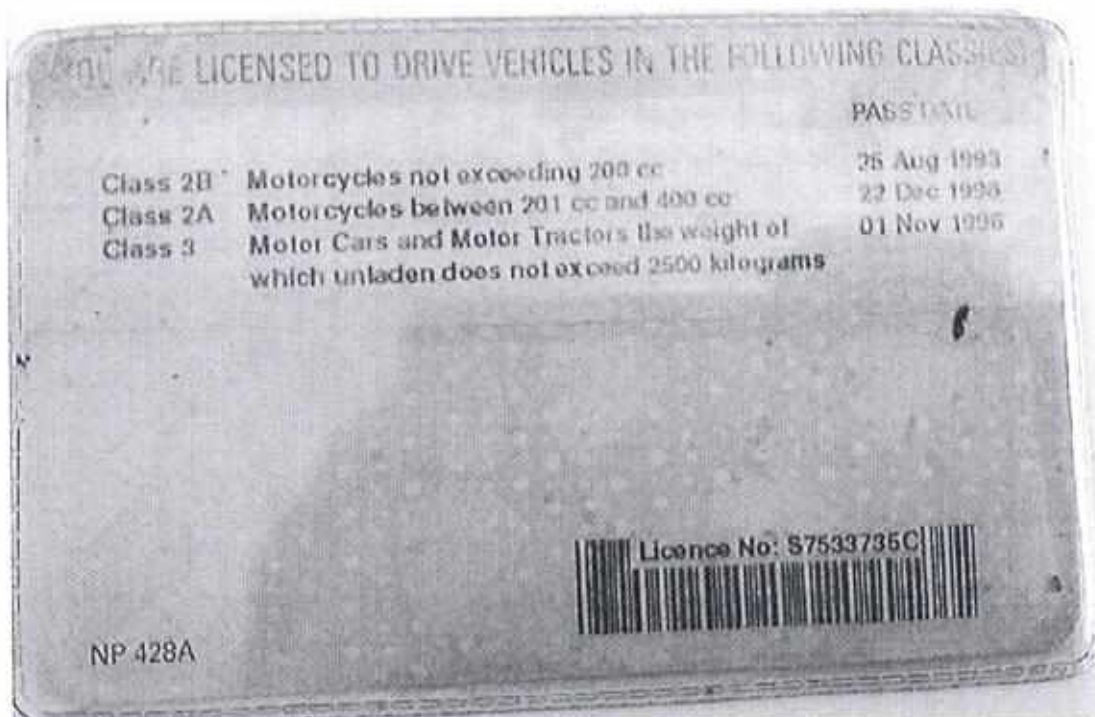
Country of Birth

SINGAPORE

Sex

M







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: PNPV2018-00003921 (Comprehensive - Executive Plan)

Car plate number: SKJ6240B

Your name (As the policyholder): Chua Yue Ban

Coverage start date: 25/04/2018

Coverage end date: 24/04/2019

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: 16/03/2018

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.

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 3735C

Vehicle Details

Vehicle No.: SKJ6240B

Vehicle to be Exported: No

Intended De-registration Date: 31 May 2018

Vehicle Make: MAZDA

Vehicle Model: MAZDA5 2.0L SP 5EAT ABS D/AB 2WD
5DR SR

Primary Colour: Grey

Manufacturing Year: 2012

Engine No.: LF11453009

Chassis No.: JM6CW10F1D0114383

Maximum Power Output: 106.0 kW (142 bhp)

Open Market Value: \$20,010.00

Original Registration Date: 25 Apr 2013

First Registration Date: 25 Apr 2013

Transfer Count: 0

Actual ARF Paid: \$20,014.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 24 Apr 2023

PARF Rebate Amount: \$14,009.00

Intended COE Rebate Details

COE Expiry Date: 24 Apr 2023

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

QP Paid: \$67,010.00

COE Rebate Amount: \$32,834.00

Total Rebate Amount: \$46,843.00

The information contained herein is correct as at 08 May 2018

OK