

NATIONAL Assessment Centre Services

Date In: 10/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/FWD18008570/13	SAS e-filing		
Veh No: SJR9768X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 09/05/18 1750	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 52052660	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

NA1802962	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	10/05/2018 14:31
Date Of Accident	09/05/2018 17:50
Exact Location Of Accident	OLD WOODLANDS RD TWDS CUSTOM DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9768X
Insured/Policyholder	
Name Of Registered Owner	CHAN KIM HONG
NRIC No	S1748294G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96322566
Alternative Phone No	OTHERS-96322566

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	PNPV2017-00005835
Cover Note Number	

Driver

Name of Driver	CHAN MUN FAI
NRIC No	S1710232Z
Date Of Birth	30/03/1965
Occupation	INDOOR
Date Of Driving Pass	26/02/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96322566
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 250C COMPASSVALE ST #10-61
Postcode	543250
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 - HEAD TO REAR
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?	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: : PHUA WEI LIANG GENDER: : MALE
Passenger 2	NAME: : ONG ZHI YUAN 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLD5266D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91467174
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

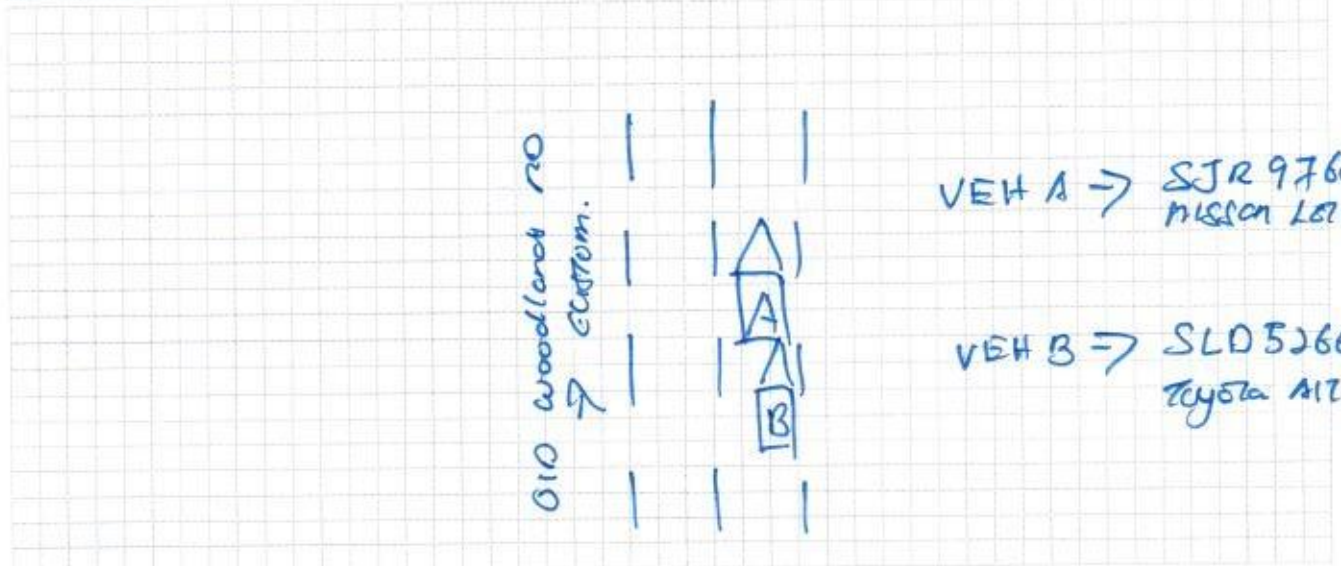
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 09/08/2018 at about 1750HRS, I was travelling along 010 Woodlands RD direction towards Custom. My Ford veh stop as I slow stop too. Out of sudden vehicle B can't stop on time and hit onto the rear of my vehicle A.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 10/05/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 09/05/2018 . Accident Time: 1750HRS . (24-HR-Format)
Accident Place : 010 Woodland RD towards custom direction .
Vehicle No. (Car Plate No.) : SJR 9768X . Make/Model: NISSAN LATI0 .
Insurance Company : FWD . Policy No: PNPV2017 - 00005835
Owner or Company Name / IC No. : ~~CHAN MUN FAI S17102322~~ Chan Kim Hong S17482540
Owner or Company Contact No. : Owner's Hp 96322566 . Company Tel
DRIVER'S Name / IC No. : Chan MUN FAI S17102322 .
DRIVER'S Date Of Birth : 30/03/1965 DRIVER'S License Pass Date 06 FEB 2014 .
Relationship of Owner & Driver : ☒ Spouse \ ☐ Parents \ ☐ Children \ ☐ Sibling \ ☐ Employee \ ☐ Others :
DRIVER'S Address : 51K 250C compassvale street #10-61 .
DRIVER'S Contact No./ Alt No. : 1) 96322566 . 2)
DRIVER'S Occupation : ☒ INDOOR \ ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : Sales @ mig . com . sg
Weather & Road Surface : ☒ CLEAR & DRY \ ☐ RAINING & WET \ ☐ AFTER RAIN & WET
Reporting Type : ☐ Reporting Only \ ☒ Claim Other Party \ ☐ Claim Own Insurance
Number of Passengers (Including Driver): 3
Was there any video Captured by car camera: YES \ ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: SLD 5266D	Vehicle No: _____
Vehicle Make/Model: Toyota A171J .	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: 91467174 .	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

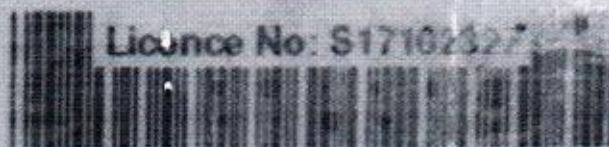
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

26 Feb 2014

NP 428A



Licence No: S1710232Z

1564241



NRIC No: S1710232Z



Blood Group Date of issue

O+

04-01-1994

APT BLK 250C COMPASSVALE STREET #10-61
SINGAPORE 543250

NRIC No: S1710232Z

Date: 31-01-2001 No: 3868766

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1710232Z

CHAN MUN FAI

Birth Date 30 Mar 1965

Issue Date 26 Feb 2014



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1710232Z



Name

CHAN MUN FAI

陳文輝

Race

CHINESE

Date of Birth

30-03-1965

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1748294G



Name

CHAN KIM HONG



陳金鳳

Race

CHINESE

Date of Birth

01-05-1966

Sex

F

Country of Birth

SINGAPORE



07312



NRIC No. **S1748294G**



Blood Group

Date of issue

A+

14-01-1993

APT BLK 250C COMPASSVALE STREET #10-61
SINGAPORE 543250

NRIC No: **S1748294G**

Date: **31-01-2001**

No: **8868767**



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: PNPV2017-00005835 (Comprehensive - Executive Plan)

Car plate number: SJR9768X

Your name (As the policyholder): Chan Kim Hong

Coverage start date: 27/07/2017

Coverage end date: 26/07/2018

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: 20/07/2017

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.