

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MNA18083165**

Date In: 27/6/18 - 18:19	Job description	Date & Time Completed	Done by
Ref No: NA/FWD18011749/24	SAS e-filing		
Veh No: SN99V52	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 26/6/18-18:10	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: **SLC3818E** 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

<b>NA1804047</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);	Int Bill	Add Bill
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Dat. 1:</b>	6) TR : Re-inspection \$75		
<b>Dat. 2 / 3:</b>	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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	27/06/2018 18:19
Date Of Accident	26/06/2018 18:10
Exact Location Of Accident	MCE TWDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9945Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN JIA YI
NRIC No	S8832672E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82231829
Alternative Phone No	OFFICE-82231829

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	PNPV2018-00006830
Cover Note Number	

### Driver

Name of Driver	GAN JIA YI
NRIC No	S8832672E
Date Of Birth	22/08/1988
Occupation	INDOOR
Date Of Driving Pass	03/01/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82231829
Fax Number	
Contact Number	OFFICE-82231829
EMail Address	NOEMAIL

Address	BLK 439B SENGKANG WEST AVENUE #05-315
Postcode	792439
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	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	2
Was any body injured in the Accident?	YES
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

REFER TO 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	SLC3818E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD ZURAINI BIN ENDOT
NRIC/Passport Number	S7537402Z
Contact Number	97842407
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GAN JIA YI
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLN9945Z

YES

NO

SKETCH PLAN

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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:

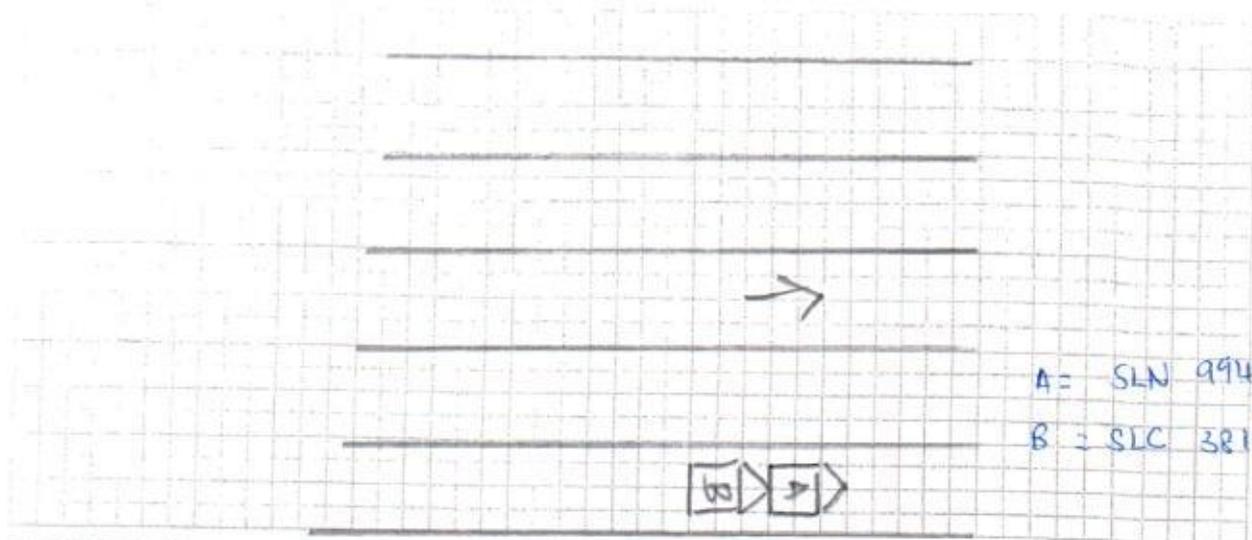
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x   
Policyholder's Signature  
Date & Time:

x   
Driver's Signature  
(If driver is not the policyholder)

  
Reporting Centre Person's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along MCE towards KPE, the car in front of me started to slow down, I also slow down accordingly. Thereafter... the car in front slow down to a complete stop. I kept a safety distance from the car in front and brake and stop accordingly. Out of a sudden I felt a huge impact and a loud bang from the back of my car. My whole body sway forward and the seat belt secure me back. I felt pain and strain on my neck and back.

DECLARATION

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

x 27/06/18  
Date & Time:

*[Signature]*

x *[Signature]*  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Name:  
NRIC/FIN No.:

VEHICLE NO: SLN 99452

MAKE & MODEL : Toyota CHR

DATE OF ACCIDENT	26 / 06 / 2018
TIME OF ACCIDENT	6 10 AM (PM)
LOCATION OF ACCIDENT	MCE Towards KPE
Exact Purpose use during accident	
NAME OF OWNER	Gan Jia Yi
TELP NO	8223 1829
NRIC	S8832670E
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO
INSURANCE CO.	FWD
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	PNPV 2018 - 00006830
NAME OF DRIVER	As above If No:
NRIC	Any passengers: 0
DATE OF BIRTH	22 / 08 / 1988
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	03 / 01 / 2012
GENDER	Male / Female
CONTACT NO.	Office: Home:
ADDRESS	Blk 428B Sengkang West Ave #05-315 (G) 792439
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No: owner
RELATIONSHIP	Employee / If No: ↓
WEATHER CONDITION	Clear / Raining / Other :
ROAD SURFACE	Dry / Wet / Other :
ANY INJURIES	No / If yes : Who? Gan Jia Yi
CONTACT NO.	
POLICE REPORT	No / If yes : Where?
VEHICLE B NO.	SLC 3818E Any Passenger :
NAME	Mohamad Zuraini Bin Endut S75374022
CONTACT NO.	9784 2467
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELEPHONE	1 Kaki Bukit ave 6 #02-15
FAX NO.	Singapore 417883
	Tel : 67476106 (6 lines)
	6 Speed Autowerkz Pte Ltd
	68 Kaki Bukit Avenue 6
	#02-05-ARK @ KB, Singapore 417896
	Tel: 6384 7037 Fax: 6384 7039
	Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8832672E



Name

GAN JIA YI

顏嘉毅

Race

CHINESE

Date of birth

22-08-1988

Sex

M

Country of birth

SINGAPORE



3870281



NRIC No. S8832672E

Date of issue

06-04-2006

APT BLK 439B SENGKANG WEST AVENUE #05-315  
SINGAPORE 792439

NRIC No: S8832672E

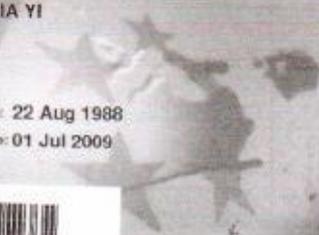
Date: 23/09/2016

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8832672E**  
 Name: **GAN JIA YI**

Birth Date: **22 Aug 1988**  
 Issue Date: **01 Jul 2009**

000000554C


**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	01 Jul 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	03 Jan 2012

S8832672E

S / No. 9000142905

Licence No. S8832672E





## 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: PNPV2018-00006830 (Comprehensive - Classic Plan)**

Car plate number: SLN9945Z

Your name (As the policyholder): Gan Jia Yi

Coverage start date: 24/05/2018

Coverage end date: 23/05/2019

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.

Finance company: DBS Bank Ltd

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

Issued on: 17/05/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.