

NATIONAL Assessment Centre Services

(Ref: Jan 2005)

NA118087680

Date In: 07/01/2018 15:12	Job description	Date & Time Completed	Done by
Ref No: NA/KWD1801238/Y	SAS e-filing		
Veh No: SGD 1686K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/02/2018 10:25	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: SLR 1703Y

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

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 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	07/07/2018 15:12
Date Of Accident	07/07/2018 10:25
Exact Location Of Accident	KJE EXIT 2 SLIP ROAD INTO WOODLANDS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGD1686K
Insured/Policyholder	
Name Of Registered Owner	CHUA XUAN, SHAWN
NRIC No	S8901479D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90039669
Alternative Phone No	OTHERS-98558585
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	COLT PLUS
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	PNPV201800001291
Cover Note Number	
Driver	
Name of Driver	TAN YEE HENG (CHEN YIXING)
NRIC No	S7823645J
Date Of Birth	30/08/1978
Occupation	INDOOR
Date Of Driving Pass	06/11/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98558585
Fax Number	
Contact Number	OTHERS-90039669
Email Address	NOEMAIL

Address	BLK 183A BOON LAY AVENUE #02-712
Postcode	641183
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : CHUA XUAN ,SHAWN 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP1703Y
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 INJURED PERSON 1

Name	TAN YEE HENG (CHEN YIXING)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGD1686K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHUA XUAN, SHAWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGD1686K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

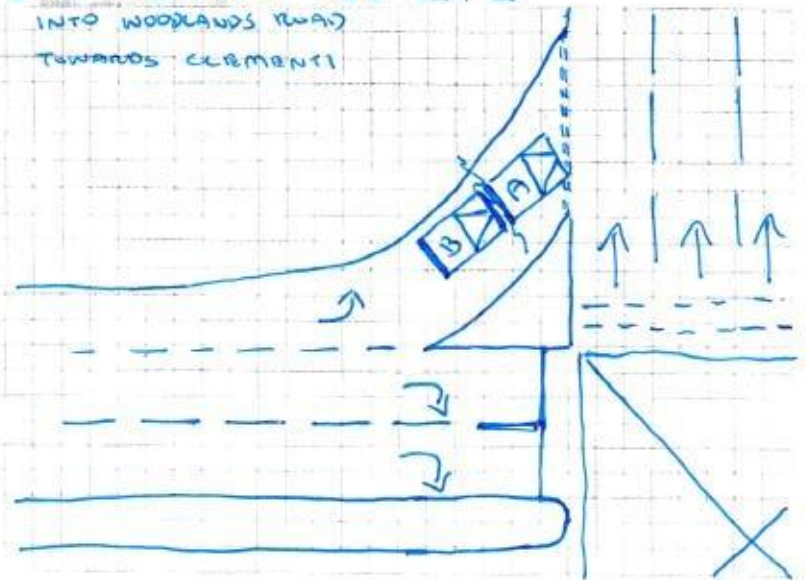

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SGD 1686K

VEHICLE B - SLP 1703Y

SLIP ROAD FROM KSE EXIT 2
INTO WOODLANDS ROAD
TOWARDS CLEMENTI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED TO GIVE WAY ON THE ON-GOING
VEHICLE ALONG WOODLANDS ROAD, I WAS AT THE WAITING/
GIVE WAY LINE OF SLIP ROAD FROM KSE TO WOODLANDS ROAD.

WHEN I WAS ABOUT TO MOVE OFF, SUDDENLY I FELT A GREAT
IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE BEARING (SLP 1703Y) THAT COLLIDED TO THE
REAR OF MY VEHICLE, WHEN I WAS AT THE GIVEWAY LINE
GIVING WAY TO THE ON-GOING CAR.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY
IN-CAR CAMERA.

VEHICLE A - SGD 1686K

VEHICLE B - SLP 1703Y

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.:

Vehicle No.	SAD 1686K	Model / Make	mitsubishi colt plus
Date of Accident	07/07/2019		
Time of Accident	1025	HRS	
Location of Accident	KJE Exit 2, Slip Road into Woodlands Road towards Clementi		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHUA XUAN, SHAWN		
Telephone No.	H/P : 9003 9669	Home :	Office :
NRIC	S87014740		
Address	BLK 214 JURONG EAST ST 21 H04-435 S(600214)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	FWD		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PNP 2018 - 00001291		
Name of Driver	As Above If No, TAN YEE HENG (CHEN YIXING)		
NRIC	S7823645J	Any Passengers :	1 (MALE OWNER)
Date of birth	30 AUG 1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	02 FEB 1999		
Gender	Male / Female		
Contact No.	H/P : 9855 8585	Home :	Office :
Address	BLK 183A BOON LAY AVE #02-712 S(641183)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state FRIEND	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	TAN YEE HENG, 9855 8585		
Name And Contact No.	CHUA XUAN, 9003 9669		
Police Report	No	If Yes, Where?	
Vehicle B No.	SLP 1703 Y	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	R2R		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7823645J



Name

TAN YEE HENG
(CHEN YIXING)

陈 益 兴

Race

CHINESE

Date of birth

30-08-1978

Sex

M

Country of birth

SINGAPORE

S7823645J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7823645J

Name

TAN YEE HENG (CHEN
YIXING)

Birth Date 30 Aug 1978

Issue Date 22 Jan 2003



4276233



NRIC No S7823645J

Date of issue

08-09-2008

APT BLK 183A BOON LAY AVENUE #02-712
SINGAPORE 641183

NRIC No: S7823645J

Date: 22/08/2014

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Feb 1999
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Aug 2001
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	06 Nov 2001



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8901479D



Name
CHUA XUAN, SHAWN

蔡 軒

Race
CHINESE

Date of birth
16-01-1989

Sex
M

Country of birth
SINGAPORE



3463809



NRIC No. S8901479D



Date of issue
29-01-2004

APT BLK 214 JURONG EAST STREET 21 #04-435
SINGAPORE 600214

NRIC No: S8901479D Date: 05/09/2015

Insurance for SGD1686K

heng heng

Fri 4/27/2018 4:54 PM

Sent Items

To: freesionautodrive@gmail.com <freesionautodrive@gmail.com>;

Singtel

4:51 PM

27%

Close

PNPV2018-00001291-COI

PDF - 75 KB



1 of 1

FWD

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: PNPV2018-00001291 (Comprehensive - Classic Plan)

Car plate number: SGD1686K

Your name (As the policyholder): Chua Xuan, Shawn

Coverage start date: 10/02/2018

Coverage end date: 09/02/2019

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: Ricardo Cars Pte Ltd

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

Issued on: 11/01/2018

<https://outlook.live.com/owa/?path=/mail/search/rp>