

**NATIONAL Assessment Centre Services** (Ref: JAR05) **MNA/18/04577**

Date In: <b>13/08/2018 18:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/PND/801462814</b>	SAS e-filing		
Veh No: <b>2UJ 7M9X</b>	E-mail (w/tdm 8hrs, AIC 2hrs)		
D.O.A: <b>11/08/2018 17:45</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SW 926P** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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:-	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	Am't (\$) In Bill	Am't (\$) Add Bill
<b>Client's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): <b>Auditors' Comments:-</b> 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:-		
	ON*		
*N3: 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	\$0		
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	13/08/2018 18:33
Date Of Accident	11/08/2018 17:45
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7779X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG YEN LING
NRIC No	S7814338Z
Email Address	JOEYNG18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91460640
Alternative Phone No	OTHERS-91460640

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PNPV2017-00009479
Cover Note Number	

### Driver

Name of Driver	NG YEN LING
NRIC No	S7814338Z
Date Of Birth	18/05/1978
Occupation	INDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91460640
Fax Number	
Contact Number	OTHERS-91460640
Email Address	JOEYNG18@GMAIL.COM

Address	BLK 546 JURONG WEST STREET 42 #08-127
Postcode	640546
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?	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: : PASSENGER 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	SJW926P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SHI JIE
NRIC/Passport Number	S8232724Z
Contact Number	96477741
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

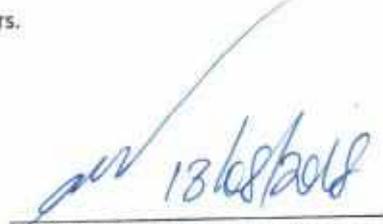
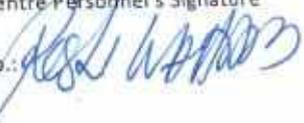
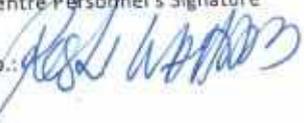
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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



(A) SJ5 7777

(B) SJW 926P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When cars ahead jammed brakes, I too jammed my brakes & stopped in time. Suddenly vehicle B came from behind & collided into the rear of my car.

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:

13/08/2018  
Reporting Centre Person's Signature  
Name: *Robert Watson*  
NRIC/FIN No.:

Date of Accident : 11/8/18 Accident Time: 5:45 PM (24-HR-FORMAT)

Accident Place : PIE towards Tuan

Vehicle Reg. No (Car plate No.) : S2J7779X

Vehicle Make/Model : Toyota Wish

Insurance Company : FWD Policy No. PNP17-00009479

Owner or Company Names /IC NO: Ng Yen Ling 57814338/2

Owner or Company Contact No. : 91460640 Owner's HP 91460640 Company Tel

DRIVER'S Name & IC no. : Ng Yen Ling 57814338/2

DRIVER'S Date of Birth : 18/5/1978 DRIVER'S License Pass Date 18/3/2005

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : BK 416, Jorong West C. 43, #18-127

DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : ~~joeyng18@gmail.com~~ joeyng18@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins

Number of Passengers (including Driver): 2 1. Male

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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SJW926P</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>MR</u>	Vehicle Make/Model: _____
Name DRIVER: <u>WONG SHI JIE</u>	Name DRIVER: _____
IC No. DRIVER: <u>58232724/2</u>	IC NO. DRIVER: _____
DRIVER'S Contact & add: <u>BK 180, Circuit Road</u>	DRIVER'S Contact & add: _____
<u># 18-220, S(374012)</u>	
<u>96477741</u>	

A0180100



NRIC No: S7814338Z

Need Group: A+ Date of issue: 29-07-2002

APT BLK 546 JURONG WEST STREET 42 #06-127 SINGAPORE 640546

NRIC No: S7814338Z

Date: 27-07-2006 No: 5461524

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7814338Z



Name

NG YEN LING  
(HUANG YANLING)

黄燕玲

Race  
CHINESE

Date of Birth: 18-05-1978 Sex: F

Country of Birth:  
SINGAPORE



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

EFFECTIVE DATE

Class: 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg 18 Mar 2005

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7814338Z

Name:

NG YEN LING  
(HUANG YANLING)

Birth Date: 18 May 1978  
Issue Date: 12 Dec 2016



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: PNPV2017-00009479 (Comprehensive - Executive Plan)**

Car plate number: SLJ7779X

Your name (As the policyholder): Ng Yen Ling

Coverage start date: 27/12/2017

Coverage end date: 26/12/2018

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: UOB Limited

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

Issued on: 26/12/2017

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