

NATIONAL Assessment Centre Services (Ref: J3-05)

Date In 28/08/18	Job description	Date & Time Completed	Done by
Ref No NA/PWD18015649/13	SAS e-filing		
Veh No SGF912SA	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 28/08/18 0745	i-Motor Claim Form		
OD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars:	Veh No: SKD1200	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

NA1805431	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
OC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
at 1:	6) TR: Re-inspection \$75			
at 2/3:	7) N1: Idao 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 (N7n INC) against INC \$20			
	9) N12: Idao 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	28/08/2018 09:34
Date Of Accident	28/08/2018 07:45
Exact Location Of Accident	KJE(GALI BATU FLYOVER)TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF9125A
Insured/Policyholder	
Name Of Registered Owner	OH LUCY
NRIC No	S7340799J
Email Address	SLDTYEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96391352
Alternative Phone No	OTHERS-96391352

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	PNPV2018-00005744
Cover Note Number	

Driver

Name of Driver	OH LUCY
NRIC No	S7340799J
Date Of Birth	06/11/1973
Occupation	INDOOR
Date Of Driving Pass	06/09/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96391352
Fax Number	
Contact Number	OTHERS-96391352
EMail Address	SLDTYEO@GMAIL.COM

Address	BLK 657 YISHUN AVE 4 #10-377
Postcode	760657
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	
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

I WAS TRAVELLING FROM KJE(GALI BATU FLYOVER)TWDS TUAS ON THE EXTREME RIGHT LANE OF A4-LANES ROAD. INFRT OF MY VEH STOP AND I FOLLOWED SUIT, SUDDENLY VEH(B) BEARING REG NO SKD1120D CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SKD1120D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HAZIQ BIN ZAID
NRIC/Passport Number	S9130260H
Contact Number	85694389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OH LUCY
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGF9125A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Policyholder's Signature

Date & Time:

28/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

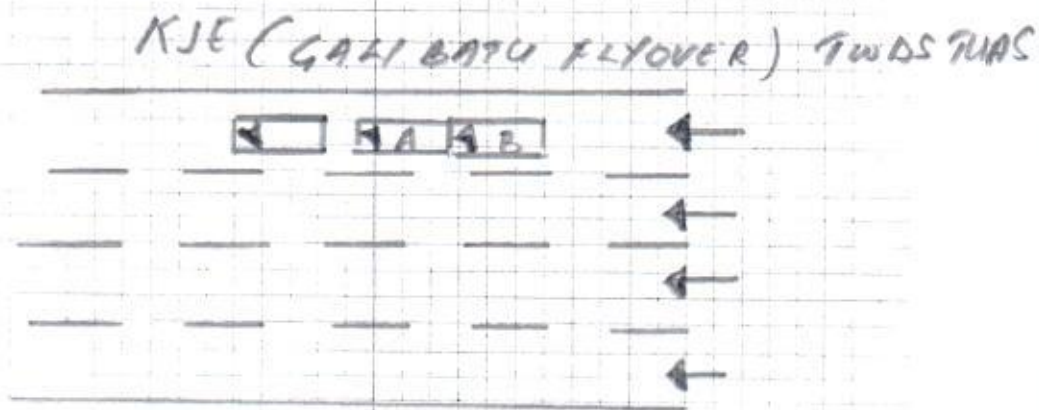
NRIC/FIN No.:

28/8/18

SKETCH PLAN

A. SGF9125A

B. SKD1120D




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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


Policyholder's Signature
Date & Time: 28/8/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 28/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I WAS TRAVELLING FROM KJE(GALI BATU FLYOVER)TWDS TUAS ON THE EXTREME RIGHT LANE OF A4-LANES ROAD.INFRT OF MY VEH STOP AND I FOLLOWED SUIT,SUDDENLY VEH(B)BEARING REG NO SKD1120D CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 08 / 18) (DD/MM/YYYY), TIME: (07 : 45) (HH:MM)

LOCATION: AVE (GALIBATU FLYOVER) TUNAS TUNAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF9125A
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OH LUCY (MU LUCY) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 572407995 CONTACT: 96397352
c) ADDRESS: BLK 657 YISHUN AVE 4
#10-377 (760657)

*d) DATE OF BIRTH: (06 / 11 / 1973) (DD/MM/YYYY)

e) OCCUPATION: INDOOR OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____
b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES) / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA11200 MODEL: _____
b) DRIVER'S NAME: MUHAMMAD HAZIQ BIN ZAID
c) NRIC/FIN/PASSPORT: 59130260H CONTACT: 85694389

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7340799J



Name

OH LUCY
(HU LUCY)

Race

CHINESE

Date of birth

06-11-1973

Sex

F

Country of birth

SINGAPORE



5097425



NRIC No. S7340799J

Date of issue

02-07-2012

Address

APT BLK 657 YISHUN AVENUE 4
#10-377
SINGAPORE 760657

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7340799J

Name:

OH LUCY
(HU LUCY)

Birth Date: 06 Nov 1973

Issue Date: 06 Sep 2005



001367213D



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

PASS DATE

06 Sep 2005

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers
exclusive of the driver; and motor tractors
/vehicles \leq 2500 kg



Licence No. S7340799J

NP 428A

blob:



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: PNPV2018-00005744 (Comprehensive - Executive Plan)

Car plate number: SGF9125A

Your name (As the policyholder): Oh Lucy

Coverage start date: 09/05/2018

Coverage end date: 08/05/2019

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.

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

Issued on: 25/04/2018



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.

