

NATIONAL Assessment Centre Services

(Ref: 10102)

NA1805612

Date In: 03/05/2018 12:48	Job description	Date & Time Completed	Done by
Ref No: NGA/AND1801598914	SAS e-filing		
Veh No: SKF 10935B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/09/2008 12:35	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SDD 9703Y

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% P: 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

NA1805612

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

At 1:

At 2 / 3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);	INC (\$30)	
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) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TE (N11): TP (Non INC) against INC	\$20	
9) N12: Idnc 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	03/09/2018 12:45
Date Of Accident	01/09/2018 12:35
Exact Location Of Accident	AYE TOWARDS CITY BEFORE CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6935B
Insured/Policyholder	
Name Of Registered Owner	GAN CHOON MEI
NRIC No	S8576695C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97536303
Alternative Phone No	OTHERS-82231312

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 D/AB 2WD 4DR (A)
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	PNPV2018-00005473
Cover Note Number	

Driver

Name of Driver	OOI KIM HAU
NRIC No	S8561888A
Date Of Birth	07/10/1985
Occupation	INDOOR
Date Of Driving Pass	14/08/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97536303
Fax Number	
Contact Number	OTHERS-82231312
Email Address	NOEMAIL

Address	77 JURONG EAST STREET 13 #11-03
Postcode	609653
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : GAN CHOON MEI GENDER: : FEMALE

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	SDD6703Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH ENG KHOON
NRIC/Passport Number	
Contact Number	90072814
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK3520U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENKU MOHAMMED FADLYIAN
NRIC/Passport Number	
Contact Number	83959237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OOI KIM HAU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKF6935B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2


Name	GAN CHOON MEI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKF6935B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:



SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	11/9/18	TIME:	1235	(hh:mm) 24 hrs Format
LOCATION	A/E towards City before Clement Rd			
VEHICLE NUMBER	SKP 6935B			
INSURED NAME	Gan Choon Mei			
NRIC / FIN	S8576645C	CONTACT:	97536303	
MAKE	Hyundai	MODEL	Elantra	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	FWD			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER:	PNPV 2018-00005473			
NAME DRIVER:	Doi Kim Hau	() SAME AS INSURED		
NRIC / FIN	S8561888A	CONTACT:	82231312	
DATE OF BIRTH:	7/10/83			
DRIVING PASS DATE:	14/8/10			
OCCUPATION:	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER:	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	(<input checked="" type="checkbox"/>) NO EMAIL			
ADDRESS OF DRIVER:	Blk 77 Jurong East St B #11-03 (609653)			
Number Of Passenger Include Driver:	1 driver + 1 pax = 2 (Gan Choon Mei)			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
() Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details : 01 DRIVER (DOI KIM HAU) + 01 PASSENGER (GAN CHOON MEI)				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	Contact		
Veh B	SDD 6703Y	Sah Eng Khoo	9007281K	
Veh C	STK 3520U	Telikku Muhammad Fadlyan	83959237	
Veh D				
Veh E				
Veh F				
Veh G				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8561888A**



Name

OOI KIM HAU

黄锦豪

Race

CHINESE

Date of birth

07-10-1985

Sex

M

S8561888A

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



002403657H

**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: PNPV2018-00005473 (Comprehensive - Classic Plan)

Car plate number: SKF6935B

Your name (As the policyholder): Gan Choon Mei

Coverage start date: 27/06/2018

Coverage end date: 26/06/2019

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

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

Issued on: 19/04/2018

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.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6695C
Vehicle Details	
Vehicle No.:	SKF6935B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Sep 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	G4FGCU575501
Chassis No.:	KMHDH41CMCU565880
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$14,226.00
Original Registration Date:	27 Jun 2012
First Registration Date:	27 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$14,226.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2022
PARF Rebate Amount:	\$9,246.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$58,001.00
COE Rebate Amount:	\$22,120.00
Total Rebate Amount:	\$31,366.00

The information contained herein is correct as at 03 Sep 2018

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA08713874 Vehicle Registration No: 8KF6935B
Name (as shown in NRIC): 001 Kim Hau NRIC/FIN/Passport No : 88561888A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 82231312
Email Address : _____
Date of Accident : 01/09/2018 Time of Accident: 12:35
Place of Accident : Byk Roadwork City Before Changkat Road
Insurance Company: FWD Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be FWD & NOT GREAT AMERICAN

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Post Workers
NRIC/FIN:
Date: 06/09/2018