

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 24/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/FWD/6017325/13	SAS e-filing		
Veh No: SKG80006	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/09/18 1130	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: (M GARAGE)	Tel:	Fax:
TP Particulars:	Veh No: SK9412J	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

NA1806029	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	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	24/09/2018 15:35
Date Of Accident	23/09/2018 11:30
Exact Location Of Accident	HOUGANG AVE 10 TWDS UPP S/GOON RD L/P 70
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8000E
Insured/Policyholder	
Name Of Registered Owner	JOSEPH LIM WEIQIN
NRIC No	S8205210J
Email Address	JL93208000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93288000
Alternative Phone No	OTHERS-93288000

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS
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	PNPV2018-00007101
Cover Note Number	

Driver

Name of Driver	LOKE YUEN LAI,SERENE(LU WANLI,SERENE)
NRIC No	S8234275C
Date Of Birth	26/10/1982
Occupation	INDOOR
Date Of Driving Pass	11/11/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94703298
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 471B UPP SERANGOON CRESCENT #17-370
Postcode	532471
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180923/2076.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAND OVER TO THE POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK9412J
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMLI BIN ISNIN
NRIC/Passport Number	S1695336I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOKE YUEN LAI,SERENE(LU WANLI,SERENE)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKG8000E
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.

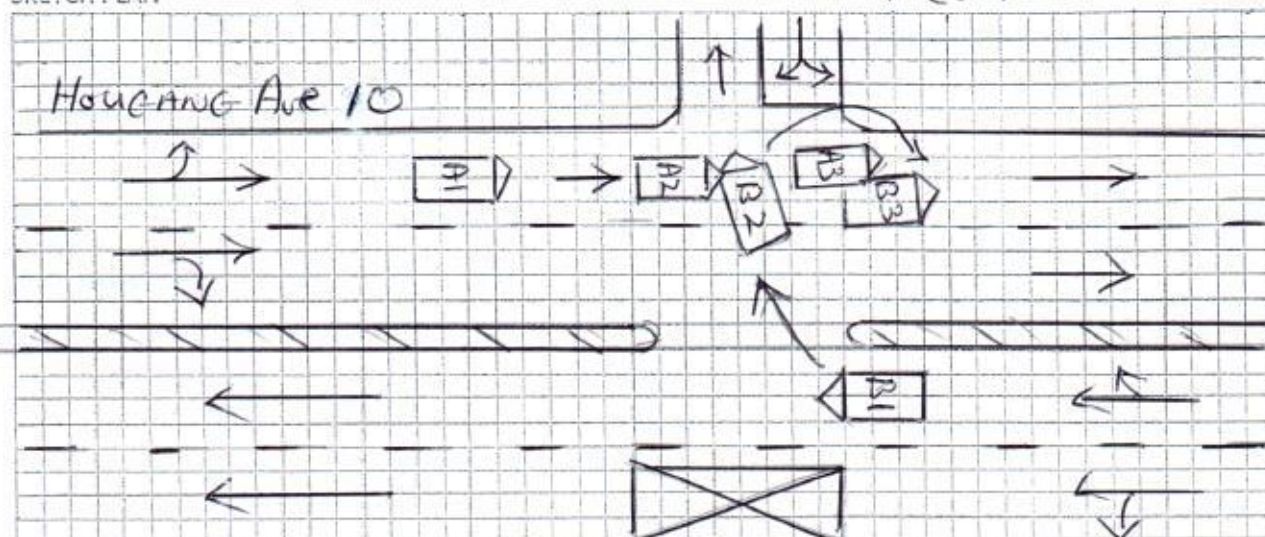
Policyholder's Signature
Date & Time:


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

 24/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

To BIK 401 - 414 Cor Park



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SKG 8000 E

(B) SJK 9412 J

Refer to TP Report

Report No: T/20180923/2076

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:



**SINGAPORE
POLICE FORCE**



T/20180923/2076

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180923/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2018 17:08		Vide Report No.: F/20180923/0139		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: LOKE YUEN LAI, SERENE			Address: APT BLK 471B UPPER SERANGOON CRESCENT #17-370 SINGAPORE 532471		
ID Type / ID No.: NRIC NO / S8234275C			Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 26/10/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2018 11:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 10 UPPER SERANGOON ROAD Lamp Post Number: 70				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK9412J	Car	HONDA	JAZZ 1.3L AT	Yellow		0
SKG8000E	Car	TOYOTA	LEXUS RX400H HYBRID	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180923/2078

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180923/2078

CONTINUATION OF REPORT

Driver			
Name	RAMLI BIN ISNIN	ID No.	S1695336I
Related Vehicle	SJK9412J (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOKE YUEN LAI, SERENE	ID No.	S8234275C
Related Vehicle	SKG8000E (Car)	Contact No.	
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 23 Sep 2018 at about 11.30am, I was driving my car (SKG8000E) along Hougang Ave 10 towards Upper Serangoon Road. I was travelling on the left lane of a two lane road.

As I approached the entrance of Blk 401-414, suddenly a car (SJK9412J) from the opposite direction, made an abrupt right turn into the said entrance. I was driving straight along Hougang Ave 10 and collided on to the front left side of the car. (C2)

The driver was bleeding on the head. A passerby called for ambulance and traffic police arrived shortly after (Vide F/20180923/0139). The driver was conveyed by ambulance.

I have an in-car camera and had handed over the footage to the police. My car sustained damages on the front bumper, headlights and bonnet.

At about 4.30pm, I went to seek medical attention at Intemedical 24 Hr Clinic as I suffered pain on my neck and back. I was issued with 5 days medical leave.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20180923/2076

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20180923/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 NUR MARISSA SYAQILA BINTE
SAMSAIDI

SN 061

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Signature Of Informant:

Date/Time:

23/09/2018 17:08

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/9/18	Time: 11:30	(hh:mm) 24 hr format
Location Hougang Ave 10 towards Upper Serangoon Rd beside BLK 401 car Park entrance		
Vehicle Number	SKH 8000E	
Insured Name	JOSEPH LIM WEI QIN	
NRIC / FIN	S82052107	Contact Number 9328 8000
Make	70707A	Model LEXUS RX 400H HYBRID
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company	FWD	
Type of Policy (/) Comprehensive	() Third Party Fire & Theft	() TP Only
Policy Number	PNPV2018 - 00007101	
Name of Driver	LOKE YUEN LAI, SERENE	() Same as Insured
NRIC / FIN	S8234275C	Contact Number 9470 3298
Date of Birth	26- OCT - 1982	
Driving Pass Date	11- NOV - 2008	
Occupation (/) Indoor	() Outdoor	
Gender () Male	(/) Female	
Email Address	JL93208000@GMAIL.COM	() NO EMAIL
Address of Driver	BLK 471B UPPER SERANGOON CRESCENT # 17-370	
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured		
() Owner (/) Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear	() Raining	() Others
Road Surface (/) Dry	() Wet	() Others
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? (/) Yes () No		
If yes, injured detail Driver neck & back pain		
Was there any video captured by Car Camera? (/) Yes () No		
Was the Accident reported to the Police? () Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SKK 9412J	HONDA JAZZ
Veh C		
Veh D		
Veh E		
Veh F		

Include Driver 1 person only.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8234275C**

Name: **LOKE YUEN LAI, SERENE (LU WANLI, SERENE)**

Birth Date: **26 Oct 1982**

Issue Date: **11 Nov 2008**

0016742971

Driver

SKG 8000E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8234275C**



Name: **LOKE YUEN LAI, SERENE**

陆婉丽

Race

CHINESE

Date of birth

26-10-1982

Sex

F

Country of birth

SINGAPORE

S8234275C

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 11 Nov 2008

NP 428A



4908716



MRIC No **S8234275C**



Date of issue

27-11-2012

APT BLK 471B UPPER SERANGOON CRESCENT #17-370
SINGAPORE 532471

No: **S8234275C**

Date: **10/11/2014 (R)**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8205210J



Name

JOSEPH LIM WEIQIN

林 伟 勤

Race

CHINESE

Date of birth

11-02-1982

Sex

M

Country of birth

SINGAPORE

S8205210J

Owner

SEA ROUTE



4833610

NRIC No: S8205210J



Date of issue
03-03-2012

APT BLK 471B UPPER SERANGOON CRESCENT #17-370
SINGAPORE 532471
NRIC No: S8205210J

Date: 10/11/2014 (R)



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: PNPV2018-00007101 (Comprehensive - Classic Plan)

Car plate number: SKG8000E

Your name (As the policyholder): Joseph Lim Weiqin

Coverage start date: 23/05/2018

Coverage end date: 22/05/2019

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: Speedo Capital Pte Ltd

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

Issued on: 23/05/2018

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 if any details
in this Certificate of Insurance need to be changed.