

# NATIONAL Assessment Centre Services. [wef 1 Jan'03]

Date In: 01/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/FWD/0019063/12	SAS e-filing		
Veh No: 5J084267	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/10/18 1830	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: SFE 2006R	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%. 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:	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

NA/07182	Invoice Preparation Checklist	Am (\$)	Rel Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 2003)		
	6) TR: Re-inspection \$75		
	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 (Non INC) against INC \$20		
	9) N12: Idao 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 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. 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	01/11/2018 11:57
Date Of Accident	31/10/2018 18:30
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8426Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAW CHAP PENG
NRIC No	S7023520Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97669603
Alternative Phone No	OTHERS-97669603

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	PNPV2016-00000703-01
Cover Note Number	

### Driver

Name of Driver	LAW CHAP PENG
NRIC No	S7023520Z
Date Of Birth	04/07/1970
Occupation	INDOOR
Date Of Driving Pass	23/12/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97669603
Fax Number	
Contact Number	OTHERS-97669603
Email Address	NOEMAIL

Address	BLK 476B UPP SERANGOON VIEW #15-520
Postcode	532476
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	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: : TEO LEE ENG(ZHANG LIYING)
	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SFE8026B
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJM4413D  
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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJX5736H  
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 LAW CHAP PENG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJU8426Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TEO LEE ENG(ZHANG LIYING)  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJU8426Z  
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:



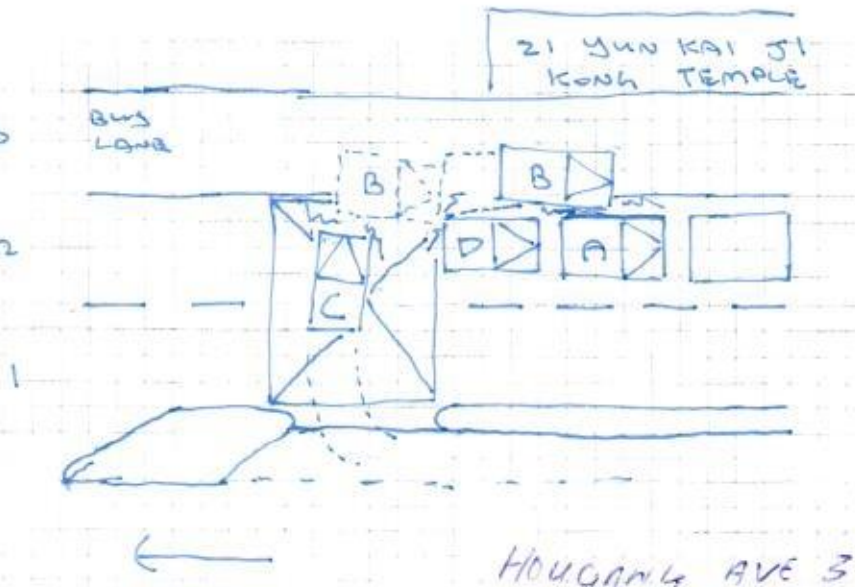
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

VEHICLE A - SSU 8426Z  
 VEHICLE B - SFE 8026B  
 VEHICLE C - SJM 4413D  
 VEHICLE D - SJX 5736H



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED DUE TO HEAVY TRAFFIC ALONG HOUGANG AVE 3 TOWARDS THE DIRECTION OF HOUGANG AVE 2. I WAS ON THE SECOND LANE.

WHILE WAITING, SUDDENLY I FELT A GREAT IMPACT FROM THE LEFT SIDE OF MY VEHICLE.

THEN AFTER, I ALIGHTED FROM MY VEHICLE AND REALIZED, A VEHICLE WITH LICENCE PLATE NUMBER (SFE 8026B) HAD COLLIDED TO THE LEFT SIDE OF MY VEHICLE, WHILE I WAS IN A STATIONARY POSITION.


AND IT WAS A CHAIN COLLISION INVOLVING OF 4 VEHICLES.

VEHICLE A - SSU 8426Z  
 VEHICLE B - SFE 8026B  
 VEHICLE C - SJM 4413D  
 VEHICLE D - SJX 5736H

## 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:

 01/10/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



<b>Vehicle No.</b>	SSM 8426Z	<b>Model / Make</b>	TOYOTA ALLION
<b>Date of Accident</b>	31/10/18		
<b>Time of Accident</b>	1830	<b>HRS</b>	
<b>Location of Accident</b>	Hougang Ave 3		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	LAW CHAP PENH		
<b>Telephone No.</b>	H/P : 9766 9603	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7023520Z		
<b>Address</b>	BLK 476B UPPER SERANGOON VIEW #15-520 S(532496)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	FWD		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	PNPV2016 - 00000 703 - 01		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	1 (FEMALE)
<b>Date of birth</b>	04 JUL 1970		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	23 DEC 1993		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		OWNER
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	LAW CHAP PENH, 9766 9603		
<b>Name And Contact No.</b>	TEO LEE BEN, 9383 4441		
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SFE 8026B	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SSM 4413D	<b>Any Passengers :</b>	
<b>Vehicle D No.</b>	SSX 5736H	<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LEFT SIDE OF VEHICLE		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
		<b>Yes / No</b>	
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	SALES@NSI.COM.SG		

IDENTITY CARD NO S7023520Z



LAW CHAP PENG

劉 慶 萍

CHINESE

04-07-1970 M

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Law Chap Peng

Licence Number: S7023520Z  
Name: LAW CHAP PENG

Birth Date: 04 Jul 1970  
Issue Date: 03 Dec 2003

Barcode: 001035168H

OWNER  
DRIVER



NRIC No: S7023520Z



Date of issue  
30-10-2008

• APT BLK 476B UPPER SERANGOON VIEW #15-520  
SINGAPORE 532476

NRIC No: S7023520Z

Date: 31/01/2015

4299752

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 23 Dec 1993

NP 428A







Name

TEO LEE ENG  
(ZHANG LIVING)

张丽英

Race  
CHINESE

Date of birth  
07-09-1976

Sex  
F

S7627829F

Country of birth  
SINGAPORE

PASSENGER

383013



NRIC No. S7627829F



Date of issue  
09-09-2008

APT BLK 476B UPPER SERANGOON VIEW #15-520  
SINGAPORE 532476

NRIC No: S7627829F

Date: 31/01/2015



## 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: PNPV2016-00000703-01 (Comprehensive - Executive Plan)**

Car plate number: SJU8426Z

Your name (As the policyholder): LAW CHAP PENG

Coverage start date: 30/12/2017

Coverage end date: 29/12/2018

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: OCBC Bank Limited

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

Issued on: 14/11/2017

**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.