

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 19/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/FWD18020873/13	SAS e-filing		
Veh No: SJJ6850C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/11/18 1610	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: (SUCCESS UNITED Tel: Fax:)

TP Particulars: Veh No: FBF881T 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: (INC hotline 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

NA1807537

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Anditors' Comments:

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		In Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QR*			
*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 (N-in 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	19/11/2018 14:13
Date Of Accident	17/11/2018 16:10
Exact Location Of Accident	JURONG WEST CENTRAL 3 TWDS JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6850C
Insured/Policyholder	
Name Of Registered Owner	NONG CHEE HOONG AARON
NRIC No	S8527379E
Email Address	SAINTAARON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83839391
Alternative Phone No	OTHERS-98443334

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-00013080
Cover Note Number	

Driver

Name of Driver	CHEN BAOQIN
NRIC No	S8524869C
Date Of Birth	10/08/1985
Occupation	INDOOR
Date Of Driving Pass	27/01/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98443334
Fax Number	
Contact Number	
Email Address	KYM1008@HOTMAIL.COM

Address	BLK 477B UPP SERANGOON VIEW #16-560
Postcode	532477
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	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?	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN 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

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	FBF881T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	WEE PEI HAUR
NRIC/Passport Number	S8114316A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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:

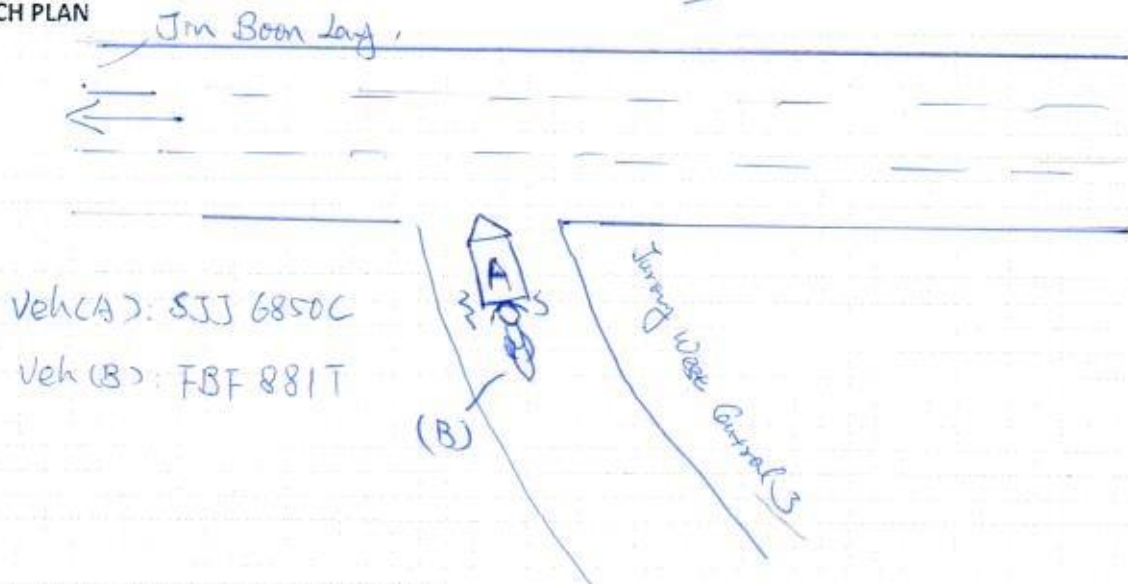


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/11/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car at the filter road junction when I saw a vehicle switching across the lane along the main road.
Next second, Veh (B) rammed onto the rear of my car.
The motorist fall off his motorcycle but when I checked with him, he said that he was alright.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 19/11/18

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

VEHICLE NO : <u>GJJ 6850 C</u>		MAKE/MODEL :	
Date of Accident	<u>17.11.2018</u> Time: <u>4:10 PM</u>	Foreign Veh Involved	YES / <u>NO</u>
Location of Accident	<u>Jurong West Central 3 → Jm B</u>	Foreign Veh No	
Country of Loss	<u>Singapore</u>		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	<u>OD / TP / REPORTING</u>	Was There Any Witness	YES / <u>NO</u>
INSURANCE CO	<u>FWD</u>	Name of Witness :	
Coverage	<u>Comprehensive / TPFT / Third Party Only</u>	Contact No :	
Policy No	<u>PMPV2018-00013080</u>		
Fleet Policy	YES / <u>NO</u>		
		OTHER VEHICLES	
OWNER / CO. NAME	<u>NONG CHEE HOONG AARON</u>	VEHICLE B	<u>FRF 881T</u>
NRIC / Co's Reg No.	<u>28527379E</u>	Category :	
Address		Driver's Name :	<u>WEE PEI HAUR</u>
Contact / Mobile No	<u>8383 9391</u>	NRIC No :	<u>S8114316A</u>
Email Address	<u>saintaaron@hotmail.com</u>	Contact No :	
Date of Birth	<u>20/09/1985</u>	No. of Passenger :	
Gender	<u>(M) / F</u>		
DRIVER'S NAME	<u>CHEN BAORIN</u>	VEHICLE C	
NRIC No	<u>S8524869C</u>	Category :	
Address	<u>21K 4773 UPPER SERANGOON</u>	Driver's Name :	
	<u>VIEW #16-560 (S32477)</u>	NRIC No :	
Contact / Mobile No	<u>9844 3334</u>	Contact No :	
Email Address	<u>Kym1008@hotmail.com</u>	No. of Passenger :	
Date of Birth	<u>10.08.1985</u>		
Gender	<u>M / F</u>	VEHICLE D	
LICENSE PASSED DATE	<u>27.01.2006</u>	Category :	
Occupation	<u>Indoor / Outdoor</u>	Driver's Name :	
Relation with Owner	<u>Wife</u>	NRIC No :	
		Contact No :	
		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear</u> / Raining / Others	Video Captured :	Yes / No
Road Surface	<u>Dry</u> / Wet / Others		
INJURED : YES / <u>NO</u>			
Name of Injured :		Police Report :	YES/NO
Convey To Hospital by Ambulance :	YES / NO	If YES, Where :	
NO. OF PASSENGERS : <u>4</u> <u>2(M) 2(F)</u>			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop :	SUCCESS UNITED PTE LTD	Contact No :	
Address :	<u>2 Kaki Bukit AutoHub</u>	Email :	
	<u>Kaki Bukit Ave 2, #01-33/#02-29</u>		
	<u>Singapore 417921</u>		
	<u>Tel: 6746 1515 Fax: 6748 5015</u>		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8524869C**
Name: **CHEN BAOQIN**
Birth Date: **10 Aug 1985**
Issue Date: **27 Jan 2006**

001396791E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8524869C



Name: **CHEN BAOQIN**
陈宝琴
Race: **CHINESE**
Date of birth: **10-08-1985** Sex: **F**
Country/Place of birth: **SINGAPORE**



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **27 Jan 2006**

NP 428A



Licence No: S8524869C



NRIC No. S8524869C



Date of issue
14-06-2016

Address
**APT BLK 477B UPPER SERANGOON VIEW
#16-560
SINGAPORE 532477**



NRIC No. S8527379E



Date of issue
14-06-2016

Address

APT BLK 477B UPPER SERANGOON VIEW
#16-560
SINGAPORE 532477

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8527379E



Name

NONG CHEE HOONG, AARON
(NONG ZHIXIONG)

农 智 雄

Race
CHINESE

Date of birth
20-09-1985

Sex
M

Country/Place of birth
SINGAPORE



S8527379E



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: PNPV2018-00013080 (Third Party Fire And Theft)

Car plate number: SJJ6850C

Your name (As the policyholder): Nong Chee Hoong Aaron

Coverage start date: 04/10/2018

Coverage end date: 03/10/2019

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: 02/10/2018

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.