

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAH418150187

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 20/1/2018 14:18 | Job description | Date & Time Completed | Done by |
| Ref No: NPA/FWD/180209611X | SAS e-filing | | |
| Vch No: 5636H | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 19/1/2018 18:15 | I-Motor Claim Form | | |
| OID: TP / Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Vch No: SLW 6149X | 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 repair. |
| () Total Loss Case : to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | | |
|---|-----------------------|-----------------------|---------|
| Remarks: | INC () / Non-INC () | 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 |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|-----------------------------|
| MAH807565 | Invoice for Insurance Claim |
| Client's Particulars: | |
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |
| Auditor's Comments: | |
| 2nd: | |
| 2/3: | |

| | |
|---|-------------|
| 1) AR: Accident Reporting (\$10) | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) |
| 3) TP: Towing Fee | \$40/\$45 |
| 4) FT: Follow-Through Survey | \$120 |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 |
| For claimant against INC Only (ver 10 Jan 2005) | |
| 6) TR: Re-inspection | \$75 |
| 7) NI: Idea DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services: | |
| ON: | |
| *N5: Courtesy Car / Tpl Allowance | \$3 |
| *N6: Repair Co-ordination | \$10 |
| *N7: Post Repair Inspection | \$25 |
| *N8: DV / Collect License Coordination | \$3 |
| TP (Nil): TP (Non INC) against INC | \$20 |
| 9) N12: Idea 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 | 20/11/2018 14:18 |
| Date Of Accident | 19/11/2018 18:15 |
| Exact Location Of Accident | DUNEARN RD/BT TIMAH RD TOWARDS CITY (B/F BAKER RD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGH5636H |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG WEI |
| NRIC No | S8382146I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91286789 |
| Alternative Phone No | OTHERS-91286789 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | PNPV2017-00004033-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG WEI |
| NRIC No | S8382146I |
| Date Of Birth | 23/05/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/05/2015 |
| Driving Experience | 3 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91286789 |
| Fax Number | |
| Contact Number | OTHERS-91286789 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | 23 JALAN RAJAH #14-02 |
| Postcode | 329138 |
| 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 | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| 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) | 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

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 | SLW6749X |
| 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 | SJN8593K |
|-----------------------------|----------|

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)

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:

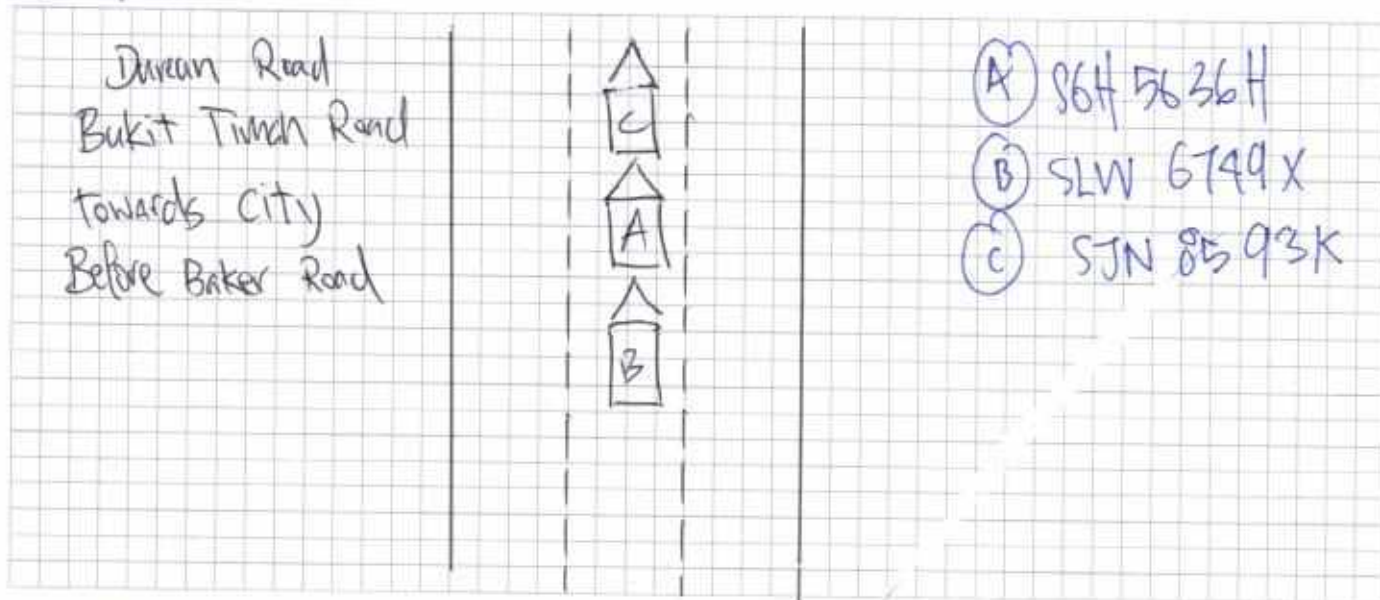


Driver's Signature
(If driver is not the policyholder)
Date & Time:



20/4/2018
Reporting Centre Personnel's Signature
Name: Rohd
NRIC/FIN No. 123456789

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.11.2018 at about 1815hrs I was travelling along Dunearn Rd of Bukit Timah Rd towards city Before baker Rd. the traffic was on slow moved. Ahead of me, there's a vehicle slow down and stop, I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. Then I realised a vehicle SLW 6749X had collided onto my rear. Due to the impact, my vehicle had moved forward and collided with SJN 8593K. Total 3 vehicles involve in the accident. That's all

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 ACCIDENT STATEMENT

| | | | |
|---|-------------------------------|--------------------------|---------|
| ACCIDENT DATE: 19-11-2018 | TIME: 18:15 | (hh:mm) 24 hrs Format | |
| LOCATION: Dunearn Rd (Bkt Timah Rd) Twp's Atty (before Batek Rd) | | | |
| VEHICLE NUMBER: 56H 5636H | | | |
| INSURED NAME: Wang Wei | | | |
| NRIC / FIN: S83821467 | CONTACT: 9128 6789 | | |
| MAKE: Toyota | MODEL: Corolla Altis 1.6 Auto | | |
| 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: () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT | | | |
| POLICY NUMBER: PNH 2017-00004033-01 | | | |
| NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED | | | |
| NRIC / FIN: | | CONTACT: 9128 6789 | |
| DATE OF BIRTH: 23.05.1993 | | | |
| DRIVING PASS DATE: 18.05.2015 | | | |
| OCCUPATION: () INDOOR () OUTDOOR | | | |
| GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE | | | |
| EMAIL ADDRESS: () NO EMAIL | | | |
| ADDRESS OF DRIVER: 23 Jalan Rajah #14-02 S(329136) | | | |
| Number Of Passenger Include Driver: Driver only | | | |
| Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO | | | |
| If No, Relationship Of The Driver With The Insured | | | |
| (<input checked="" type="checkbox"/>) Owner () 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: () Clear () Raining (<input checked="" type="checkbox"/>) Drizzling () Others | | | |
| Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO | | | |
| If YES, Injured details : | | | |
| 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 | No.of Paxs (incl'driver) | Contact |
| Veh B | SLW 6749X | () / Not Sure () | |
| Veh C | SJN 8593K | () / Not Sure () | |
| Veh D | | () / Not Sure () | |
| Veh E | | () / Not Sure () | |
| Veh F | | () / Not Sure () | |
| Veh G | | () / Not Sure () | |

8999983




NRIC No. S8382146I

Nationality
CHINESE

Date of Issue
23-01-2009

23 JALAN RAJAH #14-02
SINGAPORE 329138
NRIC No: S8382146I Date: 19/07/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8382146I



Name
WANG WEI
王 巍

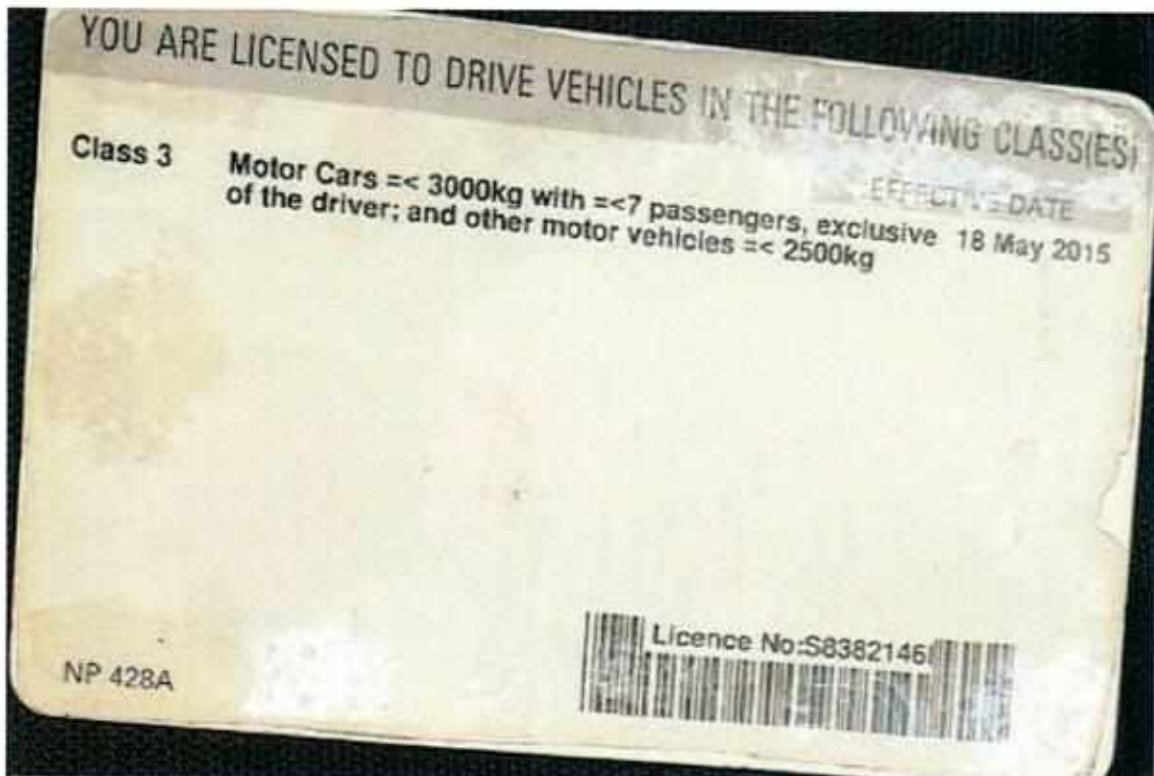
Race
CHINESE

Date of birth
23-05-1983

Sex
M

Country of birth
CHINA







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: PNPV2017-00004033-01 (Third Party)

Car plate number: SGH5636H

Your name (As the policyholder): Wang Wei

Coverage start date: 15/06/2018

Coverage end date: 14/06/2019

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: Yong Lee Seng Motor Pte 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: | 2146I |
| Vehicle Details | |
| Vehicle No.: | SGH5636H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 30 Nov 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | COROLLA ALTIS 1.6 AUTO |
| Primary Colour: | Silver |
| Manufacturing Year: | 2006 |
| Engine No.: | 3ZZ4579934 |
| Chassis No.: | MR053ZEC107123385 |
| Maximum Power Output: | 81.0 kW (108 bhp) |
| Open Market Value: | \$15,950.00 |
| Original Registration Date: | 15 Jun 2006 |
| First Registration Date: | 15 Jun 2006 |
| Transfer Count: | 4 |
| Actual ARF Paid: | \$16,032.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 May 2026 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| PQP Paid: | \$45,578.00 |
| COE Rebate Amount: | \$34,183.00 |
| Total Rebate Amount: | \$34,183.00 |

The information contained herein is correct as at 20 Nov 2018

OK