

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA 118150978

Date In: <u>11/12/18 - 14:46</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/PWD18022293/24</u>	SAS e-filing		
Veh No: <u>JV 46KR</u>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <u>12/12/18 - 19:00</u>	i-Motor Claim Form		
OD: <u>TP</u> 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: <u>WC6204B</u>	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

<u>NA1808124</u>	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

2 of 1:

2 of 2 / 3:

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	11/12/2018 14:46
Date Of Accident	10/12/2018 19:00
Exact Location Of Accident	YISHUN INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SVJ4615R
Insured/Policyholder	
Name Of Registered Owner	HONG WENLIN
NRIC No	S8413580A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98513687
Alternative Phone No	OFFICE-98513687

Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PNPV2018-00001885
Cover Note Number	

Driver

Name of Driver	HONG WENLIN
NRIC No	S8413580A
Date Of Birth	21/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98513687
Fax Number	
Contact Number	OFFICE-98513687
EMail Address	NOEMAIL

Address	BLK 335A YISHUN STREET 31 #03-71
Postcode	761335
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : JENNY LO WAI LING GENDER: : FEMALE
Passenger 2	NAME: : TYRA HONG JIA XUAN 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC6204B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name HONG WENLIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV4615R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JENNY LO WAI LING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV4615R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name TYRA HONG JIA XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV4615R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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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:

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

YISHUN INDUSTRIAL PARK A

↓

VEHICLE A \Rightarrow SJV 4615R

VEHICLE B \Rightarrow WC 6204B

VEHICLE A \Rightarrow SJV 4615R
VEHICLE B \Rightarrow WC 6204B

ON THE STATED TIME AND DATE, I VEHICLE A (SSV 4615R) WAS TRAVELLING STRAIGHT ON THE STATED VENUE ON LANE 2. SUDDENLY VEHICLE B (WC 6204B) CUT INTO MY LANE ABRUPTLY AND COLLIDED ONTO MY VEHICLE'S RIGHT PORTION. THE IMPACT CAUSES MY VEHICLE SUSTAINED DAMAGES BOTH LEFT N RIGHT PORTION. I HAD CAMERA FOOTAGE CAPTURE INSIDE MY IN CAR CAMERA.

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.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 12 / 2018 (DD/MM/YYYY), TIME: 19 : 00 (HH:MM)

LOCATION: YISHUN INDUSTRIAL PARK A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 4615R
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNPY 2018 - 00001885
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA FORTE
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: HONG WENLIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8413580A CONTACT: 98513607
 c) ADDRESS: BLK 335A YISHUN STREET 31 #03-71
S (761 335)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 21 / 05 / 1984 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 12 YEARS

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED YES / NO
 7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WC 6204B MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
03

① Female
 Jenny 10 wai ling

② Female
 Tyra Hong Siawang

* No of passenger
 (including driver)
01

* No of passenger
 (including driver)
01

Email = ric060autoservices@gmail.com

fax = 6286 7060

I VEHICLE A (SJV 4615R) WAS
TRAVELLING ON YISHUN INDUSTRIAL PARK A
ON THE LEFT LANE. SUDDENLY VEHICLE B (WC 6204B)
CUT IN FROM THE RIGHT LANE AND
COLLIDED ONTO MY FRONT RIGHT PORTION.

SJV 4615R

WC 6204B



Hong Wenlin

S8413580A

S. Ponnadaikrappan

SP

FIN: G 8130159Q

5359633



NRIC No. S8413580A



Date of issue
02-10-2014

Address

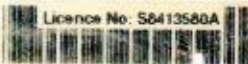
APT BLK 335A YISHUN STREET 31
#03-71
SINGAPORE 761335

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

PASS DATE

Class 2B	Motorcycles <= 200 CC	30 Dec 2004
Class 2A	Motorcycles between 201 CC and 400 CC	17 Feb 2006
Class 2	Motorcycles > 400 CC	03 Apr 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Nov 2006
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Dec 2007

S / No. 9000075278



Licence No. S8413580A

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8413580A



Name

HONG WENLIN

洪文林

Race

CHINESE

Date of birth

21-05-1984

Sex

M

Country/Place of birth

SINGAPORE

S8413580A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8413580A

Name:

HONG WENLIN

Birth Date: 21 May 1984

Issue Date: 30 Dec 2004





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: PNPV2018-00001885 (Comprehensive - Classic Plan)

Car plate number: SJV4615R

Your name (As the policyholder): HONG WENLIN

Coverage start date: 26/01/2018

Coverage end date: 26/01/2019

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.