

**NATIONAL Assessment Centre Services** (wef 1 Jan 05)

|                                  |   |                       |         |
|----------------------------------|---|-----------------------|---------|
| Date In <u>02/01/09</u>          | Job description                                 | Date & Time Completed | Done by |
| Ref No <u>NA/FWD/19000034/13</u> | SAS e-filing                                    |                       |         |
| Veh No <u>SGMG096H</u>           | E-mail (within 8hrs, AIC 2hrs)                  |                       |         |
| DOA <u>01/01/09</u> <u>1530</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 <u>Fax / Hand to Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( M GARAGE Tel: Fax: )

TP Particulars: Veh No: SJP9801F 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)**

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

2) QC Check / Post Repair Inspection ( )

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

**Injury** : \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1900113 **Invoice Preparation Checklist**

|                                  | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
|----------------------------------|----------------------|----------------------|
| <b>Claimant's Particulars :-</b> |                      |                      |
| Driver/Owner:                    |                      |                      |
| Contact No:                      |                      |                      |
| Damaged Portion:                 |                      |                      |
| QC Checked by (Engr-In-Charge):  |                      |                      |
| <b>Auditors' Comments :-</b>     |                      |                      |
| Cat 1:                           |                      |                      |
| Cat 2 / 3:                       |                      |                      |

|   |             |  |
|---|-------------|--|
| 1) AR : Accident Reporting (\$30);              |             |  |
| 2) DA : Damage Assessment (\$100); INC (\$80)   |             |  |
| 3) TF : Towing Fee \$40/\$45                    |             |  |
| 4) FT : Follow-Through Survey \$120             |             |  |
| 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:-                   |             |  |
| <b>OD*</b>                                      |             |  |
| *N5: Courtesy Car / Tpt Allowance \$5           |             |  |
| *N6: Repair Co-ordination \$10                  |             |  |
| *N7: Post Repair Inspection \$25                |             |  |
| *N8: DV / Collect Excess Coordination \$5       |             |  |
| <b>TP (N11) : TP (Non INC) against INC \$20</b> |             |  |
| 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 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             | 02/01/2019 12:37                 |
| Date Of Accident           | 01/01/2019 15:30                 |
| Exact Location Of Accident | OPEN CARPARK AT BLK 155 SIMEI RD |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGM6096H             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG GUAN POH         |
| NRIC No                     | S7137227H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96665075 |
| Alternative Phone No        | OTHERS-96665075      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | CAMRY       |
| 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             | PNPV2017-00008082-01    |
| Cover Note Number         |                         |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | CHUA SIEW LING(CAI XIULING) |
| NRIC No              | S7143964Z                   |
| Date Of Birth        | 09/12/1971                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 30/04/2004                  |
| Driving Experience   | 14 YEARS AND 8 MONTHS       |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-96665075        |
| Fax Number           |                             |
| Contact Number       |                             |
| E-Mail Address       | NOEMAIL                     |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 242 PASIR RIS ST 21<br>#06-103 |
| Postcode  | 510242                             |
| 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 (including own vehicle) involved in the accident                         | 2   |
| 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)   | 4   |
| Passenger 1   | NAME: : IAN ONG CHIN HENG<br>GENDER: : MALE   |
| Passenger 2   | NAME: : REJAN ONG CHIN QUAN<br>GENDER: : MALE |
| Passenger 3   | NAME: : UNKNOWN<br>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 | SJP9801T    |
| 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:

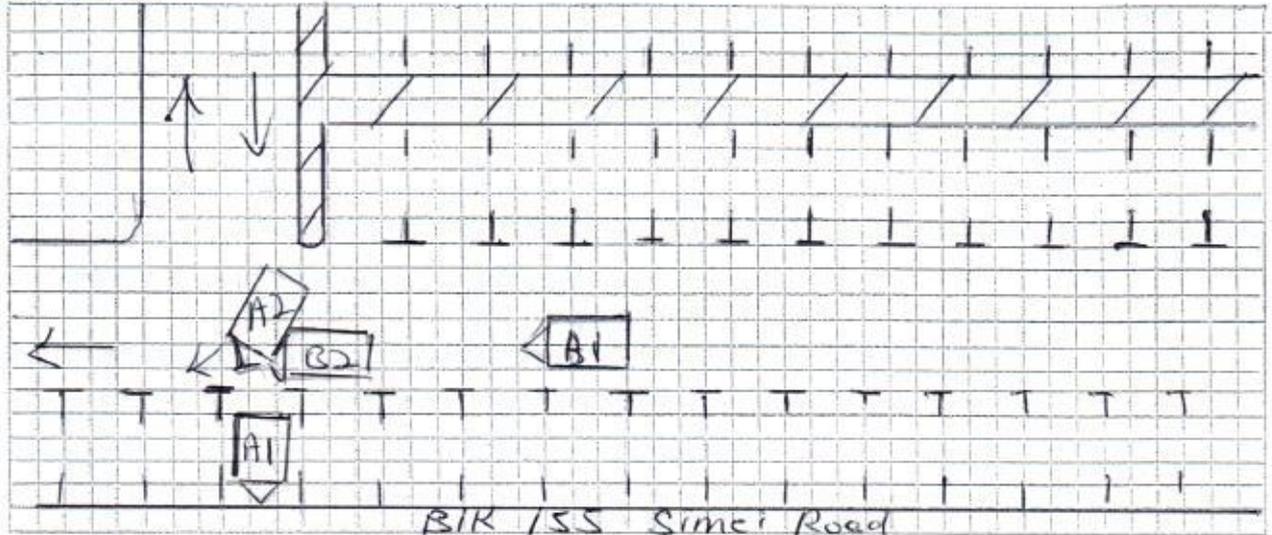
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 02/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/01/2019 at about 1530 hrs at open Car Park at BLK 155 Simei Road. I was reversing out from the car park lot and was already fully out from the lot and suddenly a vehicle (B) coming straight from the driveway without proper lookout and without caution hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle.

(A) SGM 6096 H  
 (B) SJP 9801 T

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:

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

*[Signature]* 02/01/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119000287 Vehicle Registration No: SGM6096H  
 Name(as shown in NRIC) : CHUA SIEW LING NRIC/FIN/Passport No : 571439642  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address : BLK 242 PASIR RIS ST 21 #06-103 Singapore( 510242 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96665075  
 Email Address : \_\_\_\_\_  
 Date of Accident : 01/01/19 Time of Accident : 15:30  
 Place of Accident : OPEN CARPARK AT BLK 155 SIMERA  
 Insurance Company: FWD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM REPORTING TO TP CLAIMS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

[Signature] 02/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

# SINGAPORE ACCIDENT STATEMENT

|   |           |                          |
|---|-----------|--------------------------|
| Accident Date: 01/01/2019 Time: 1530 hrs (hh:mm) 24 hr format                         |           |                          |
| Location Open Car Park at Blk 155 Simei Road  |           |                          |
| Vehicle Number SGM 6096 H   |           |                          |
| Insured Name ONG GUAN POH (WANG YUANBAO)  |           |                          |
| NRIC / FIN  | S7137227H | Contact Number           |
| Make  | TOYOTA    | Model CAMRY              |
| 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 PNPV2017-00008082-01  |           |                          |
| Name of Driver CHUA SIEW LING (CAI XIULING) ( ) Same as Insured                       |           |                          |
|   |           |                          |
| NRIC / FIN  | S7143964Z | Contact Number 9666 5075 |
| Date of Birth 09/12/1971  |           |                          |
| Driving Pass Date 30/04/2004  |           |                          |
| Occupation ( / ) Indoor ( ) Outdoor   |           |                          |
| Gender ( ) Male ( / ) Female  |           |                          |
| Email Address - ( ) NO EMAIL  |           |                          |
| Address of Driver BIK 242 PAIR RIS STREET 21 #06-103<br>S(510242)                     |           |                          |
| 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 -  |           |                          |
| 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 <sup>rd</sup> party Name / Nric Contact                                  |           |                          |
| Veh B   | SJP98017  |                          |
| Veh C   |           |                          |
| Veh D   |           |                          |
| Veh E   |           |                          |
| Veh F   |           |                          |

- 1) Ian Ong g chin Heng (M)
- 2) Regan Ong chen Quan (M)
- 3) UNKNOWN (F)

SGM 6096 H

Driver

3179573



NRIC No. S7143964Z



Blood Group A+ Date of Birth 02-08-2000

Address  
APT BLK 242 PASIR RIS STREET 21  
#06-103  
SINGAPORE 510242



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7143964Z



NAME  
CHUA SIEW LING  
(CAI XIULING)  
蔡秀玲

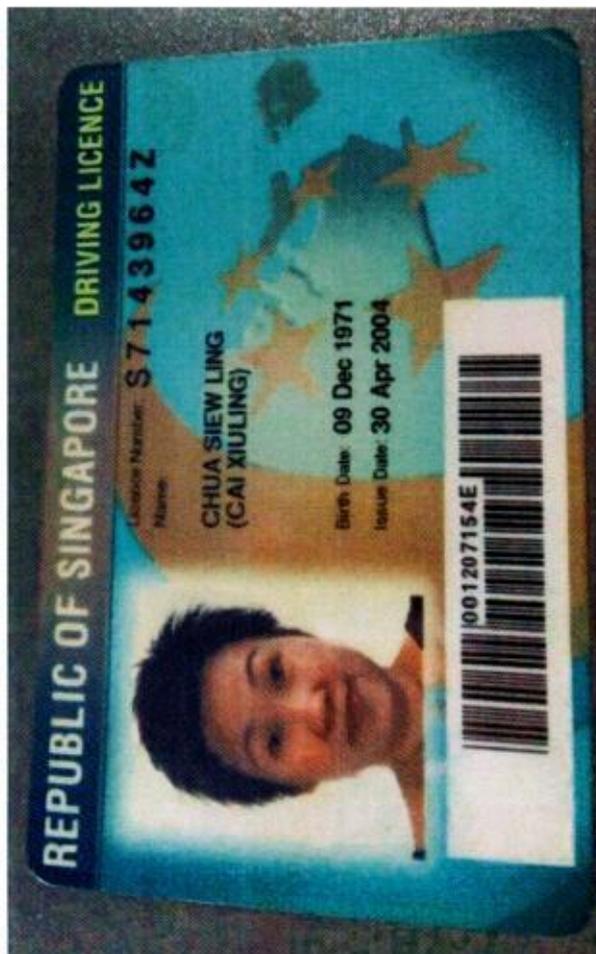
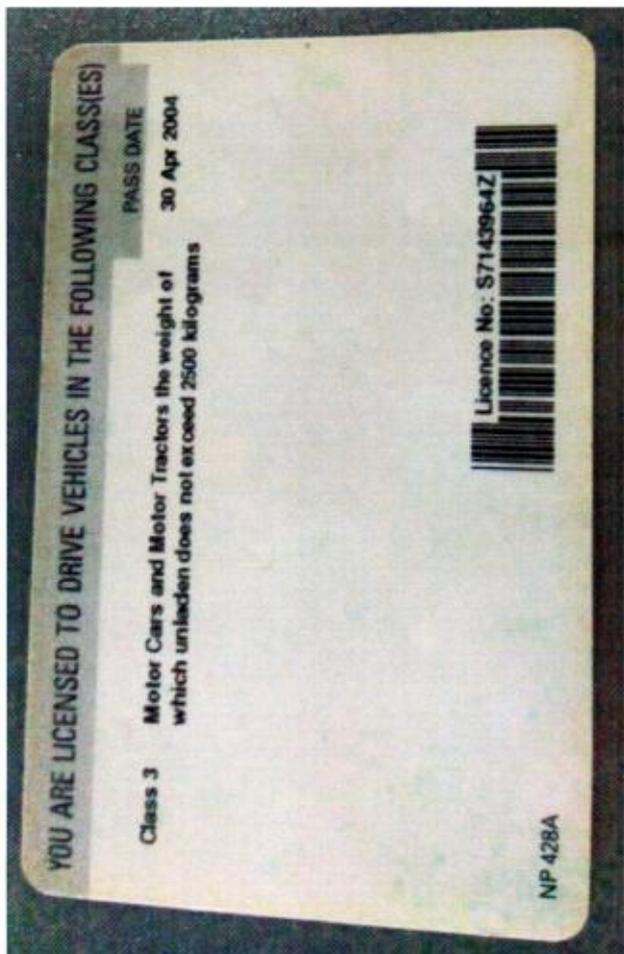
RACE  
CHINESE

Date of Birth 09-12-1971 Sex F

Country of Birth  
SINGAPORE

SGM 6096 H

Driver



SEM 6096 H

owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7137227H



Name

ONG GUAN POH  
(WANG YUANBAO)

王元宝

Race

CHINESE

Date of birth

04-10-1971

Sex

M

Country of birth

SINGAPORE

S7137227H

4838348



NRIC No. S7137227H

Date of issue

11-10-2010

Address

APT BLK 242 PASIR RIS STREET 21  
#06-103  
SINGAPORE 510242



## 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: PNPV2017-00008082-01 (Comprehensive - Executive Plan)

Car plate number: SGM6096H

Your name (As the policyholder): Ong Guan Poh

Coverage start date: 25/10/2018

Coverage end date: 24/10/2019

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.

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

Issued on: 21/09/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.