

NATIONAL Assessment Centre Services

Date In: 16/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/FWD 19001009/13	SAS e-filing		
Veh No: SJB5499H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/01/19 2100	i-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: (HUA MENG) Tel: Fax:)

TP Particulars: Veh No: SMD8369J 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

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

NA1900487		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		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) iT : 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:-			
QC Checked by (Engr-In-Charge):		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-		TP (N11) : TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
Cat. 1:		Invoice dated		Fee Charged	
Cat. 2 / 3:		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	16/01/2019 16:51
Date Of Accident	15/01/2019 21:20
Exact Location Of Accident	LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB5499H
Insured/Policyholder	
Name Of Registered Owner	LOH CHIANG TOW
NRIC No	S7631631G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97378791
Alternative Phone No	OTHERS-97378791
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	PNPV2019-00002056
Cover Note Number	
Driver	
Name of Driver	LOH CHIANG TOW
NRIC No	S7631631G
Date Of Birth	03/10/1976
Occupation	INDOOR
Date Of Driving Pass	17/03/2001
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97378791
Fax Number	
Contact Number	OTHERS-97378791
Email Address	NOEMAIL

Address	50 BUKIT BATOK EAST AVE 5 #25-03
Postcode	659801
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 - HEAD TO REAR
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?	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: : WONG HONG KIM 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	SMD8369J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HERMAN BIN KASSIM
NRIC/Passport Number	S7924618B
Contact Number	92365479
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOH CHIANG TOW
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB5499H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WONG HONG KIM
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB5499H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

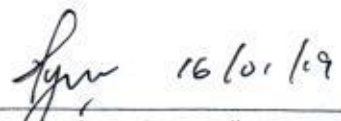
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

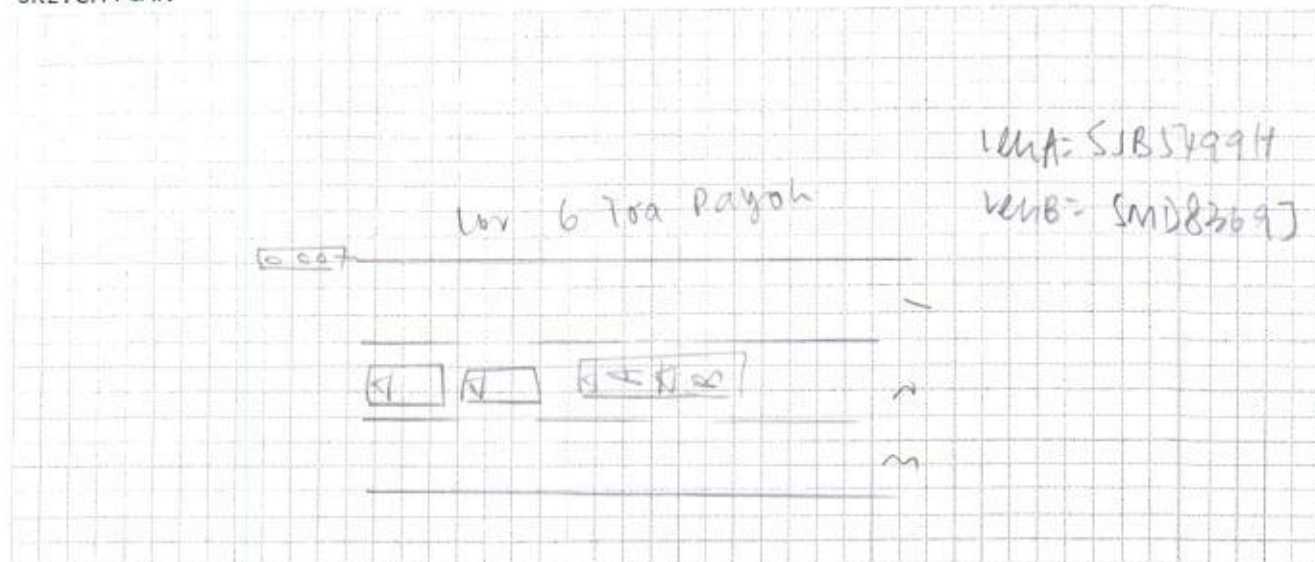


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Lane 2 of Lor 6 Toa Payoh on 15.01.2019 @ 2120hrs. I was waiting green traffic at that time. Suddenly, I heard a bang sound and felt an impact from my rear. Vehicle B was collided onto rear portion of my vehicle.

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:

 16/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SJBS499H

MAKE & MODEL: Nissan Latio

DATE OF ACCIDENT

15/10/2019

TIME OF ACCIDENT

2:20 AM/PM

LOCATION OF ACCIDENT

Lot 6 Tan Pagar

Exact Purpose use during accident

NAME OF OWNER

Loh Chuan Tong

TELP NO

97378791

NRIC

S7631631G

CLAIM TYPE

OD

/

THIRD PARTY

/

Reporting Only

INSURANCE CO.

FWD

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

PNPV2019-00002056

NAME OF DRIVER

As above / If No.

NRIC

S7631631G

Any passengers:

1 pax

DATE OF BIRTH

03/10/1976

Wong Hong Kim (F)

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

17 / Mar / 2001

GENDER

Male

/

Female

CONTAC NO.

97378791

Office.

Home.

ADDRESS

50 Bukit Batok East Ave 5 #25-03, S1659801

DRIVER HAVE ANY OWN Vehicle

NO / If yes: Reg No.

RELATIONSHIP

Employee / If No.

WEATHER CONDITION

Clear / Raining / Other.

ROAD SURFACE

Dry / Wet / Other.

ANY INJURIES

No / If yes: Who? Loh Chuan Tong (S7631631G)

CONTAC NO.

97378791, 98336923

Wong Hong Kim (S01783761)

POLICE REPORT

No / If yes: Where?

VEHICLE B NO.

SMD 8369J. Mercedes

Any Passenger: -

NAME

Herman Bin Kassim (S7974618B)

CONTAC NO.

92365479

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

huamery@me.com-SJ

TELP NO

CONTACT PERSON

FAX NO.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7631631G**

Name:

LOH CHIANG TOW (LUO ZHANGDAO)

Birth Date: **03 Oct 1976**

Issue Date: **10 Mar 2003**



IDENTITY CARD NO: **S7631631G**



**LOH CHIANG TOW
(LUO ZHANGDAO)**

罗章导

Race: **CHINESE**

Date of birth: **03-10-1976**

Sex: **M**

Country of birth: **SINGAPORE**

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

Class 3 Motor Cars and Motor Tractres the weight of which unladen does not exceed 2500 kilograms

PASS DATE
17 Mar 2001



NP 42RA



3951374



IDENTITY CARD NO: **S7631631G**

Date of issue: **30-10-2006**

Address:
**50 BUKIT BATOK EAST AVENUE 5
#25-03
SINGAPORE 659801**



YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00002056

About this policy

Premium paid : S\$573.28
(Inclusive of GST)
Coverage start date : 16/01/2019
Coverage end date : 15/01/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : Loh Chiang Tow
Address : 50 Bukit Batok East Avenue 5 25-03 Regent Heights Condominium Singapore 659801
Email : bobctloh@gmail.com
NRIC/FIN : S7631631G
Date of birth : 03/10/1976
Marital status : Married
Gender : Male
Current no claims discount : 50%
Mobile Number : 97378791
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : NISSAN LATIO 1.5
Year of first registration : 2008
Car plate number : SJB5499H
Issued on: : 14/01/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.



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: PNPV2019-00002056 (Comprehensive - Classic Plan)

Car plate number: SJB5499H

Your name (As the policyholder): Loh Chiang Tow

Coverage start date: 16/01/2019

Coverage end date: 15/01/2020

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: 14/01/2019

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.