

# NATIONAL Assessment Centre Services.

[wef 1 Jan 2009]

NA19009748

Date In: 21/01/2009 14:28	Job description	Date & Time Completed	Done by
Ref No: NBS/FW019001287/19	SAS e-filing		
Veh No: SKW 1516X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/01/2009 16:15	I-Motor Claim Form		
OID: 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: (	Tel:	Fax:
TP Particulars:	Veh No: YN 8513P	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 repaler.
( ) 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:
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Date/Time	Action

NA1900609	Invoice / Receipt / Claim / ...	Amount (\$)	Ratio (%)
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors Comments:			
Sat 1:			
1 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	21/01/2019 14:28
Date Of Accident	19/01/2019 16:15
Exact Location Of Accident	JUNCTION OF YONG HO ROAD AND CORPORATION DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1516X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM GUO CONG, ANDY
NRIC No	S8411425A
Email Address	ANDYLIM2101@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90496503
Alternative Phone No	OTHERS-90496503

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	PNPV2017-00006474-01
Cover Note Number	

### Driver

Name of Driver	LIM GUO CONG, ANDY
NRIC No	S8411425A
Date Of Birth	06/04/1984
Occupation	INDOOR
Date Of Driving Pass	21/04/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90496503
Fax Number	
Contact Number	OTHERS-90496503
Email Address	ANDYLIM2101@HOTMAIL.COM

Address	BLK 175A YUNG KUANG ROAD #10-07
Postcode	611175
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	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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

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	YN8513P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RENGASAMY PILLAI SAMYNATHAN
NRIC/Passport Number	
Contact Number	68615690
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

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- 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (II) 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) involved in this accident and the Insurers' 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.

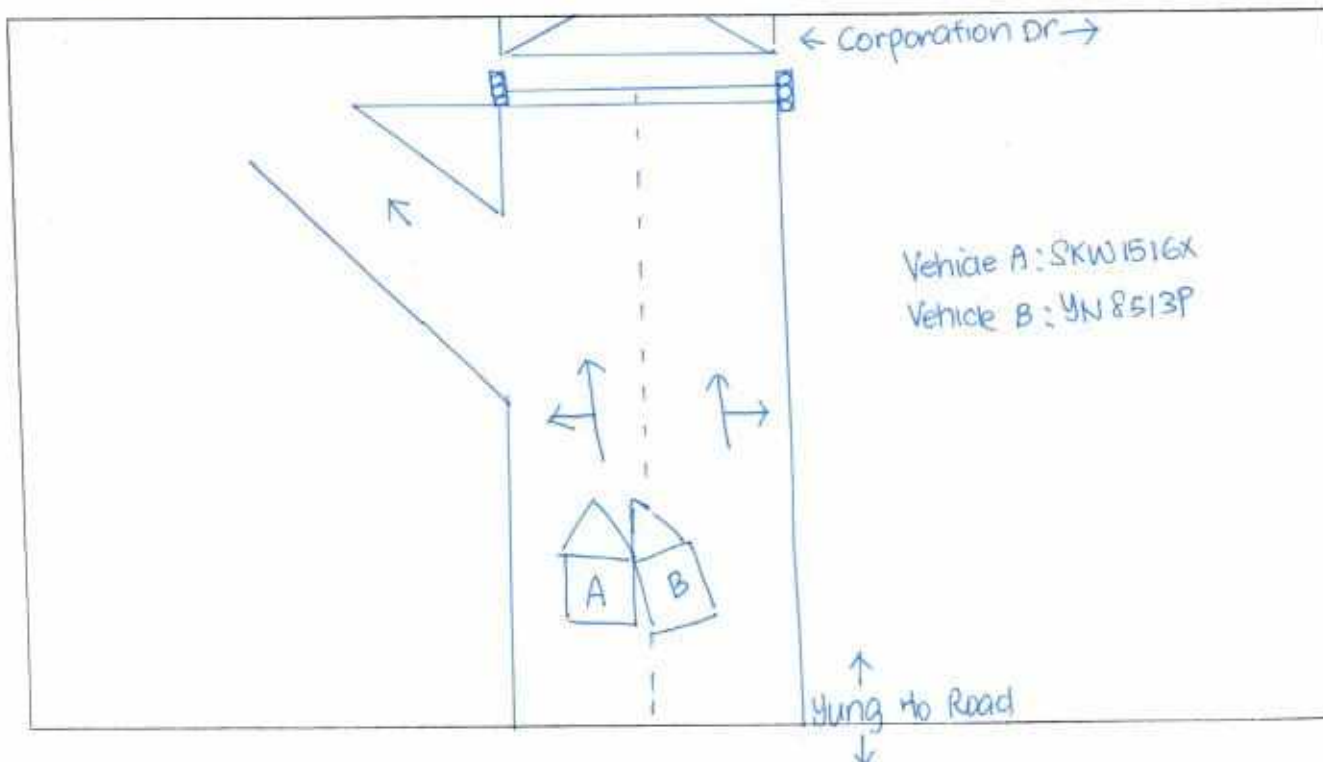
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Center  
Personnel

## Sketch Plan





Describe Circumstances of the Accident

I was driving along Yung Ho Road towards the junction of Corporation Dr on 19.01.19 at about 4.14pm.

As I was reaching the slip road, Vehicle B came from the right and cut into my lane. This resulted in the collision between my vehicle (A) and the other party Vehicle B.

Declaration

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



Policyholder's Signature  
Date & Time



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



21/01/2019

Witnessed by Reporting Centre  
Personnel

PERSONAL PARTICULARS

Date of Accident: 19 / 1 / 2019 Time of Accident: 4 : 14 pm (24Hrs) (1 driver, 1 passenger  
Vehicle No: SW 1516 X Vehicle Make/Model: Mazda 1 infant (Girl)  
Exact Location of Accident: Junction of Yung Ho Road & Corporation Drive  
Owner's Name/NRIC: Lim Guo Cong, Andy I/c No: S8411425 A  
Driver's Name/NRIC: Lim Guo Cong, Andy I/c No: S8411425 A  
Driver's Contact: 9049 6503 Insurance Co & Policy No: FWD :- PNPV2017-00006474-01  
Driver's Email Address: andylin2401@hotmail.com  
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Rengasamy Pillai Samynathan

Vehicle No: YN 8513 P

Insurance Company: \_\_\_\_\_

Driver's Contact: Emerson Engineering Pte  
6861 5690 Ltd

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C) : \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8411425A**

Name: **LIM GUO CONG, ANDY**

Birth Date: **06 Apr 1984**

Issue Date: **21 Apr 2003**

000405108A



REPUBLIC OF SINGAPORE  
IDENTITY CARD **S8411425A**



**LIM GUO CONG, ANDY**

**林 国 聪**

**CHINESE**

**06-04-1984**

**M**

**SINGAPORE**

9049 6503.

5437661



LICENCE No. **S8411425A**



Valid until: **16-03-2015**

APT BLK 175A YUNG KUANG ROAD  
#10-07  
SINGAPORE 611175

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

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

PASS DATE  
**21 Apr 2003**

NP 428A



Licence No: **S8411425A**





## 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: PNPV2017-00006474-01 (Comprehensive - Executive Plan)**

Car plate number: SKW1516X

Your name (As the policyholder): LIM GUO CONG ANDY

Coverage start date: 20/10/2018

Coverage end date: 19/10/2019

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.

Finance company:

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