

NATIONAL Assessment Centre Services.

[Print 1 Jan 2019]

MM049040436

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 28/03/2019 12:30 | Job description | Date & Time Completed | Done by |
| Ref No: N88/FWD/19005542/Y | SAS e-filing | | |
| Veh No: SLS 363LS | E-mail (Agenda 3hrs, AIC 2hrs) | | |
| D.O.A: 28/03/2019 07:40 | 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: 89R 8944D | 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: ()

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: ()

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

| | | |
|------------------|--|-------------|
| MM04902288 | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100% INC (\$30) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | • NI: Courtesy Car / TP Allowance \$3 | |
| | • NI: Repair Coordination \$10 | |
| | • NI: Post Repair Inspection \$25 | |
| | • NI: DV / Collect Excess Coordination \$5 | |
| | • TP (Nil) / TP (Non-INC) against INC \$0 | |
| | • NI: Idao 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 | 28/03/2019 12:30 |
| Date Of Accident | 28/03/2019 07:40 |
| Exact Location Of Accident | PIE TOWARDS JURONG AT EUNOS AREA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SLS3631S |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG SHUN |
| NRIC No | S8280777B |
| Email Address | SAMPSONWANG_3000@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96456161 |
| Alternative Phone No | OTHERS-96456161 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO WORK |
| 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 | PNPV2018-00009443 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | WANG SHUN |
| NRIC No | S8280777B |
| Date Of Birth | 24/06/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/03/2012 |
| Driving Experience | 7 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96456161 |
| Fax Number | |
| Contact Number | OTHERS-96456161 |
| Email Address | SAMPSONWANG_3000@HOTMAIL.COM |

| | |
|---|-------------------------------|
| Address | 111 COMPASSVALE BOW #07-04 |
| Postcode | 544998 |
| 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 | 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 | 4 |
| 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 | SGR3944D |
| Vehicle Make/Model/Colour | TOYOTA WISH |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ALI |
| NRIC/Passport Number | S1264945B |
| Contact Number | 91171937 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SJZ862Z |
|-----------------------------|---------|

| | |
|-------------------------------------|--------------|
| Vehicle Make/Model/Colour | SUZUKI SWIFT |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | DIXON CHENG |
| NRIC/Passport Number | S8138986A |
| Contact Number | 96487726 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-------------------------------------|-------------------|
| Vehicle Registration Number | SMC5072P |
| Vehicle Make/Model/Colour | HYUNDAI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KRISHAN |
| NRIC/Passport Number | S9084504G |
| Contact Number | 91473752/91809054 |
| 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.

Wang Shun

Policyholder's Signature

Date & Time:

28-Mar-19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

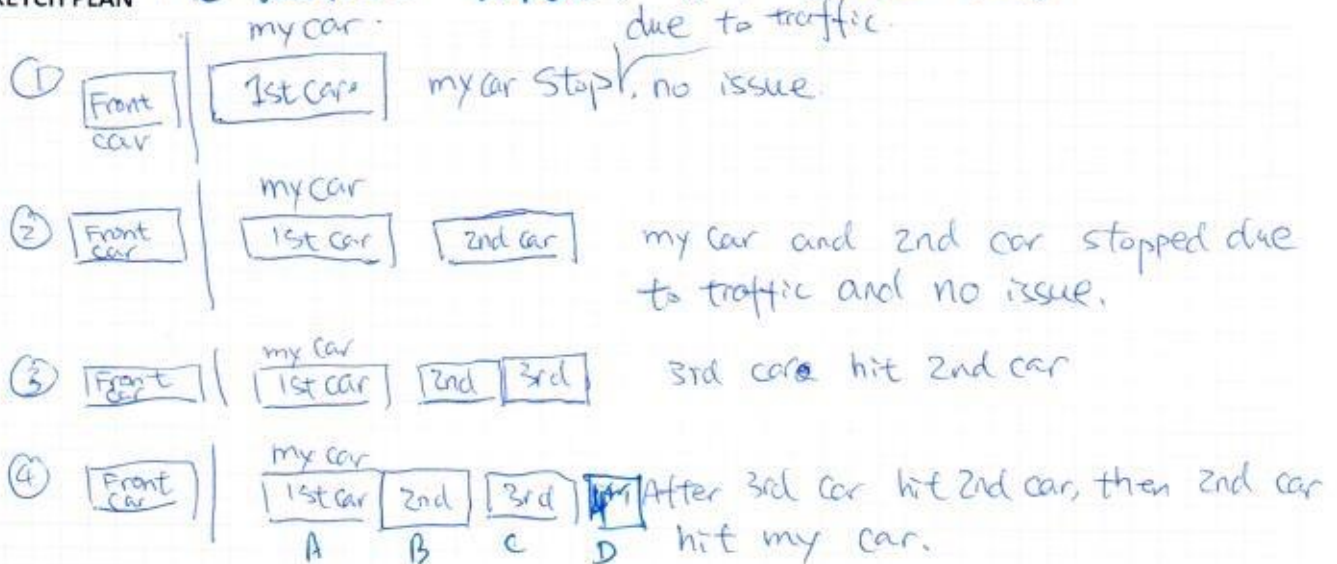
NRIC/FIN No.:

28/03/2019

Res. [Signature]

SKETCH PLAN

PIE TOWARDS JUNCTION ON EUNOS AREA
my car. due to traffic.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) LS 36318
B) SGR 39440
C) SJ2 8627
D) SMC 5072P

on 28/03/2019 AT ABOUT 07:40 HRS I WAS TRAVELLING ALONG
Pike towards Juraes near Fines AREA. I SAW A CAR IN FRONT
OF ME STOP & I ALSO STOP. SUDDENLY I FELT A BUMP FROM
MY REAR. I CAME OUT OF MY CAR & I SAW THREE ARE TOTAL
4 CAR CRASH COLLISION & I AM THE FIRST CAR THAT ALL.

DECLARATION

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

Date & Time: 28-Mar-19

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

28/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/03/2019 (DD/MM/YYYY), TIME: 07:40 (HH:MM)

LOCATION: PIE towards Jurong at Eunos area

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 3631 S
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNPV2018-00009443
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hyundai Elantra 2017
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to 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: Wang Shun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8280777B CONTACT: 96456168
 c) ADDRESS: 111 Compassvale Bow, #07-04
5441998

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Shun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8280777B CONTACT: 96456168
 c) ADDRESS: 111 Compassvale Bow, #07-04

* d) DATE OF BIRTH: 24/06/1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 1-May-2012

4. 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) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGR3944D MODEL: Toyota Wish
 b) DRIVER'S NAME: ALI
 c) NRIC/FIN/PASSPORT: 91171937 CONTACT: 91171937

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SI264945B MODEL: Suzuki Swift
 b) DRIVER'S NAME: Dixon Cheng
 c) NRIC/FIN/PASSPORT: S8138986A CONTACT: 96487726

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

4th Car email =
VIDEO

Vehicle No. SMC502P Hyundai

NRIC: S9084504G Contact: 91473752/
 Name: Krishan 91809054

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8280777B



WANG SHUN

王 舜

CHINESE

24-06-1982 M

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8280777B

WANG SHUN

Birth Date: 24 Jun 1982

Issue Date: 01 Mar 2012



8898406

NRIC No. S8280777B



CHINESE

21-12-2007

111 COMPASSVALE BOW #07-04
SINGAPORE 544998

S8280777B

04/11/2013

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2300kg 01 Mar 2012



Licence No: S8280777B

NP 428A



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: PNPV2018-00009443 (Comprehensive - Classic Plan)

Car plate number: SLS3631S

Your name (As the policyholder): Wang Shun

Coverage start date: 21/09/2018

Coverage end date: 20/09/2019

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: Standard Chartered Bank (Singapore) Limited

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

Issued on: 16/07/2018

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.