

NATIONAL Assessment Centre Services. [part 1 Jan 05] **NIA 4905767**

Date In: <b>20/04/2019 12:40</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/FAD/900758714</b>	SAS e-filing		
Veh No: <b>SGZ 9335E</b>	E-mail (by job site, ATC 2hrs)		
D.O.A: <b>21/04/2019 17:35</b>	I-Motor Claim Form		
OP: <b>(TP) Reporting Only</b>	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/Whse		

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

TP Particulars: Vch No: **SGZ 142.K** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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 ( )

( ) 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: \_\_\_\_\_

<b>NIA 1903108</b>	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$40)	
	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	Forfeiting against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection	\$75	
	7) NI: Idau DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Oil	\$5	
	* NI: Courtesy Car/TP Allowance	\$10	
	* NG: Repair Coordination	\$25	
	* 2ND: Post Repair Inspection	\$5	
	* NI: DV / Collect Excess Coordination	\$30	
	1) NI: TP (Non-INC)	\$30	
	2) NI: Idea Mobile		
	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	30/04/2019 12:40
Date Of Accident	29/04/2019 17:35
Exact Location Of Accident	COMMONWEALTH AVE WEST B/F CLEMENTI AVE 6 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9335E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG YEE HONG
NRIC No	S7124336B
Email Address	LESTENA.NG@ORICA.COM
Mobile Phone No	(LOCAL) +65-96692768
Alternative Phone No	OTHERS-97472207

### Vehicle Particulars

Manufacturer	mitsubishi
Model	LANCER
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-00000056-01
Cover Note Number	

### Driver

Name of Driver	CHIA ENG KIAN
NRIC No	S1740870D
Date Of Birth	11/06/1966
Occupation	INDOOR
Date Of Driving Pass	18/12/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97472207
Fax Number	
Contact Number	OTHERS-96692768
EMail Address	LESTENA.NG@ORICA.COM

Address	BLK 551 CHOA CHU KANG STREET 52 #13-57
Postcode	680551
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	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?	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	SLF1422K
Vehicle Make/Model/Colour	HONDA CITY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PUAH WEE SOON
NRIC/Passport Number	S1643445J
Contact Number	96963970
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

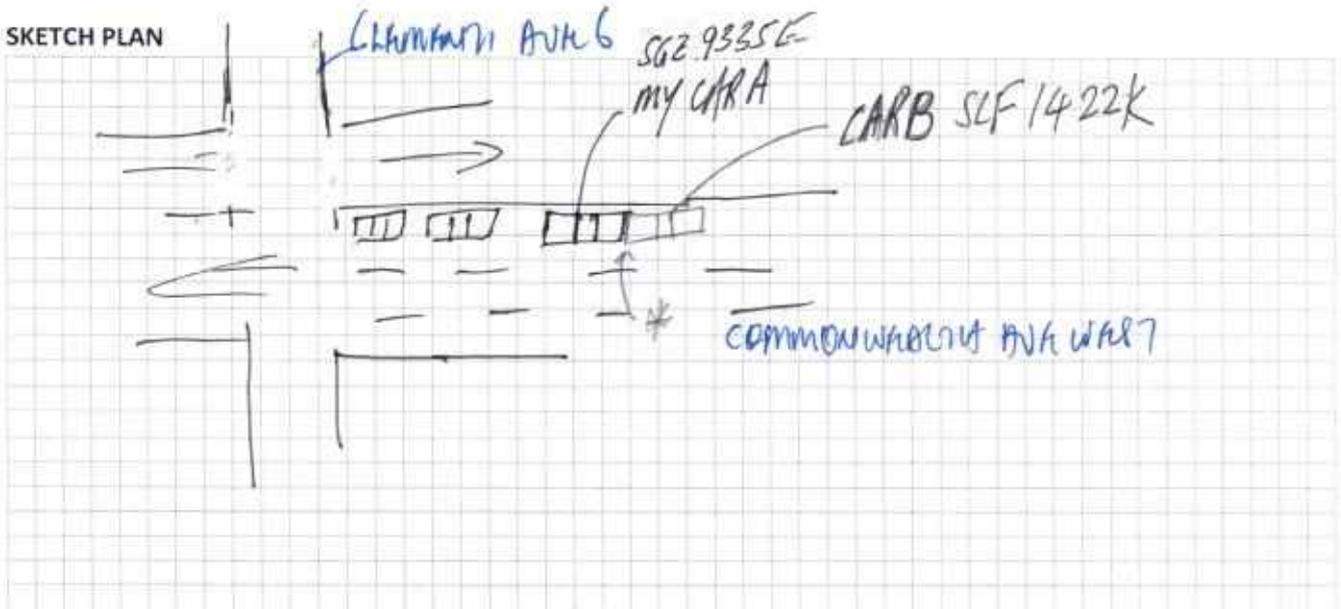
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

30/04/2019  
11:45 am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WERE TRAVELLING FROM COMMONWEALTH AVENUE WEST TOWARD CLEMENTI AVE 6 IN EXTREME RIGHT LANE. WHILE  
 AT TIME OF ACCIDENTS, MY CAR WAS STATIONARY AND WAITING FOR TRAFFIC LIGHT TO TURN IN FAVORITE. A SILVER HONDA CAR WITH CAR PLATE NUMBER SLF 1422K HIT MY IN THE REAR. (ENCLOSED 4 PHOTOS).

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:  
 30/04/2019  
 11:45 am

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 30/04/2019  
 [Signature]



*30/04/2019*

# ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 04 / 2019) (DD/MM/YYYY), TIME: (17 : 35) (HH:MM)

LOCATION: COMMONWEALTH AVENUE WEST, BEFORE TRAFFIC LIGHT JUNCTION TO CLEMENTI AVE 6.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGZ 9335E  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNPV 2018-0000056-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: mitsubishi LANCE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: NG HEK HONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7124336B CONTACT: 96692168  
c) ADDRESS: BLK 551 CHOA CHU KANG ST 52 S(680551)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHIA ENG KIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1740810D CONTACT: 974722017  
c) ADDRESS: BLK 551 CHOA CHU KANG ST 52 S(680551)

\*d) DATE OF BIRTH: (11 / 06 / 1966) (DD/M/M/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/12/2002

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

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)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S1F 1422K MODEL: HONDA CITY  
b) DRIVER'S NAME: PUAH WEE SOON  
c) NRIC/FIN/PASSPORT: S1643445J CONTACT: 96963970

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

emr il = lestena.ng@ORICA.com

1: DBO

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1740870D

Name: CHIA ENG KIAN

Birth Date: 11 Jun 1966

Issue Date: 16 Dec 2002

000019783H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1740870D

Name: CHIA ENG KIAN

谢永坚

Race: CHINESE

Date of Birth: 11-06-1966 Sex: M

Country of Birth: SINGAPORE

S1740870D




YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Dec 1992

NP 428A

License No: S1740870D



1185511

Barcode

NRIC No: S1740870D

Fingerprint

Blood Group: A+ Date of Issue: 12-08-1993

APT BLX 551 CHOA CHU KANG STREET 52 #13-57  
SINGAPORE 680551

NRIC No: S17408700 Date: 28-01-2007 No: 5673344



## 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: PNPV2018-00000056-01 (Third Party Fire And Theft)**

Car plate number: SGZ9335E

Your name (As the policyholder): Ng Yee Hong

Coverage start date: 03/01/2019

Coverage end date: 02/01/2020

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.

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

Issued on: 04/11/2018

**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.