

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 17/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/FWD/19008762/13	SAS e-filing		
Veh No: SGS7389A	E-mail (within 8hrs, A/C 2hrs)		
DOA 16/05/19 1340	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Veh No: YN2178M 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)	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: _____

Date/Time	Actions

<u>NA1903678</u>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) rT: 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:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat 1:	Invoice dated	Fee Charged		
Cat 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	17/05/2019 09:19
Date Of Accident	16/05/2019 13:40
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGS7389A
Insured/Policyholder	
Name Of Registered Owner	ROBERT KURNIADI KWOK
NRIC No	S7862901J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98275697
Alternative Phone No	OTHERS-98275697
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	PNPV2019-00004582
Cover Note Number	
Driver	
Name of Driver	FANNY MARIANNE WINARTO
NRIC No	S7565886I
Date Of Birth	06/08/1975
Occupation	INDOOR
Date Of Driving Pass	08/12/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98328908
Fax Number	
Contact Number	
EEmail Address	WVNIARDY26@YAHOO.COM.SG

Address	9 BISHAN STREET 15 #02-14
Postcode	573909
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	5
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: : MATTHEW GENDER: : MALE

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	YN2178M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB5477R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJM2980X
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKR2835U
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)

DETAILS OF INJURED PERSON 1

Name FANNY MARIANNE WINARTO
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGS7389A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

Robert

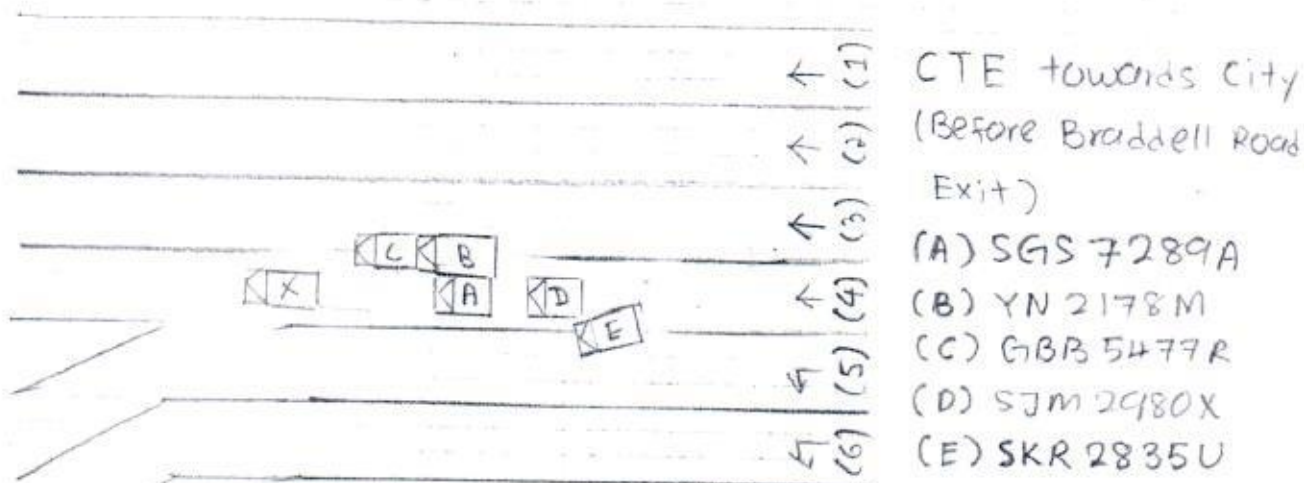
Policyholder's Signature
Date & Time:



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

 17/05/17

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.05.19 at about 13:40 hours along CTE towards City (Before Braddell Road Exit). I was travelling straight on the lane 4, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind then I see my view mirror realized behind my car having accident. Few second later the lorry come to hit my right hand side.

When I alighted I realize it was vehicle (B) who hit my right hand side of my vehicle (A) causing damages to my right hand side. It was chain collision on 5 vehicle involved. I wish to state that I have one passenger inside the vehicle.

Vehicle (A): SGS7289A

Vehicle (B): YN2178M

Vehicle (C): GBB5477R

Vehicle (D) : SJM2980X

Vehicle (E) : SKR2835U

DECLARATION

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

Robert

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 17/05/19

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 16/05/2019		Time: 13:40		(hh:mm) 24 hr format	
Location CTE towards city (Before Braddell Road Exit).					
Vehicle Number SG5 7389A					
Insured Name Robert Kurniad: kwok					
NRIC/FIN 578629013		Contact Number 9827 5697			
Make Mercedes Benz		Model C180 CGI			
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 PNPV2019-00004582					
Name of Driver Fanny marianne winarto		() Same as Insured			
NRIC / FIN 575658861		Contact Number 98328908			
Date of Birth 06/08/1975					
Driving Pass Date 08/12/2006					
Occupation (/) Indoor () Outdoor					
Gender () Male (/) Female					
Email Address wuniarady 26 @ yahoo. com. sg		() NO EMAIL			
Address of Driver 2 Bishan strait 15 #02-14 Singapore 573909					
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 maybe will go to see a doctor later. (Fanny Marianne Winarto)					
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 rd party		Name / Nric		Contact	
Veh B YN 2178M					
Veh C G16B 5477R					
Veh D SJM 2930X					
Veh E SKR 2835U					
Veh F					

Passenger: Matthew (M)

IDENTITY CARD NO S75658861



Name

FANNY MARIANNE WINARTO

Race

CHINESE

Date of birth

06-08-1975

Sex

F

Country of birth

INDONESIA

SGS 7389A

Driver



8912029

NRIC No: S75658861



Nationality

INDONESIAN

Date of issue

26-02-2008

9 BISHAN STREET 15 #02-14
SINGAPORE 573809

NRIC No: S75658861

Date: 07/07/2018

Portrait photo of Fanny Marianne Winarto.

Licence Number: **S75658861**
Name: **FANNY MARIANNE WINARTO**
Birth Date: **06 Aug 1975**
Issue Date: **02 Dec 2011**

Barcode: 002022631G

SGS 7389 A

Driver

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

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	08 Dec 2006

NP 426A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7862901J



Name

ROBERT KURNIADI KWOK



Race

CHINESE

Date of birth

26-03-1978

Sex

M

S7862901J

Country/Place of birth

INDONESIA

5248095



NRIC No. S7862901J



Date of issue

16-12-2013

9 BISHAN STREET 15 #02-14
SINGAPORE 573909

NRIC No: S7862901J

Date: 26/06/2016

SGS 7389A (owner)

REPUBLIC OF SINGAPORE DRIVING LICENCE

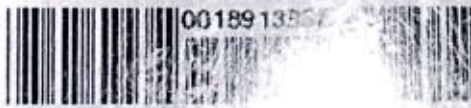


Licence Number: **S7862901J**
Name:

ROBERT KURNIADI KWOK

Birth Date: **26 Mar 1978**

Issue Date: **09 Sep 2010**



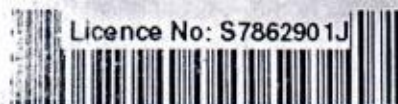
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 27 Apr 2006

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: PNPV2019-00004582 (Comprehensive - Classic Plan)

Car plate number: SG57389A

Your name (As the policyholder): Robert Kurniadi Kwok

Coverage start date: 02/03/2019

Coverage end date: 01/03/2020

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.

Finance company: Maybank Singapore

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

Issued on: 01/03/2019



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.