

NATIONAL Assessment Centre Services.

(wef 1 Jan 03) **WNA 11407886**

Date In: 11/11/14	Job description	Date & Time Completed	Done by
Ref No: WNA/PWD/92994/14	SAS e-filing		
Veh No: 3772809R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/11/14 - 18:30	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: **6B312057**

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

WNA 1140445

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int Bill

Adv Bill

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) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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

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	04/06/2019 19:59
Date Of Accident	01/06/2019 18:30
Exact Location Of Accident	GEYLANG LOR 37
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT3809R
Insured/Policyholder	
Name Of Registered Owner	LIN SHUMEI
NRIC No	S8541546H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86852112
Alternative Phone No	OFFICE-86852112
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	PNPV2018-00012979
Cover Note Number	
Driver	
Name of Driver	SEET KIM HAN, JEREMY
NRIC No	S8205913Z
Date Of Birth	26/02/1982
Occupation	INDOOR
Date Of Driving Pass	01/04/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82573180
Fax Number	
Contact Number	OFFICE-82573180
EMail Address	NOEMAIL

Address	BLK 334C ANCHORVALE CRESCENT #09-16
Postcode	543334
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 - MAJOR/MINOR RD
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?	
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

REFER TO 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	GBG1205J
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)	


SKETCH PLAN

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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:

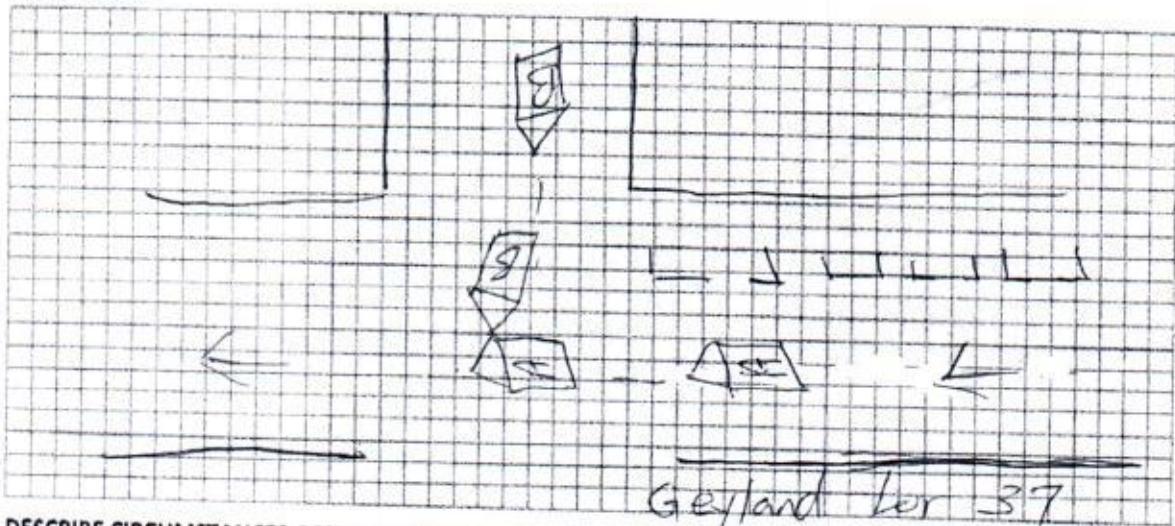


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle (A) along Geyland Lor 37 suddenly vehicle (B) came out from small Rd. and hit into my right portion.

A: SST 3809 R

B: GBG 1225 T

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/06/2019 (dd/mm/yy) Time of Accident: 18:30 (24-HR-FORMAT)
Vehicle No.: SJT 3809R Vehicle Make & Model: _____
Exact location of Accident: Geyland Lor 37
Policyholder's Name / IC No.: Lin Shumei 8854154611
Driver's Name / IC No.: Seet Kim Han (Jeremy) 882059137 (As Above) ☐
Driver's Contact No.: 82573180 Company Contact No: _____
Driver's Address: _____
Insurance Company: FWD Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: Husband

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use ☐ Work purpose

Occupation (nature of job) ☒ Indoor ☐ Outdoor

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBG 1205J

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____


Driver's Contact No: _____ Insurance Company (If any): _____


*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8205913Z






Name
SEET KIM HAN, JEREMY

Race
CHINESE

Date of birth
26-02-1982

Country of birth
SINGAPORE

Sex
M



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PAGE DATE

29 Oct 2009
01 Apr 2011

S / No. 9000140330

Licence No: S82059137

NP 428A

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8541546H



Name

LIN SHUMEI

林淑美

Race

CHINESE

Date of Birth

21-12-1985

Sex

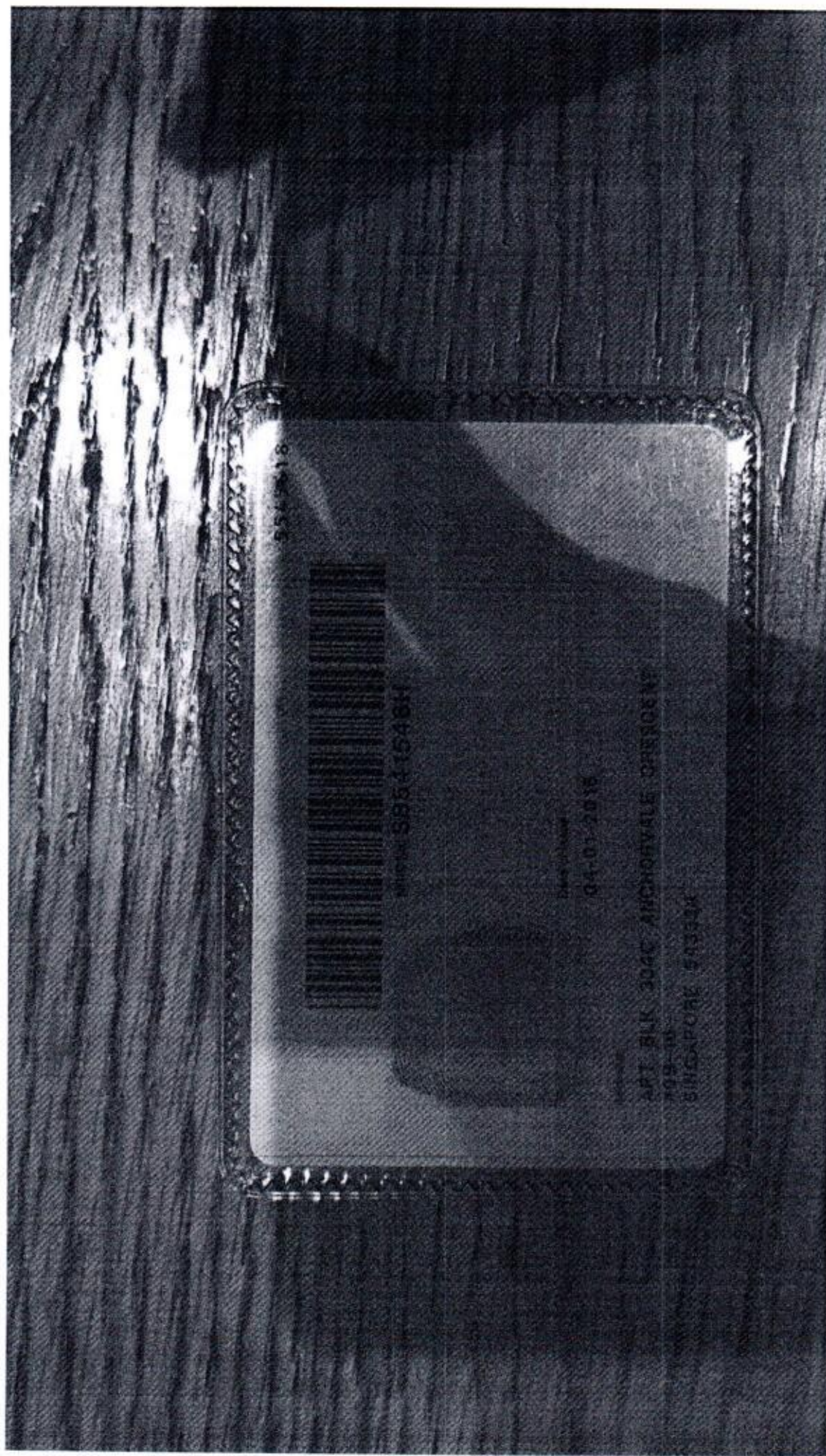
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Ministry of Home Affairs

SINGAPORE

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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 accident
regardless of whether it will lead to a claim.

POLICY NUMBER : PHPV2018-00012979

About this policy

Premium paid : S\$872.70
(inclusive of GST)
Coverage start date : 04/10/2018
Coverage end date : 04/10/2019
Who is insured to drive: : You and any Authorised Driver
Plan Type : CLASSIC

About you (As the policyholder)

Your name : Lin Shumei
Address : 39 Jalan Tiga 13-12 Pine Green Singapore 390039
Email : lin_sm16@yahoo.com.sg
NRIC/TIN : S8541546H
Date of birth : 21/12/1985
Marital status : Married
Gender : Female
Current no claims discount : 20%
Mobile Number : 86852112
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : VOLKSWAGEN SCIROCCO 1.4
Year of first registration : 2009
Car plate number : ST3809R
Issued on : 03/04/2013

MacBook Air