

NATIONAL Assessment Centre Services

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 11/06/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FND 19010253/13 | SAS e-filing | | |
| Veh No: SLP1883K | E-mail (within 8hrs. A/C 2hrs) | | |
| D.O.A: 09/06/19 1700 | 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 Fax / Hand to Owner/Wksp | | |

| | | |
|--|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (TWINCAR) | Tel: | Fax: |
| TP Particulars: | Veh No: SLR1576L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA 190K336 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| 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 | | |
| | 5) FT: 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:- | | |
| | 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 | | |
| 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 | 11/06/2019 12:32 |
| Date Of Accident | 09/06/2019 17:00 |
| Exact Location Of Accident | BAYFRONT AVE(MBS DROP OFF POINT) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP1883K |
| Insured/Policyholder | |
| Name Of Registered Owner | HO FOH CHUN |
| NRIC No | S1439009Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90671998 |
| Alternative Phone No | OTHERS-90671998 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | NISSAN |
| Model | QASHQAI |
| Exact Purpose for which vehicle was being used at time of accident | CHAUFFEUR |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNCV2019-00000227 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HO FOH CHUN |
| NRIC No | S1439009Z |
| Date Of Birth | 21/05/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/09/1978 |
| Driving Experience | 40 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90671998 |
| Fax Number | |
| Contact Number | OTHERS-90671998 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 842 SIMS AVE #19-770 |
| Postcode | 400842 |
| 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 | COLLISION - OPENING DOOR OF VEHICLE |
| 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

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 | SLR1576L |
| 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) | |


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:

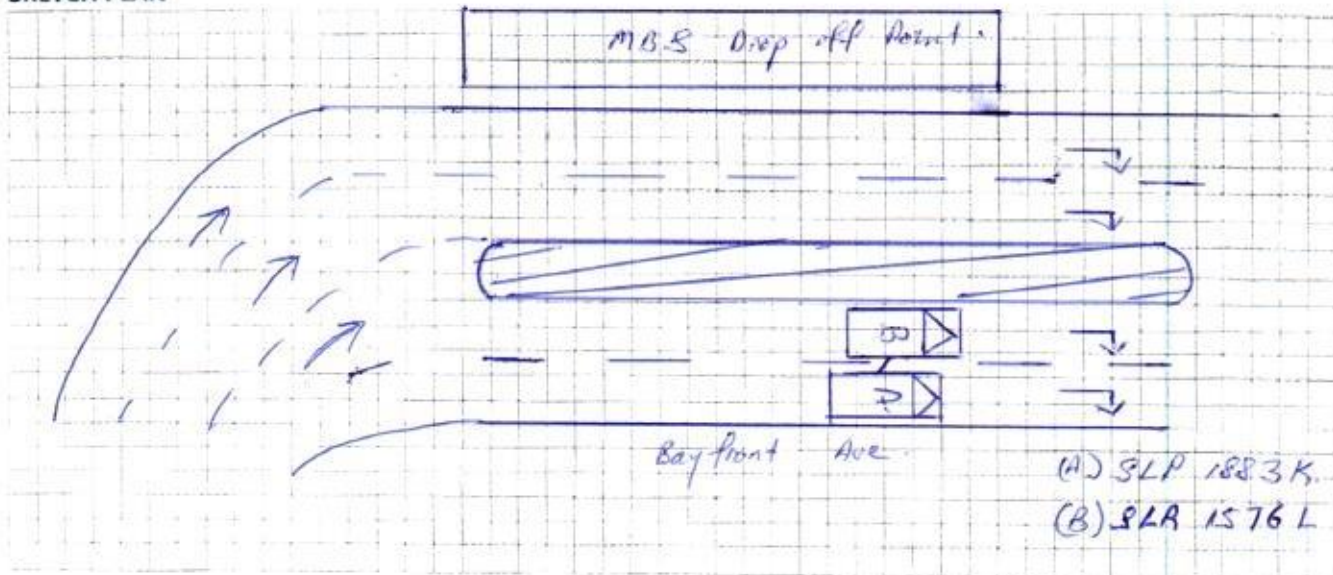
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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

 11/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/06/19 at @ 1700 hrs, I was driving in my vehicle (SLP 1883K) along Bayfront Ave, MBS Drop off Point. After alighting my passenger, I drove on the extreme right lane to exit to the main road. As I drove passed a vehicle (SLR 1576L) parked on my left. Suddenly, the passenger opened the rear right door. As a result, my vehicle left side collided with the door.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 11/06/19

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

| | | | |
|-----------------------------------|---|---------------------------|----------------------------|
| Vehicle No. | SLP 1883 K. Model / Make Nissan Qashqai | | |
| Date of Accident | 09/06/19. | | |
| Time of Accident | 1700 HRS | | |
| Location of Accident | Bayfront Ave (MBS drop off point) | | |
| Exact purpose use during accident | Chauffeur | | |
| Name of Owner | Ho Foh Chan. | | |
| Telephone No. | H/P: 9067 1998 | Home: | Office: |
| NRIC | S 1439009 Z. | | |
| Address | 84K 842 Sims Ave #19-770 (S) 400842 | | |
| Claim type | OD | <u>THIRD PARTY</u> | REPORTING ONLY |
| Insurance Company | FWD. | | |
| Type of Coverage | <u>Comprehensive</u> | Third Party | Third Party / Fire / Theft |
| Policy No. | PNCV2019-00000227 | | |
| Name of Driver | <u>As Above</u> If No, | | |
| NRIC | | | Any Passengers: N.A. |
| Date of birth | 21/05/1960 | | |
| Occupation | <u>Outdoor</u> | / | Indoor |
| Driving License Pass Date | 15/09/1978 | | |
| Gender | <u>Male</u> | / | Female |
| Contact No. | H/P: | Home: | Office: |
| Address | | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state <u>Owner</u> | |
| Weather condition | <u>Clear</u> | Raining | Other |
| Road Surface | <u>Dry</u> | Wet | Other |
| Any Injuries | <u>No,</u> | If Yes, Who? | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <u>No,</u> | If Yes, Where? | |
| Vehicle B No. | SLR 1576 L. | Any Passengers: | N.A. |
| Name of Driver | | Contact No.: | |
| Vehicle C No. | | Any Passengers: | |
| Vehicle D No. | | Any Passengers: | |
| Vehicle E no. | | Any Passengers: | |
| Vehicle F No. | | Any Passengers: | |
| Vehicle G No. | | Any Passengers: | |
| Witness Name | N.A. | Witness Contact: | N.A. |
| Accident Portion | <u>Left Side</u> | | |
| Camera Recorder | Yes <u>No</u> | | |
| Email Address | jamesho1@sgynet.com.sg | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | Twincat | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | <u>Zi Teng</u> | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1439009Z**

Name:

HO FOH CHUN

Birth Date: **21 May 1960**

Issue Date: **28 Jul 2006**



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1439009Z**



Name

HO FOH CHUN

何和贊

Race

CHINESE

Date of Birth

21-05-1960

Sex

M

Country of Birth

SINGAPORE

3996

Land Transport  Author

PDVL/TDVL
13 888 8888
272196



VOCATIONAL LICENCE

Licence No: **S1439009Z**

Name: **HO FOH CHUN**

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 15 Sep 1978

NP 428A



Licence No: **S1439009Z**

For LKK/NAC Use Only



1073170

NRIC No: **S1439009Z**



Blood Group

A+

Date of issue

30-06-1993

APT BLK 842 SIMS AVENUE #19-770
SINGAPORE 400842

NRIC No: **S1439009Z**

Date: **06/03/2012**

No: **6599190**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 12 | TAXI VL | 21/02/2019 |

For LKK/NAC Use Only





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: PNCV2019-00000227

Car plate number : SLP1883K

Coverage start date: 04/03/2019

Coverage end date: 03/03/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Ho Foh Chun

NRIC/FIN: S1439009Z

Address: 842 Sims Avenue 19-770 Singapore 400842

Email: Jamesho1@singnet.com.sg

Mobile Number : 90671998

Date of Birth: 21/05/1960

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company Name: The Realty Navigator Pte Ltd

ACRA Number: 200910016G

About your car and policy

Car make and model: NISSAN QASHQAI 1.2 DIG-TURBO

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,258.14

Finance company: Standard Chartered Bank (Singapore) Limited