

# NATIONAL Assessment Centre Services

Date In: 18/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/RWD19010816/13	SAS e-filing		
Veh No: SLV52495	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/19 1340	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: GBA3648H	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

NA1904404	<b>Invoice Preparation Checklist</b>	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		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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		
	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	18/06/2019 17:06
Date Of Accident	17/06/2019 13:40
Exact Location Of Accident	91 DEFU LANE 10(MANDARIN STORAGE HUB CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5249J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARING DE SERVICES
Co Reg No	53373420K
Email Address	ERICLIAN85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92394423
Alternative Phone No	OFFICE-92394423

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY
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	PNCV2018-00000548
Cover Note Number	

### Driver

Name of Driver	LIAN WEISHUN
NRIC No	S8511974E
Date Of Birth	18/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394423
Fax Number	
Contact Number	
Email Address	ERICLIAN85@HOTMAIL.COM

Address	BLK 226B SUMANG LANE #13-224
Postcode	822226
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	COLLIDED INTO PARKED 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)	0

#### 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	GBA3648H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAKKARAYARTHY SUNDARARAJU
NRIC/Passport Number	
Contact Number	90233940
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.
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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:

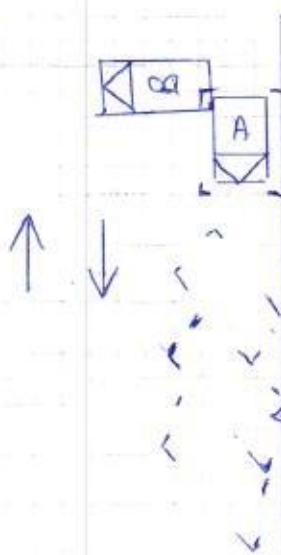
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*[Signature]*

18/06/19

# SKETCH PLAN



(A) SLV 5249J.  
(B) GBA 3648H.

parking Lot 8.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/06/19 at @0930hrs, I parked my vehicle (SLV 5249J) in the open carpark lot in 91, Defu Lane 10, (Madaren Storage Hub) and went to my office. At @1400 hrs, when I come back to pick up my car, I discovered damaged on my vehicle right rear side. I then went to the guard house to ask for the CCTV video footage. From the footage, at @1337hrs, a van (GBA 3648H) making a 3 point turn had collided onto my car. The security guard then told me that the van belong to one of the tenant in Madaren Storage Hub. The guard then bring me to the van's company to look for the boss. The boss then called the driver back to the office and wrote a note admitting that he has collided onto my car and agreed to report to insurance for claim.

## 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.:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119079568 Vehicle Registration No: SLV5249J  
Name(as shown in NRIC) : LIAN WEISHUN NRIC/FIN/Passport No : S8511974E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 226B SUMANG LANE #13-224 Singapore( 822226 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 92394423  
Email Address : \_\_\_\_\_  
Date of Accident : 17/06/19 Time of Accident : 13:40  
Place of Accident : 91 DEFU LANE 10 (MANDARIN STORAGE HUB C/PARK)  
Insurance Company: FWD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REGISTERED OWNER NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

CHAKKARAVARTHY

S6862082A.

SUNDARARAJU

BLK 18 HOUGANG AVE # 3

D.O.B 30/7/1968

#04-179

INDIA (P.R) MALE.

S(CS30018)

MISS DAVE.

HP 90233940

COMPANY NAME

CLEAN.

63960616

~~DEK~~

SYSTEM TECHNOLOGY

CNTUC ~~INCOME~~ GBA3648H.

I, Sundararaju Chakkaravarthy - S6862082A,  
GBA3648H COMPANY VAN FM (CLEAN SYSTEM TECHNOLOGY) @  
accidentally hit SLX 5249J at 1:37 pm on 17/6/2019.

at Mandann Orange Space. I will contact my  
insurer to handle the repair matters

Thanks



17-06-2019

Vehicle No.	8LV 5249J	Model / Make	Toyota Voxy
Date of Accident	17/06/19.		
Time of Accident	1337 HRS		
Location of Accident	91, Defun Lane 10 (Mandarin Storage Hub Corpark)		
Exact purpose use during accident	Chauffeur		
Name of Owner	Caring De Services		
Telephone No.	H/P: 9239 4423	Home:	Office:
NRIC	53373420K		
Address	BLK 226B Sumang Lane #13-224 (P) 822226		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	FWD		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PNCV 2018 - 00000548		
Name of Driver	As Above If No, Lian Weishun		
NRIC	S 8511974E	Any Passengers: N/A	
Date of birth	16/04/1985		
Occupation	Outdoor	Indoor	
Driving License Pass Date	12/01/2006		
Gender	Male	Female	
Contact No.	H/P: 9239 4423	Home:	Office:
Address	BLK 226B, Sumang Lane #13-224 (P) 822226		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	G8A 3648 H	Any Passengers: N/A	
Name of Driver	Chakkarayarthi Sundararaju	Contact No.: 9023 3940	
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	Right rear side		
Camera Recorder	Yes	No	CCTV footage
Email Address	erickian85@hotmail.com		

PARTICULAR WORKSHOP	Twincars
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Teng
FAX NO	6741 0510
WORKSHOP Email ADDRESS	sales@nhi.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S8511974E

Name: LIAN WEISHUN

Birth Date: 18 Apr 1985

Issue Date: 09 Oct 2003

00J899250A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8511974E

Name: LIAN WEISHUN

连伟顺

Race: CHINESE

Date of birth: 18-04-1985

Country/Place of birth: SINGAPORE

Sex: M

S8511974E

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S8511974E

Name: LIAN WEISHUN

For LKK/NAC Use Only

Issue Date: 28/12/2016

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

H/P: 9239 4423.

eric.lian.85@gmail.com

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

	PASS DATE
Class 2B Motorcycles <= 200 CC	09 Oct 2003
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Jan 2006
Class 4 Heavy motor cars and motor tractors > 2500 kg	14 Aug 2007

S / No. 9000076169

Licence No: S8511974E

NP 428

For LKK/NAC Use Only

5779/30

NRIC No: S8511974E

Date of issue: 03-08-2017

Address: APT BLK 226B SUMANG LANE #13-224 SINGAPORE 822226

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

Type	Description	Issue Date
02	TAXI VL	28/12/2016
03	BUS VL	01/07/2008
04	BUS ATTENDANT	01/07/2008

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: PNCV2018-00000548**

Car plate number : SLV5249J

Coverage start date: 28/12/2018

Coverage end date: 27/12/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Lian Weishun

NRIC/FIN: S8511974E

Address: 226B Sumang Lane 13-224 The Verandah @ Matilda Singapore 822226

Email: ericlian85@hotmail.com

Mobile Number: 92394423

Date of Birth: 18/04/1985

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

Company Name: Caring De Services

ACRA Number: 53373420k

**About your car and policy**

Car make and model: TOYOTA VOXY 1.8 HYBRID

Year of first registration: 2017

Plan type: Comprehensive

Standard Excess: S\$1,300

NCD protector: Not Applicable

Your preferred workshop: Yes

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$2,517.61

Finance company: Maybank