

NATIONAL Assessment Centre Services

[Part 1 Jan'03]

MAA 119081804

Date In: 24/6/19 13:42	Job description	Date & Time Completed	Done by
Ref No: MA/ FWD 19011064/164	SAS e-filing		
Veh No: SGA 7102 E	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 22/6/19 12:05	I-Motor Claim Form		
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SFF 8600M	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%; P: 80-100%]	
Year of Registration: ()	Warranty: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 807016016)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions	Done by

MA 1904682	Invoice Information Checklist	Am (S)	PAID (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	20.00	
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) IT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) IT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (INC on INC) against INC \$20		
	9) N12: Idao 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	24/06/2019 13:42
Date Of Accident	22/06/2019 12:05
Exact Location Of Accident	WOODLANDS CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA7102E
Insured/Policyholder	
Name Of Registered Owner	NG WEI CHOO SHIRLEY
NRIC No	S8310528C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81838604
Alternative Phone No	OFFICE-81838604

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	PNPV2018-00011103
Cover Note Number	-

Driver

Name of Driver	NG WEI CHOO SHIRLEY
NRIC No	S8310528C
Date Of Birth	03/04/1983
Occupation	INDOOR
Date Of Driving Pass	11/09/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81838604
Fax Number	
Contact Number	OFFICE-81838604
EMail Address	NOEMAIL

Address	BLK 61B STRATHMORE AVE #16-18
Postcode	143061
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	4
Passenger 1	NAME: : CHUA CHEE HEONG GENDER: : MALE
Passenger 2	NAME: : KOH MUI HWA GENDER: : FEMALE
Passenger 3	NAME: : DIANA GWEE GENDER: : FEMALE

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 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	SFF8600M
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 NG WEI CHOO SHIRLEY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGA7102E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA CHEE HEONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGA7102E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.:

SKETCH PLAN

WOODLAND CHECKPOINT

A - SG/A7102E

B - SEF 8600M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS AT WOODLAND CHECK POINT, HEAVY JAM AS USUAL. MY VEHICLE WAS STATIONARY AT THE MOMENT, SUDDENLY VEHICLE B REAR ENDED ME.

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.:

SME

VEHICLE NO:

SGA7102E

Model:

HONDA VEZEL 1.5X CVT

DATE OF ACCIDENT	22/6/19
TIME OF ACCIDENT	1205HRS AM / PM
LOCATION OF ACCIDENT	WOODLAND CHECK POINT
Exact Purpose use during accident	
NAME OF OWNER	NG WEI CHOO, SHIRLEY ✓
TELP NO	81838604
NRIC	S8310528C
CLAIM TYPE	OD / THIRD PARTY / Reporting Only THIRD PARTY
INSURANCE CO.	FWD
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	SAME AS ABOVE
NRIC	S8310528C
TE OF BIRTH	Any passengers: 3 ✓ M: CHUA CHEE HEONG F: KOH MUI HWA F: DIANA GWEE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	
GENDER	Male / Female
CONTACT NO.	81838604 Office: Home:
ADDRESS	APT BLK 61B STRATHMORE AVE #16-18 S(143061)
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other: RAINING
ROAD SURFACE	Dry / Wet / Other: WET
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SFF8600M Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd
TELP NO	2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit,
CONTACT PERSON	Singapore 417921
FAX NO.	ryderautoworkshop@gmail.com



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8310528C



Name

NG WEI CHOO, SHIRLEY
(HUANG WEIZHU, SHIRLEY)

黄伟珠

Race

CHINESE

Date of birth

03-04-1983

Country/Place of birth
SINGAPORE

Sex

F



For LKK/NAC Use Only

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

11 Sep 2002

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Licence No: S8310528C

NP 428A

5238916



NRIC No: S8310528C



For LKK/NAC Use Only

Date of issue

14-11-2013

APT BLK 61B STRATHMORE AVENUE #16-18
SINGAPORE 143061

NRIC No: S8310528C

Date: 10/02/2019



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: PNPV2018-00011103 (Comprehensive - Executive Plan)

Car plate number: SGA7102E

Your name (As the policyholder): NG WEI CHOO, SHIRLEY

Coverage start date: 21/10/2018

Coverage end date: 20/10/2019

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: Hong Leong Finance Limited

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

Issued on: 21/08/2018

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 if any details
in this Certificate of Insurance need to be changed.