

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MHA/19091874

Date In: 15/1/19-12:28	Job description	Date & Time Completed	Done by
Ref No: NA/19091874	SAS e-filing		
Veh No: 5JL3926C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/1/19-17:05	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: (Tel:	Fax:
TP Particulars:	Veh No: 5JL3926C	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: 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/19091874	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
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) 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:-		
	QJ*		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 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	15/07/2019 10:28
Date Of Accident	12/07/2019 17:05
Exact Location Of Accident	SLE TWDS CTE AFTER WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3926C
Insured/Policyholder	
Name Of Registered Owner	ZENG FANSHENG, REYNOLD
NRIC No	S8843670I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98739838
Alternative Phone No	OFFICE-98739838

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA 1.4 AUTO
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	PNPV2018-00013504
Cover Note Number	

Driver

Name of Driver	ZENG FANSHENG, REYNOLD
NRIC No	S8843670I
Date Of Birth	03/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/08/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98739838
Fax Number	
Contact Number	OFFICE-98739838
EMail Address	NOEMAIL

Address	BLK 417A FERNVALE LINK #21-182
Postcode	791417
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190712/7025.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM215K
Vehicle Make/Model/Colour	MERCEDES GLC 250
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 2

Vehicle Registration Number SKS3732X
Vehicle Make/Model/Colour HONDA CIVIC
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 ZENG FANSHENG, REYNOLD
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL3926C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

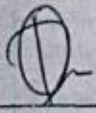
SKETCH PLAN


IMPORTANT NOTICE

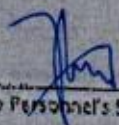
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reconsider 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 lodging 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.


12/7/19
Policyholder's Signature
Date & Time:

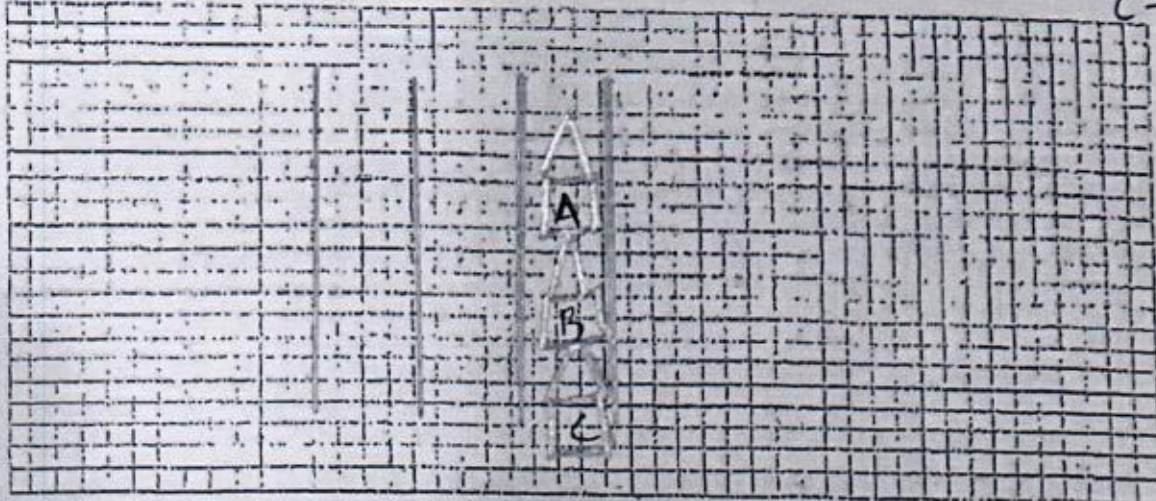

12/7/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SLE / Before Mandai

A-SJL3926C
B-SJM2151K
C-SKS3732K

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report.


DECLARATION

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

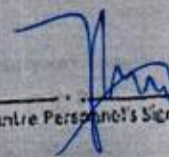
Policyholder's Signature
Date & Time:

 12/7/19

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

 12/7/19

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



Date of Accident: 12/7/2019 Accident Time: 1705 (24-HR-Format)
Accident Place: SCE Towards Cte C After Woodland Ave 12
Vehicle Reg. No. (Car Plate No.): SJL 3926C
Vehicle Make/Model: Hyundai Verna auto
Insurance Company: FWD Policy No. PNPV2018-00013504
Owner or Company Name / IC No.: Zeng Fan Sheng Reynold
Owner or Company Contact No.: — Owner's Hp — Company Tel —
DRIVER'S Name / IC No.: Zeng Fan Sheng Reynold
DRIVER'S Date Of Birth: 3/11/1988 DRIVER'S License Pass Date 20/8/2010
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address: 417A Fernvale Link #21-182
DRIVER'S Contact No./ Alt No.: 1) 9873 9838 2) —
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address: —
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: ☒ YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJM 2151C
Vehicle Make/Model: Mercedes GLC250
Name Driver: —
IC No. Driver: —
Driver's Contact & Add: —

Vehicle Reg. No: SKS3732X
Vehicle Make/Model: Honda Civic
Name Driver: —
IC No. Driver: —
Driver's Contact & Add: —



SINGAPORE POLICE FORCE



T/20190712/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190712/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 22:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZENG FANSHENG, REYNOLD			Address: APT BLK 417A FERNVALE LINK #21-182 SINGAPORE 791417		
ID Type / ID No.: NRIC NO / S8843670I			Contact No.: Home/Office: Mobile: 98739838		
Nationality: SINGAPORE CITIZEN			Email: reynold.zeng@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 03/11/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: IMMIGRATION AND CHECKPOINTS AUTHORITY OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2019 17:05	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL3926C	Car	HYUNDAI	VERNA 1.4 AUTO	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL3926C	FWD Singapore Pte. Ltd	PNPV2018- 00013504	26/11/2018	25/11/2019



**SINGAPORE
POLICE FORCE**



T/20190712/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190712/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZENG FANSHENG, REYNOLD	ID No.	S8843670I
Related Vehicle	SJL3926C (Car)	Contact No.	98739838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/7/2019, at about 1705, I was travelling on lane 1 SLE towards CTE after Woodlands ave 12. When my vehicle was in stationary position, suddenly i felt a huge impact from my rear. My vehicle bearing (SJL3926C) was hit by SJM215k white Mercedes GLC 250. Follow by another white Honda Civic Sks3732x Chain collision, which caused a second impact to my vehicle by SJM215K. We all exchanged particular and agreed to do a accident claim. I have a neck back pain and went to see a doctor and was given 3 days Mc.



**SINGAPORE
POLICE FORCE**



T/20190712/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190712/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

12/07/2019 22:30

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S88436701



Name

ZENG FANSHENG, REYNOLD

曾 繁 盛

Race

CHINESE

Date of birth

03-11-1988

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only



6102919



NRIC No. S8843670I



For LKK/NAC Use Only

Date of issue

15-01-2019

Address

APT BLK 417A FERNVALE LINK
#21-182
SINGAPORE 791417

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S88436701**
Name:

ZENG FANSHENG, REYNOLD



For LKK/NAC Use Only

Birth Date: **03 Nov 1988**

Issue Date: **20 Aug 2010**

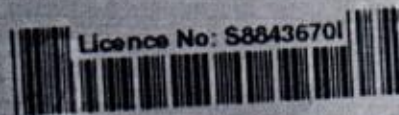


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 20 Aug 2010

For LKK/NAC Use Only



Licence No: S88436701

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: PNPV2018-00013504 (Comprehensive - Classic Plan)

Car plate number: SJL3926C

Your name (As the policyholder): Zeng Fansheng, Reynold

Coverage start date: 24/11/2018

Coverage end date: 25/11/2019

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.

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

Issued on: 19/11/2018

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.