

NATIONAL Assessment Centre Services [print / Jargon] 190109093905			
Date In: 18/07/2019 10:57	Job description	Date & Time Completed	Done by
Ref No: XBA/NDL90126634	SAS e-filing		
Veh No: SCP 741SD	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 18/07/2019 0845	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: XD 728 J	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

XIA1905282		Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
Claimant's Particulars:				In Bill	Add. Bill
Driver/Owner:		1) AR: Accident Reporting (\$30):			
Contact No:		2) DA: Damage Assessment (\$100):	INC (\$80)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
		5) PT: Follow-Through Survey (Resurvey)	\$30		
		For claimant against INC Only (waf 10 Jan 2022)			
		6) TR: Re-inspection	\$75		
		7) N1: Idnu DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		N3: Courtesy Car / Tpl 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		
		N12: Idnu Mobile	30		
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

07-MAY-2019 16:39

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	18/07/2019 10:57
Date Of Accident	18/07/2019 08:45
Exact Location Of Accident	ALONG WEST COAST HIGHWAY AFTER JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7419D
Insured/Policyholder	
Name Of Registered Owner	HAN ZHENGUANG, DAVID
NRIC No	S8637419F
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91837419
Alternative Phone No	OTHERS-91837419

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180-1.6 (A)
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	PNPV2019-00010603
Cover Note Number	

Driver

Name of Driver	HAN ZHENGUANG, DAVID
NRIC No	S8637419F
Date Of Birth	30/12/1986
Occupation	INDOOR
Date Of Driving Pass	25/01/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91837419
Fax Number	
Contact Number	OTHERS-91837419
EEmail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 278 TOH GUAN ROAD #13-189
Postcode	600278
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : PASSENGER 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 SKETCH PLAN

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	XD7228J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH HUNG SENG
NRIC/Passport Number	S1552514B
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 Signature
Name: Rosa Lwin
NRIC/FIN No.:

SKETCH PLAN

Along West Coast Highway after Jordan Burch

(A) SLP 74190

(B) XD 7228J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along West Coast Highway after Jordan Burch.
Vehicle (B) came into my lane and hit my car (A)'s Rear right
portion

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: Rosh
NRIC/FIN No.:

PERSONAL PARTICULARS

1 Driver
1 passenger

Date of Accident: 18/07/2019 Time of Accident: 8:47am (24Hrs)
 Vehicle No: SLP7419D Vehicle Make/Model: Mercedes A180 1.6A
 Exact Location of Accident: Along West Coast Highway After Jalan Buroh
 Owner's Name/NRIC: Han Zhenguang David /S8637419F
 Driver's Name/NRIC: Han Zhenguang David /S8637419F
 Driver's Contact: 91837419 Insurance Co & Policy No: FWD
 Driver's Email Address: hancarrepairs@gmail.com
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

1 Driver

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? —

The Other Party (Vehicle B) Details

Driver's Name/IC: Goh Hung Seng /S1552514B Vehicle No: XD7228J

Insurance Company: — Driver's Contact: —

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): —

Independent Witness (If Any): — Contact: —

Preferred Workshop (If Any): — Contact: —

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8637419F**

Name: **HAN ZHENGUANG, DAVID**

For LKK/NAC Use Only

Birth Date: 30 Dec 1986
Issue Date: 25 Jan 2006

001396397A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8637419F**

For LKK/NAC Use Only

HAN ZHENGUANG, DAVID

韓 鎮 光

Race: **CHINESE**

Date of birth: **30-12-1986**

Country/Place of birth: **SINGAPORE**

Sex: **M**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B - Motorcycles <= 250 CC
Class 3 - Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors <= 2500 kg

PASS DATE
28 Mar 2017
25 Jan 2006

For LKK/NAC Use Only

S / No. 9000334863

Licence No. S8637419F

NP 428A



For LKK/NAC Use Only

NRIC No. **S8637419F**

Date of issue: **16-08-2017**

Address:
**APT BLK 278 TOH GUAN ROAD
#13-189
SINGAPORE 600278**






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: PNPV2019-00010603 (Comprehensive - Classic Plan)

Car plate number: SLP7419D

Your name (As the policyholder): Han Zhenguang David

Coverage start date: 17/07/2019

Coverage end date: 16/07/2020

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: Mercedes-Benz Financial Services Singapore Ltd

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

Issued on: 09/06/2019

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.