

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 07/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/FWD19013246/13	SAS e-filing		
Veh No: 5J28593H	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 06/07/19 2055	i-Motor Claim Form		
GD (P) 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: (**TWINLAR** Tel: Fax:)

TP Particulars:	Veh No: 5GK37776	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

NA1905755	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		
QC Checked by (Engr-In-Charge):	5) FT: 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	27/07/2019 16:02
Date Of Accident	26/07/2019 20:55
Exact Location Of Accident	CHOA CHU KANG AVE 5 TWDS KEAT HONG CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8393H
Insured/Policyholder	
Name Of Registered Owner	ANG PEI SHAN
NRIC No	S8310050H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84881235
Alternative Phone No	OTHERS-84881235

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	PNPV2018-00016654
Cover Note Number	

Driver

Name of Driver	ANG PEI SHAN
NRIC No	S8310050H
Date Of Birth	01/04/1983
Occupation	INDOOR
Date Of Driving Pass	22/04/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84881235
Fax Number	
Contact Number	OTHERS-84881235
Email Address	NOEMAIL

Address	BLK 489B CHOA CHU KANG AVE 5 #10-215
Postcode	682489
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?	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?	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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK3777G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW JIA MING, MERVIN
NRIC/Passport Number	
Contact Number	96540526
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG PEI SHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJZ8393H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

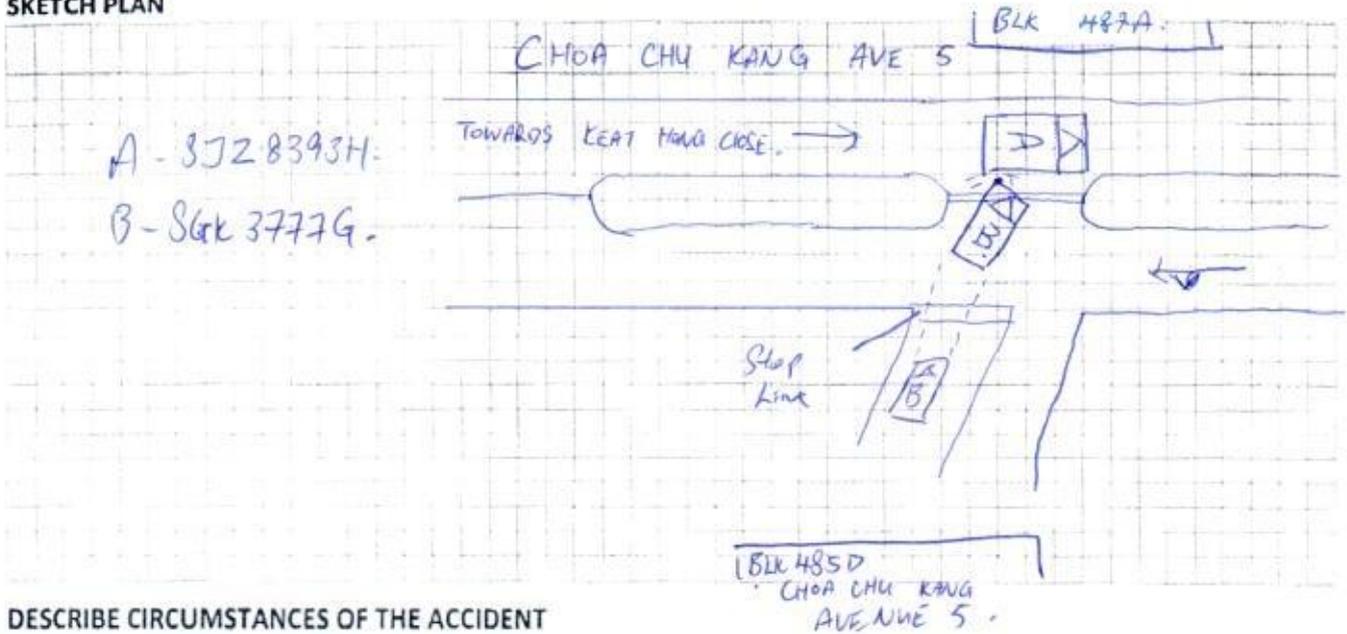
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CHOA CHU KANG AVE 5 towards KEAT HOA CLOSE on a single-lane carriageway. Somewhere outside BLK 487A, CHOA CHU KANG AVE 5, vehicle B (SGK 3777G) from carpark of BLK 485D entering CHOA CHU KANG AVE 5 without stopping before the stop line of the carpark and collided onto my vehicle. Vehicle B front left portion hit the right rear portion of my vehicle. Therefore, we alighted and exchange particulars.

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.:

Vehicle No.	SJZ 8393H		Model / Make	SUZUKI SWIFT SPORT 1.6
Date of Accident	26/07/2019.			
Time of Accident	20:58	HRS		
Location of Accident	CHOA CHU KANG AVE 5 TOWARDS KEAT HONG CLOSE			
Exact purpose use during accident	Personal.			
Name of Owner	ANG PEI SHAN			
Telephone No.	H/P : 8448 1235	Home :	Office :	
NRIC	S8310050H.			
Address	489B CHOA CHU KANG AVENUE 5 #10-215 STORE 682489.			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	FWD			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	PNPV2018-00016654.			
Name of Driver	As Above If No,			
NRIC				Any Passengers : Nil
Date of birth	01/04/1983			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	22/04/2004			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
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? Owner.		
Name And Contact No.	ANG PEI SHAN 8448 1235			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SJK 3777G.	Any Passengers : Nil.		
Name of Driver	LOW JIA MENG, MERVIN	Contact No. : 9654 0526.		
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	Witness Contact :			
Accident Portion	Right Rear portion			
Camera Recorder	Yes/ No			
Email Address	-			
PARTICULAR WORKSHOP	Twin Car Automotive Pte Ltd.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Hui Xin.			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8310050H**
 Name: **ANG PEI SHAN (HONG PEISHAN)**
 Birth Date: **01 Apr 1983**
 Issue Date: **22 Apr 2004**

For LKK/NAC Use Only

001201542J



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8310050H**




Name: **ANG PEI SHAN (HONG PEISHAN)**
 洪佩珊
 Race: **CHINESE**
 Date of birth: **01-04-1983**
 Sex: **F**
 Country of birth: **SINGAPORE**

For LKK/NAC Use Only

S8310050H

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Apr 2004

For LKK/NAC Use Only

Licence No: S8310050H



NP 428A

4048389




NRIC No. **S8310050H**

For LKK/NAC Use Only

Date of issue: **09-05-2007**

APT BLK 489B CHOA CHU KANG AVENUE 5 #10-215
 SINGAPORE 682489

NRIC No: **S8310050H** Date: **15/09/2018**



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: PNPV2018-00016654 (Comprehensive - Classic Plan)

Car plate number: SJZ8393H

Your name (As the policyholder): Ang Pei Shan

Coverage start date: 30/12/2018

Coverage end date: 29/12/2019

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: 13/12/2018

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.

YOUR CLASSIC CAR INSURANCE SUMMARY

Please call _____ for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.
All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00016654

About this policy

Premium paid : S\$1,003.08
(Inclusive of GST)
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

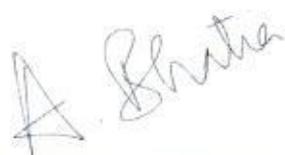
Coverage start date : 29/12/2018
Coverage end date : 28/12/2019

About you (As the policyholder)

Your name : Ang Pei Shan
Address : 489B Choa Chu Kang Avenue 5 10-215 Sunshine Gardens Singapore 682489
Email : jerlyneopop@gmail.com
NRIC/FIN : S8310050H
Date of birth : 01/04/1983
Marital status : Married
Gender : Female
Current no claims discount : 10%
Mobile Number : 84481235
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : SUZUKI SWIFT SPORT 1.6
Year of first registration : 2010
Car plate number : SJZ8393H
Issued on: : 12/12/2018



Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at _____
or email us to _____ if any details in
this Car Insurance Summary need to be changed.

Enquire Vehicle Information

Vehicle No.

Vehicle No.: SJZ8393H

Vehicle Details

Vehicle Type :	Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	SUZUKI / SWIFT 1.6 AT
Primary Colour :	Red
Year of Manufacture :	2010
Maximum Laden Weight :	1500 kg
Unladen Weight :	1100 kg
No. Of Axles :	2
Engine No. :	M16A1547005
Chassis No.:	JSAEZC31500206028
Engine Capacity :	1586 cc
Maximum Power Output :	92.0 kW (123 bhp)
IU Label No. :	1124073121
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	30 Dec 2010
First Registration Date :	30 Dec 2010
Open Market Value :	\$16,305.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$16,305.00
PARF Eligibility :	Yes
Minimum PARF Benefit :	\$8,152.00
PARF Eligibility Expiry Date :	29 Dec 2020
COE No. :	2011010101001140N
COE Category :	A - Car (1600cc & below)
COE Expiry Date :	29 Dec 2020
Quota Premium (QP) :	\$46,129.00
QP Paid :	\$46,129.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$46,129.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

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