

NATIONAL Assessment Centre Services		Date: 1 Jan 2019		N/A 809099618	
Date In: 30/07/2019 12:41	Job description	Date & Time Completed	Done by		
Ref No: 29/07/2019 13:30	SAS e-filing				
Veh No: 38V 3933M	E-mail (within 4hrs, AIC 2hrs)				
D.O.A: 29/07/2019 13:30	I-Motor Claim Form				
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	I-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / MNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 38V 3933M	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: (\$		Landing: \$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

N/A 905671		Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
Claimant's Particulars:				Int 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			
Addit'l Comments:		5) RT: Follow-Through Survey (Resurvey) \$30			
Cat. J:		For claimant against INC Only (waf 10 Jan 2019)			
Ch. 2/3:		6) TR: Re-inspection \$75			
		7) NI: Idno DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		1211			
		* 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 (N-11) against INC \$20			
		9) N12: Idno Mobile 30			
		Invoice dated		Pen Charged	
		Invoice dated		Fue Charged	

07-MAY-2019 16:38

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	30/07/2019 12:41
Date Of Accident	29/07/2019 13:30
Exact Location Of Accident	YISHUN AVENUE 7 SLIP ROAD TOWARDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3933M
Insured/Policyholder	
Name Of Registered Owner	GOH LI LIAN (WU LILIAN)
NRIC No	S8018885D
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87222767
Alternative Phone No	OTHERS-87222767

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	PNPV2019-00011870
Cover Note Number	

Driver

Name of Driver	GOH LI LIAN (WU LILIAN)
NRIC No	S8018885D
Date Of Birth	06/06/1980
Occupation	INDOOR
Date Of Driving Pass	09/02/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87222767
Fax Number	
Contact Number	OTHERS-87222767
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 89 COMMONWAEETH DRIVE #02-660
Postcode	140089
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	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)	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

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	SLQ8931D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HOOI SOCK ENYE(WU HUI SHU)
NRIC/Passport Number	S7718619J
Contact Number	97808035
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's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along slip road of Yishun Ave 7 Towards
Sembawang Road.

I slowed down to give way to oncoming traffic.

That was when vehicle (B) hit onto my car's rear.

We exchanged particulars thereafter.

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.:

PERSONAL PARTICULARS

Date of Accident: 29/07/2019

Time of Accident: 13 : 30 (24Hrs)

Vehicle No: STY3933m

Vehicle Make/Model: BMW 520i (1997cc)

Exact Location of Accident: Yishun Ave7 Slip Road to Sembawang Road

Owner's Name/NRIC: Goh Li Lian / S8018885D

Driver's Name/NRIC: Goh Li Lian / S8018885D

Driver's Contact: 8722 2767

Insurance Co & Policy No: FWD - PNPV2019-00011870

Driver's Email Address: hancarepairs@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

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 Hooi ~~Sen~~^{Sock} Enye

Vehicle No: SLQ 8931D

Insurance Company: (Wu Huishu)

Driver's Contact: 97808035

(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

IDENTITY CARD NO. S8018885D



Name

GOH LI LIAN

吴俐莲

Race

CHINESE

Date of birth

06-06-1980

Sex

F

S8018885D



Country/Place of birth
SINGAPORE

5749779



NRIC No. S8018885D



Date of issue

31-05-2017

Address

APT BLK 89 COMMONWEALTH DRIVE
#02-660
SINGAPORE 140089

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S8018885D**

Name:

GOH LI LIAN
(WU LILIAN)

For LKK/NAC Use Only

Birth Date: **06 Jun 1980**

Issue Date: **09 Feb 2007**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(

PASS DATE
09 Feb 2007

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

For LKK/NAC Use Only

28A

Licence No: S8018885D



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: PNPV2019-00011870 (Comprehensive - Classic Plan)

Car plate number: SJY3933M

Your name (As the policyholder): Goh Li Lian

Coverage start date: 09/07/2019

Coverage end date: 08/07/2020

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: Standard Chartered Bank (Singapore) Limited

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

Issued on: 09/07/2019



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.