NATIONAL Asso	ssment Centre	Services per lam.		All Control of the Co		
Date In 08/08/19		Job description	Date & Time Completed	Done	by	
Ref No NA/FWD19013910/13		SAS e-filing				
Veh No SLZ 71 ×		E-mail (within 8hrs, AIC 2hr				
The contract of the trace of the contract of t		i-Motor Claim Form				
DOA 07/08/19 1605		-Motor W/O (Within: OD	1			
OD (IF) Reporting (	Only	i-Photo Uploaded	2hrs, 19 4hrs)			
222		Assessment/Survey Repo	rt			
TP Insurer		Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assi	ign Wksp / QW; (	MASSIVE		ax:		
TP Particulars:	Veh No:	CKD 4488Z INC	C( )/Non-INC( )			
Owner / Driver: (			Tel:	)		
Policy No: (	) Peri	od: (	) Cover Type: (	)		
Confirmed by :	(	Date:	Time:	)		
Insured/Driver Liability	" ( %) [N	ote-Est Status (WO): N:	0-20%; P: 21-79%. F: 80-1	00%]		
Year of Registration: (	) W	arranty: YES ( ) / NO (	)			
Excess: (\$	) Loading: \$1,00	0()/\$2,000()				
General Remarks:-		A Stanford March 1981				
QC Check / Post Repair     Upload Resurvey Photo     Injury:		( )				
injury :						
Date/Time Actions						
	NA1906058	Invoice I	reparation Checklist	Anit (\$)	Amt (\$	
laimant's Particulars :-		1 C 600 3 C 600 P	dent Reporting (\$30); age Assessment (\$100); INC (\$80	0)		
Oriver/Owner:		3) TF : Towi	ng Fee \$40.	/\$45 \$120		
ontact No:		5) FT : Folio	w-Through Survey (Resurvey)	\$30		
amaged Portion:		6) TR : Re-in		\$75 \$160	42.00	
C Checked by (Engr-In-	-Charge):	8) NTUC Ad OD*	ditional Services rtesy Car / Tpt Allowance	\$5.		
uditors' Comments :-		*N6: Repo *N7: Post	ir Co-ordination	\$10 \$25 \$5		
t. 1:			: TP (Non INC) against INC	\$20 30		
t. 2/3:	THE SHOP	Invoice date		Contractor (	way.	
		1	Ess Channel	Section 1		

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

AND SAN PROPERTY AND ADDRESS.	ACCIDENT STATEMENT	
Date Of Report	08/08/2019 11:57	
Date Of Accident	07/08/2019 16:05	
Exact Location Of Accident	GRANGE RD JUNC OF IRWELL BANK RD	
Country/State of Loss	SINGAPORE	
Secure significants and accommodity	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ724R	
Insured/Policyholder		

Name Of Registered Owner NEO ZHEN WEI, JACKSON NRIC No S8413762F

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-88584781

 Alternative Phone No
 OTHERS-88584781

Vehicle Particulars

Manufacturer TOYOTA Model VIOS

Exact Purpose for which vehicle was being used at time of accident WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

cy NO

If No. Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNCV2019-00000353

Cover Note Number

Driver

Name of Driver NEO ZHEN WEI, JACKSON

 NRIC No
 \$8413762F

 Date Of Birth
 11/05/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/07/2003

Driving Experience 16 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88584781

Fax Number

Contact Number OTHERS-88584781

EMail Address NOEMAIL

Address BLK 269 BUKIT BATOK EAST AVE 4

#03-190 850269

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

Postcode

OWNER

Insurance Company of Driver's Own Vehicle

i

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Type Of Accident

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKD4488Z

Vehicle Make/Model/Colour

LAND ROVER

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

WONG KWOK YUEN

NRIC/Passport Number

S7480806I

Contact Number

97362297

Address

Postcode

Page 2 of 16

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the ladgment 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)

Lunderstand, 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:
  - 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:
  - 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.:

SINCH CHARLES	Trively Bank Rd
Paterson HIII	Ven A: SLZ724R
A D B A P	Veh3: SKD44882
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 7/8/2019 @ and 160×his, I was trovell right into Irwell Bank ?d. I stopped at the While waiting for the traffic light to turn of strong impact from the rear of my vehicle.  and reclined that weh is had collided into my	junction due to red light.  green, suddenly I felt an  I got out of my vehicle

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:

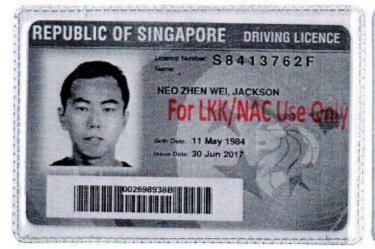
pm 08/08/19 Reporting entre Personnel's Signature

Name:

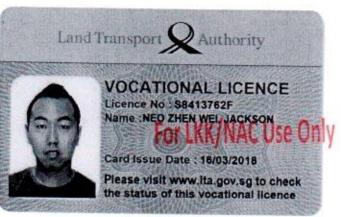
NRIC/FIN No.:

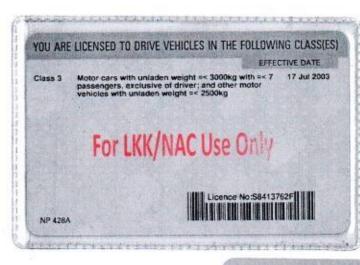
# ACCIDENT STATEMENT

0	ACCIDENT DATE 10 1/08/ 2019 (DD/MM/YYYY), TIME (16:05) (HH:MM)	
	LOCATION: Grange Rd, junction of Irwell Bank Rd	
	1. DETAILS OF VEHICLE SLZ 724 R	*
	CIPOLICY NUMBER: PUZV 2019-0000353	
e 100	GIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)	125
	GIVEHICLE CATEGORY: PRIVATE ) COMMERCIAL / MOTORCYCLE / OTHERS)	
	TIPURPOSE OF USING AT ACCIDENT TIME: WORKING	12 2 2
- 74	IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING CHLY	W 1879
1.	2. INSURED / POLICY HOLDER EMAIL Address: A) NAME: Neo Zhen Wei, Jackson (MALE DEMALE)	
	b) NRIC/FIN/EASSPORT: 58413762 F. CONTACT: 28584781.	
	CIADDRESS: DIR 269 BURIT BETOK East Aug 4 #03-190	8
- V	3(850269)	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	3.00
	3. DRIVER As above Email address:	
	(MACE) (CHACE)	
3	c)ADDRESS: CONTACT: CONTACT:	
12		
	"dIDATE OF BIRTH: (11/05/1984) (DD/MM/YYYY)	
	e OCCUPATION: (INDOOR: OUTDOOR) CAL CAMELA (	(15/1/a)
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE PRIVER WITH INSURED:	10
	5. DIWEATHER CONDITION: CLEAR RAINING / OTHERS	
	b) ROAD SURFACE: DRY / WET / OTHERS	£
	6. WAS ANYBODY INJURED (YES AND) No. of presenger;	5 1 10 F
		act attices
	IF YES, PLEASE STATE WHICH POLICE STATION:	Gender_
	8. THIRD PARTY VEHICLE	2 female
	a) VEHICLE NUMBER: SKD H4882 MODEL: Land Rover	2 temale
	b) DRIVER'S NAME: Wong Hwak, Juen	
	O NRIC/FIN/PASSPORT: 57480806I CONTACT: 97362297	
	P. THIRD PARTY VEHICLE	
	di Verrore di la la	3¥
	e) DRIVER'S NAME: MODEL:	
1	f) NRIC/FIN/PASSPORT: CONTACT:	
	TAIL ACTION OF THE PROPERTY OF	











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

16/03/2018

For LKK/NAC Use Only





## 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: PNCV2019-00000353

Car plate number

: SLZ724R

Coverage start date: 23/04/2019

Coverage end date: 22/04/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: NEO ZHEN WEI, JACKSON

NRIC/FIN: S8413762F

Address: 269 Bukit Batok East Avenue 4 03-190 Singapore 650269

Email: jacksonzw84@gmail.com

Mobile Number: 88584781

Date of Birth: 11/05/1984

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA VIOS 1.5

Year of first registration: 2018

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): \$\$1,843.54

Finance company: Hong Leong Finance Limited