

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 19105615

Date In: 13/8/19 16:40	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 19014032/64	SAS e-filing		
Veh No: SLN 46690	E-111 All (within 8hrs, AIC 2hrs)		
DOA: 11/8/19 22:20	1-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No: SHB 3430S	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: YBS () / 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 160111667884616)	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 1905898		Invoice	
Claimant's Particulars:		1) AR: Accident Reporting (\$30)	720.00
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:		3) TP: Towing Fee	\$40/\$45
Damaged Portion:		4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:		For claiming against INC Only (ver 10 Jan 2003)	
		6) TR: Re-inspection	\$75
		7) NI: Idao DA + SMRT Survey	\$160
		8) NTUC Additional Services:-	
		OD:	
		*N5: Courtesy Car / Tpl Allowance	\$5
		*N6: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$5
		TE (Nil): TP (Non INC) against INC	\$20
		9) N12: Idao Mobile	\$0
		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	13/08/2019 16:40
Date Of Accident	11/08/2019 20:20
Exact Location Of Accident	WOODLANDS DR 42 TWD WOODLANDS DR 50
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4669D
Insured/Policyholder	
Name Of Registered Owner	SIM JIAN LIANG
NRIC No	S8622740A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90460007
Alternative Phone No	OFFICE-90460007
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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 HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000064
Cover Note Number	-
Driver	
Name of Driver	SIM JIAN LIANG
NRIC No	S8622740A
Date Of Birth	04/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90460007
Fax Number	
Contact Number	OFFICE-90460007
Email Address	NOEMAIL

Address	BLK 7 HAIG RD #07-443
Postcode	430007
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

PLEASE REFER TO 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	SHB3430S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SIM JIAN LIANG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLN4669D

YES

NO

SKETCH PLAN

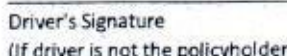
IMPORTANT NOTICE


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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. 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:

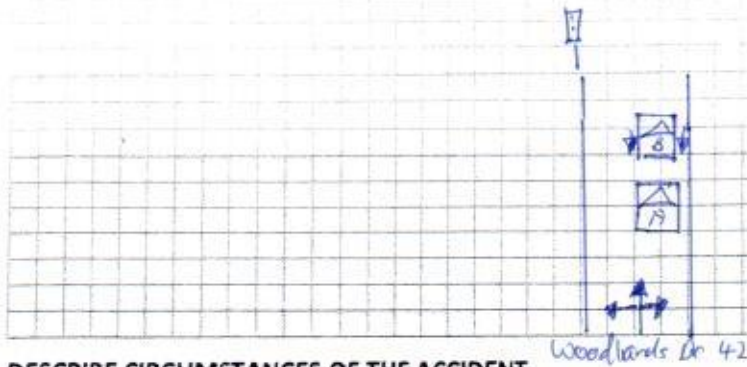

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SLN 4669D
Vehicle B: SHB3430S

Woodlands Dr 50




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date & time. I, vehicle A was stationary on the stated venue. Suddenly vehicle B reverse & hit onto my stationary vehicle front 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:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 8 / 17 (DD/MM/YYYY) TIME: 20 : 20 (HH:MM)

LOCATION: Woodlands Dr 42 turns Woodlands Dr 50

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 4669D
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PN CV2019 - 00000064
 d) POLICY TYPE: (☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios
 f) TYPE: (☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS)
 g) VEHICLE CATEGORY: (☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Sim Jian Liang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86224409 CONTACT: 9046 0007
 c) ADDRESS: BK 7 Haig Rd #07-443 (S) 430007

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 4 / 8 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (☒ INDOOR / ☒ OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (☒ CLEAR / ☐ RAINING / ☐ OTHERS)
 b) ROAD SURFACE: (☒ DRY / ☐ WET / ☐ OTHERS)

6. WAS ANYBODY INJURED (☒ YES / ☐ NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 34305 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence number: **S8622740A**
 Name: **SIM JIAN LIANG (SHEN JIANLIANG)**
 Birth Date: **04 Aug 1986**
 Issue Date: **11 Jul 2007**

001513514C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S8622740A**



Name: **SIM JIAN LIANG (SHEN JIANLIANG)**
沈建良
 Race: **CHINESE**
 Date of birth: **04-08-1986**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**

S8622740A

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

Class	Description	PASS DATE
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	11 Jul 2007
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	12 Apr 2016

S / No. 9000246780

NP 428A

Licence No: **S8622740A**

5632686




NRIC No **S8622740A**



Date of issue: **06-08-2016**


Address:
APT BLK 7 HAIG ROAD
#07-443
SINGAPORE 430007


Land Transport Authority

VOCATIONAL LICENCE
 Licence No : S8822740A
 Name : SIM JIAN LIANG

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TOVL
 33 888 88888
 256960



For IKK/NAC Use Only

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	06/06/2019



For IKK/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: PNCV2019-00000064

Car plate number : SLN4669D

Coverage start date: 11/01/2019

Coverage end date: 10/01/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: SIM Jian Liang

NRIC/FIN: S8622740A

Address: 7 Haig Road 7-443 Haig View Singapore 430007

Email: Brandonsim_jianliang@yahoo.com

Mobile Number : 90460007

Date of Birth: 04/08/1986

Gender : Male

Marital status: Single

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA VIOS 1.5

Year of first registration : 2010

Plan type: Comprehensive

Standard Excess: S\$4,000

NCD protector: Not Applicable

Your preferred workshop: Yes

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,668.91