

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119113912.

Date In: 29/1/19 09:05	Job description	Date & Time Completed	Done by
Ref No: MA1 FWD 19015239/64	SAS e-filing		
Veh No: SKB 1584J	E-mail (within 2hrs, AIC 2hrs)		
DDA: 27/1/19 19:20	I-Motor Claim Form		
DD: (1) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: Gx4100J	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: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Reminders:	INC () / Non-INC ()	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

WA 1906384	Invoice No: 1906384	Am (\$)	RA Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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		
	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:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	29/08/2019 09:05
Date Of Accident	27/08/2019 18:20
Exact Location Of Accident	SLIP RD OF MARYMOUNT RD TO AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1584J
Insured/Policyholder	
Name Of Registered Owner	TUNG POH LIAN
NRIC No	S2610609E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81701114
Alternative Phone No	OFFICE-81701114

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	MITO 1.4
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	PNPV2017-00007662-01
Cover Note Number	-

Driver

Name of Driver	TAN WEIREN URIAH
NRIC No	S9746478B
Date Of Birth	24/12/1997
Occupation	INDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91173398
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 710 WOODLANDS DR 70 #02-35
Postcode	730710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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)	4
Passenger 1	NAME: : TAN PANG KWOK EDMUND GENDER: : MALE
Passenger 2	NAME: : TUNG POH LIAN GENDER: : FEMALE
Passenger 3	NAME: : TIN MAR AYE 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

REFER TO 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	GX4100J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


VEHICLE NO.: SKB 1584J
INSURER : FWD
DATE & TIME: _____

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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: _____

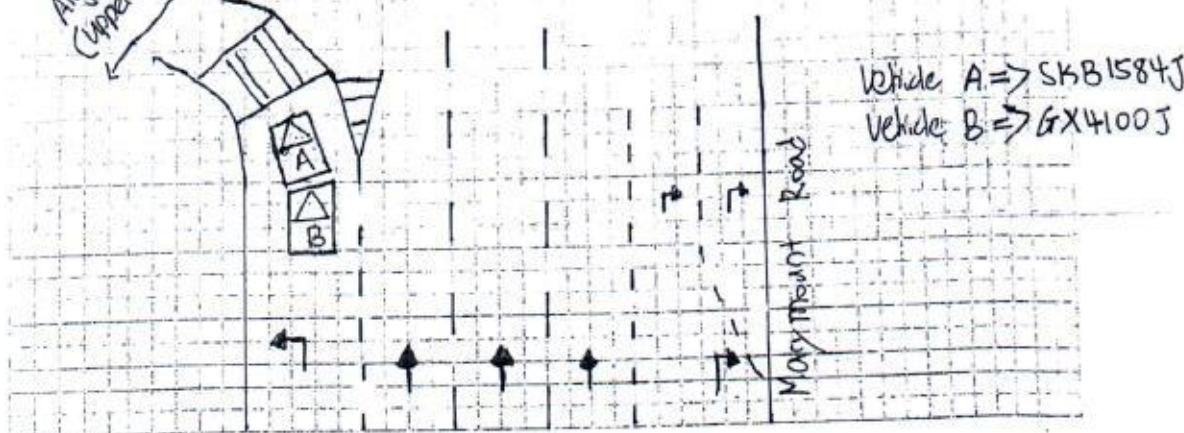


Driver's Signature
(If driver is not the policyholder)
Date & Time: _____



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

SKETCH PLAN
Ang Mo Kio Ave 1
(Upper Thomson Rd)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I vehicle A (SKB1584J) was travelling on the stated venue, I stop in order for a cyclist to cross the zebra crossing. Suddenly, vehicle B (GX4100J) collided onto my vehicle rear position causing damages.

I wish to state that I've got passengers in my car. (SKB1584J)

- 1) Tan Weiren, Uriah (Male) (Driver) NRIC: S9746478B
- 2) Tan Pang Kwok Edmund (Male) NRIC: S1730487E
- 3) Tung BH Lian (Female) (Owner) NRIC: S2610609E
- 4) Tin Mar Aye (Female) Fin: G8793532P

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

- () Claim Own Policy (☒) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Date of Accident : 27/04/2019 Accident Time: 18:20 HRS (24-HR-FORMAT)
 Accident Place : Filter Lane of Marymount road to Ang Mo Kio Ave 1
 Vehicle Reg. No (Car plate No.) : SKB1584J Vehicle Make/Model: Alpha Romeo Mito 1.4
 Insurance Company : FWD Policy No. PNPV2017-00007662-01
 Name of Registered Owner : Company / Individual Tung Poh Lian
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S2610609E,
 : Co Contact No: _____ Owner's Contact No: 8170 1114
 DRIVER'S Name : Tan Weiren, Uriah DRIVER'S NRIC No: S9746478B
 DRIVER'S Date of Birth : 24-12-1997 DRIVER'S License Pass Date 16/03/2018
 Relationship bet. Owner & Driver : Spouse \ Parents Children Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 710 Woodlands Drive 70 #02-35
 DRIVER'S Contact No./ Alt No. : 1) 9117 3398 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : uriahktan97@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 04
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GX4100J</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9746478B

Name: TAN WEIREN, URIAH

Birth Date: 24 Dec 1997

Issue Date: 16 Mar 2018

002764020H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9746478B

Name: TAN WEIREN, URIAH

陈伟任

Race: CHINESE

Date of birth: 24-12-1997

Sex: M

Country of birth: SINGAPORE

4837282

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 16 Mar 2018

NP 428A

Licence No: S9746478B

For LKK/NAC Use Only

4837282

MVIC No. S9746478B

Date of issue: 06-03-2012

Address: APT BLK 710 WOODLANDS DRIVE 70 #02-35 SINGAPORE 730710

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No: S2610609E

TUNG POH LIAN

Sex: M Date of Birth: 25 Oct 1965

Issue Date: 13 Jan 2003

10001144123

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2610609E

TUNG POH LIAN

Race: CHINESE

Date of Birth: 25-10-1965

Country of Birth: MALAYSIA

For LKK/NAC Use Only

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms.

PASS DATE: 08 Oct 1984

Licence No: S2610609E

NP 428A

For LKK/NAC Use Only

2543120

NRIC No: S2610609E

Blood Group: O+ Date of Issue: 13-12-1994

Address: APT BLK 710 WOODLANDS DRIVE 70 #02-35 SINGAPORE 730710

NRIC No: S2610609E Date: 08/06/2008 No: 6035125



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: PNPV2017-00007662-01 (Comprehensive - Classic Plan)

Car plate number: SKB1584J

Your name (As the policyholder): Tung Poh Lian

Coverage start date: 29/10/2018

Coverage end date: 28/10/2019

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.

Finance company: DBS Bank Ltd

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

Issued on: 15/09/2018

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.