

NATIONAL Assessment Centre Services. [ver 1 Jan'00] **25 MAY 19/2016**

Date In: 11/09/2019 15:40	Job description	Date & Time Completed	Done by
Ref No: NBA/IND1906134/Y	SAS e-filing		
Veh No: SLU 2334X	E-mail (E-jobs sheet, AIC sheet)		
D.O.A: 10/09/2019 18:15	I-Motor Claim Form		
OID: (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/Whse		

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

TP Particulars: Vch No: **SJZ 26385** 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 reporter.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA1907018

Claims/Insurer/Agency	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$160) INC (\$10)	
Contact No:	3) TP: 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	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) N12: Idas 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	11/09/2019 15:40
Date Of Accident	10/09/2019 18:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT EXIT TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2334X
Insured/Policyholder	
Name Of Registered Owner	ONE PROFILE WERKS PTE LTD
Co Reg No	201419598H
Email Address	XDETOX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93688461
Alternative Phone No	OFFICE-93688461

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000451
Cover Note Number	

Driver

Name of Driver	HUANG YIYING
NRIC No	S8307838C
Date Of Birth	08/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93688461
Fax Number	
Contact Number	OTHERS-93688461
Email Address	XDETOX@GMAIL.COM

Address	BLK 287 TAMPINES STREET 22 #07-352
Postcode	520287
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : HO MEI XIAN 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

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	SJZ2638S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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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:

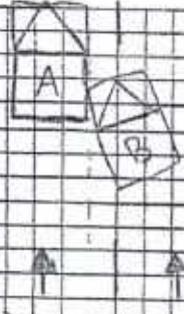
11/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Rosa Lim

A: SLU 2334 X

Pike Perancis (Jombang)
EXIT TPE (SLE)

B: SJZ 26385



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time I was traveling along
 PIE (Changi) EXIT TPE (SLE). I was traveling straight when
 suddenly vehicle B swirled to the left and collided onto
 my vehicle right portion.

DECLARATION

I/We declare that the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature] 11/09/2009
 Reporting Centre Personnel's Signature
 Name: *[Handwritten name]*
 NRIC/FIN No.: *[Handwritten number]*

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 10.09.2019		TIME: 18:15hrs		(hh:mm) 24 hrs Format
LOCATION PIE (Changi) Exit TPE (JLE)				
VEHICLE NUMBER SLU 2334X				
INSURED NAME One Profile Works Pte Ltd				
NRIC / FIN 201419398H		CONTACT:		
MAKE Honda Vezel		MODEL		
Are you claiming under your own insurance policy for repair to your vehicle?				
<input type="checkbox"/> Yes, If No, Pls Select : <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only				
INSURANCE COMPANY FWD				
TYPE OF POLICY <input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> TPFT				
POLICY NUMBER: PNCV 2018-00000451				
NAME DRIVER: Huang Yiyang <input type="checkbox"/> SAME AS INSURED				
NRIC / FIN S9501938C		CONTACT: 9368 8461		
DATE OF BIRTH: 09.03.1983				
DRIVING PASS DATE: 08.08.2002				
OCCUPATION: <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR				
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
EMAIL ADDRESS: xdetoxe@gmail.com <input type="checkbox"/> NO EMAIL				
ADDRESS OF DRIVER: 287 Tampines St 22 #07-353 S(520287)				
Number Of Passenger Include Driver: 2pax. include driver				
① Ho Mei Xian - Female				
Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If No, Relationship Of The Driver With The Insured				
<input type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> Others				
Does The Driver Own Any Other Vehicle?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO employee				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Drizzling <input type="checkbox"/> Others				
Road Surface : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others				
Was Any Foreign Vehicle Involved In This Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Was Anybody Injured In The Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If YES, Injured details :				
Convey By Ambulance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Was There Any Video Capture By Car Camera? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Was There Accident Reported To The Police? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party				
	Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B	SJZ 2638C	() / Not Sure ()		
Veh C		() / Not Sure ()		
Veh D		() / Not Sure ()		
Veh E		() / Not Sure ()		
Veh F		() / Not Sure ()		
Veh G		() / Not Sure ()		



CERTIFICATE OF INSURANCE

Please call **65 6820 8888** 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: PNCV2018-00000451

Car plate number : SLU2334X

Coverage start date: 27/11/2018

Coverage end date: 26/11/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Huang Yiying

NRIC/FIN: S8307838C

Address: 287 Tampines Street 22 07-352 Singapore 520287

Email: yellow61eagle@yahoo.com.sg

Mobile Number : 93688461

Date of Birth: 08/03/1963

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

Company Name: One Profile Werks Pte Ltd

ACRA Number: 201419398h

About your car and policy

Car make and model: HONDA VEZEL 1.5 HYBRID

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,963.76

Finance company: zenith credit pte ltd