

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

1 MAY 19 122905

Date In: 16/09/2009 18:44	Job description	Date & Time Completed	Done by
Ref No: 180/FWD/90/6339/Y	SAS e-filing		
Veh No: SH 575Z	E-mail (3 days, AIC 2hrs)		
OD A: 16/09/2009 07:30	1-Motor Claim Form		
OD TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKaz		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHY 6517	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 repairer.
() 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: 16/09/2009 18:44	

Claimants Details:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*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) NI2: Idea Mobile \$0	
QC Checked by (Engr-In-Charge):	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	16/09/2019 18:44
Date Of Accident	16/09/2019 07:30
Exact Location Of Accident	BOON LAY WAY TWRDS COMMONWEALTH AVE WEST JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH575Z
Insured/Policyholder	
Name Of Registered Owner	NG KWOK KEONG, KELVIN (WU GUOQIANG, KELVIN)
NRIC No	S7937391E
Email Address	KELVINNGKK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92383020
Alternative Phone No	OTHERS-92383020

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 PURETECH EAT6 ALLURE (A)
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	PNPV2018-00011213
Cover Note Number	

Driver

Name of Driver	NG KWOK KEONG, KELVIN (WU GUOQIANG, KELVIN)
NRIC No	S7937391E
Date Of Birth	05/12/1979
Occupation	INDOOR
Date Of Driving Pass	27/04/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92383020
Fax Number	
Contact Number	OTHERS-92383020
Email Address	KELVINNGKK@GMAIL.COM

Address	31 JURONG WEST STREET 41 #14-24
Postcode	649412
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 ON COLLISION
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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190916/7002 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY651T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90228661
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NG KWOK KEONG, KELVIN (WU GUOQIANG, KELVIN)

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SLH575Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

16/09/2019

9:20 am

GIA/IRC SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

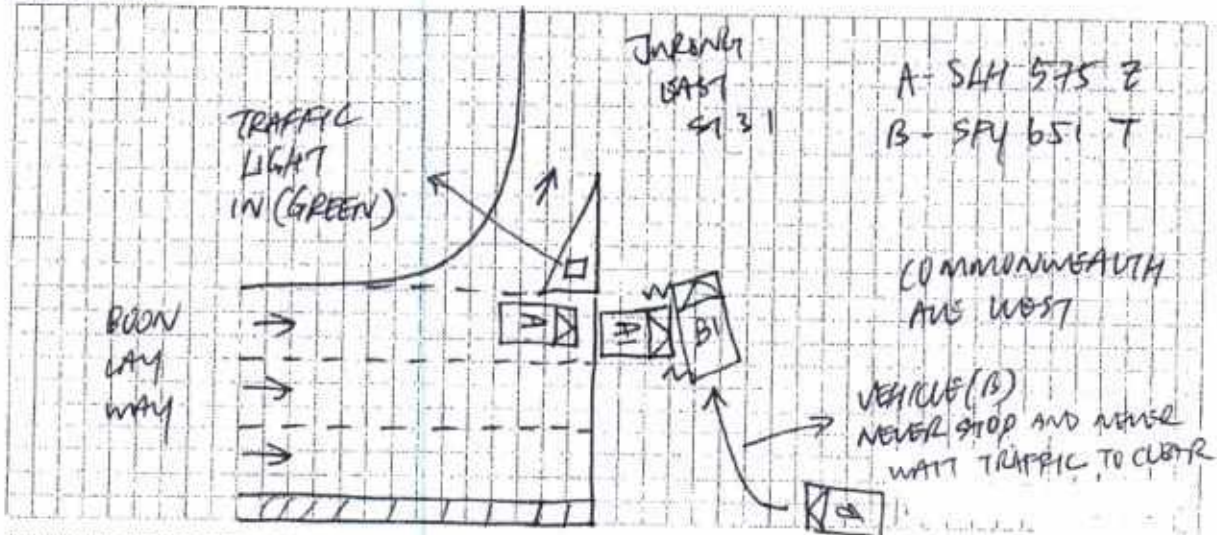
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO. T/2019 0916/7002

A - SLH 575 Z

B - SFY 651 T

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20190916/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190916/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 09:20		Vide Report No.: D/20190916/0027		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KWOK KEONG, KELVIN			Address: 31 JURONG WEST STREET 41 #14-24 SINGAPORE 649412		
ID Type / ID No.: NRIC NO / S7937391E			Contact No.: Home/Office: Mobile: 92383020		
Nationality: SINGAPORE CITIZEN			Email: kelvinngkk@gmail.com		
Sex: Male	Age: 39	Date of Birth: 05/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CELL MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2019 07:30	Type of Location: T-Junction
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY651T	Car				Seriously Damaged	0
SLH575Z	Car	PEUGEOT	308 SW ALLURE PURETECH 1.2 A/T 2WD S/R	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190916/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190916/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH575Z	FWD Singapore Pte. Ltd	PNPV2018-00011213	24/10/2018	23/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KWOK KEONG, KELVIN	ID No.	S7937391E
Related Vehicle	SLH575Z (Car)	Contact No.	92383020
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I WAS TRAVELLING ALONG BOON LAY WAY TOWARDS COMMONWEALTH AVE WEST ON LANE 3 OF 3 LANES. WHEN I REACH THE T-JUNCTION OF JURONG EAST ST 31, I CONTINUED TO CROSS THE JUNCTION AS THE TRAFFIC LIGHT IS GREEN ON MY FAVOR. SUDDENLY, ONE VEHICLE (SFY651T) MAKING RIGHT TURN INTO JURONG EAST ST 31 FROM OPPOSITE DIRECTION NEVER STOP AND WAIT FOR TRAFFIC CLEAR. THUS, THIS INCIDENT HAPPENED.



**SINGAPORE
POLICE FORCE**



T/20190916/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190916/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/09/2019 09:20

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16 SEP 2019		TIME: 07:30 HRS (hh:mm) 24 hrs Format	
LOCATION: BOON LAY WAY TOWARD COMMONWEALTH AVE WEST JUNCTION OF JURONG EAST ST 31			
VEHICLE NUMBER SLH 575 Z			
INSURED NAME NG KWOK KEONG, KELVIN			
NRIC / FIN 57937 391 E		CONTACT: 9238 3020	
MAKE PEUGEOT		MODEL 308 SW	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only			
INSURANCE COMPANY FWD			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: PNPV2018-0001213			
NAME DRIVER :			
(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 05 DEC 1979			
DRIVING PASS DATE: 27 APR 2020			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: KELVINNGKIR @ GMAIL.COM () NO EMAIL			
ADDRESS OF DRIVER: 31 JURONG WEST ST 41 # 14-24 S (649412)			
Number Of Passenger Include Driver: DRIVER ONLY			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details: NG KWOK KEONG, KELVIN (M) BODY			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO			
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report			
Police Report Number (if any) 7/20190916/7002			
Details Of 3rd Party			
Name / NRIC	No. of Paxs (incl'driver)	Contact	
Veh B SFV 651 T	(01) / Not Sure ()	9022 8661	
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 +65-6322-2072 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: PNPV2018-00011213 (Comprehensive - Classic Plan)

Car plate number: SLH5752

Your name (As the policyholder): Ng Kwok Keong Kelvin

Coverage start date: 24/10/2018

Coverage end date: 23/10/2019

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: UOB Limited

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

Issued on: 30/08/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at support.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.