

NATIONAL Assessment Centre Services

Date In: 21/09/19	Job description	Date & Time Completed	Done by
Ref No NA/KWD19016693/13	SAS e-filing		
Veh No SKM 77615	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 21/09/19 1020	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: QBD97155 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% F: 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. ()

Remarks:- (INC hotline: 6788 6616) 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

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	21/09/2019 12:55
Date Of Accident	21/09/2019 10:20
Exact Location Of Accident	HOUGANG CENTRAL TWDS HOUGANG AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM7761S
Insured/Policyholder	
Name Of Registered Owner	WILSON LIM KAY WEE
NRIC No	S1748433H
Email Address	WILSONLKW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96859977
Alternative Phone No	OTHERS-96859977
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	PNPV2019-00005398
Cover Note Number	
Driver	
Name of Driver	WILSON LIM KAY WEE
NRIC No	S1748433H
Date Of Birth	31/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1984
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859977
Fax Number	
Contact Number	OTHERS-96859977
EMail Address	WILSONLKW@GMAIL.COM

Address	BLK 70 HOUGANG AVE 7 #07-01
Postcode	538804
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	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: : CHERYL LIM SHI YING 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9715S
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

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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.:

Traffic light

Hougang Central

A: SKM7761S
B: GBD9715S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st September 2019 10.20am, I was travelling along Hougang Central towards Hougang Ave 4. My vehicle was stationary while waiting for the traffic light. All of a sudden, I heard a loud bang. Vehicle B (GBD9715S) hit the left rear side of my vehicle when reversing out from a slip road.

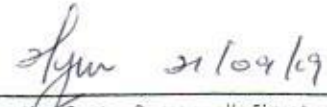
DECLARATION

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:

 21/09/19

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

VEHICLE NO: SKM7761S

MAKE & MODEL: MERC. B180

DATE OF ACCIDENT	21-9-19	21 / 09 / 2019
TIME OF ACCIDENT		10.20 (AM) / PM
LOCATION OF ACCIDENT		HOUGHANZ CENTRAL TOWARD HOUGHANZ AVE 4
Exact Purpose use during accident		
NAME OF OWNER		WILSON LIM KAY WEE
TELP NO		9685 9977
NRIC		S1748433H
CLAIM TYPE	OD /	(THIRD PARTY) / Reporting Only
INSURANCE CO.		FWD
TYPE OF COVERAGE	(Comprehensive) /	Third Party / Third Party Fire & Theft
POLICY NO.		PNPV2019-00005398
NAME OF DRIVER	(As above) /	If No.
NRIC		S1748433H
DATE OF BIRTH		Any passengers: YES, CHERYL LIM SHI YING
OCCUPATION	(Outdoor) /	Indoor
DATE OF DRIVING PASS		2 / 3 / 1984
GENDER	(Male) /	Female
CONTAC NO.		96859977 Office: Home: 538804
ADDRESS		70 HOUGHANZ AVE 7 #07-01 THE FLORIDA SEC508
DRIVER HAVE ANY OWN Vehicle	NO /	(If yes) Reg No.
RELATIONSHIP	Employee /	If No. OWNER
WEATHER CONDITION	(Clear) /	Raining / Other,
ROAD SURFACE	(Dry) /	Wet / Other,
ANY INJURIES	(No) /	If yes, Who?
CONTAC NO.		
POLICE REPORT	(No) /	If yes, Where?
VEHICLE B NO.		GBD 9715 S
NAME		Any Passenger:
CONTAC NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		YES / NO
PARTICULAR WORKSHOP		Sme Motor Pte Ltd
TELP NO		1 Kaki bukit ave 6 #02-15 Tel: 674 76918
CONTACT PERSON		Autobay @ kaki bukit
FAX NO.		Singapore 417883
		Telp: 67476106 (6 lines)
		Fax: 67442368

2 of 20

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888 Company Registration No. 200501737H | www.fwd.com.sg
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YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00005398

About this policy

Premium paid : S\$664.12
(Inclusive of GST)
Coverage start date : 08/04/2019
Coverage end date : 07/04/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : Wilson Lim Kay Wee
Address : 5000E Marine Parade Road 05-20 Laguna Park Singapore 449288
Email : firstbread@gmail.com
NRIC/FIN : S1748433H
Date of birth : 31/01/1966
Marital status : Married
Gender : Male
Current no claims discount : 50%
Mobile Number : 96983288
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : MERCEDES BENZ B180
Year of first registration : 2014
Car plate number : SKM7761S
Issued on: : 15/03/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd.

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at **+65-6820-8888**
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

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