

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA11914510

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 4/11/19 - 11:15 | Job description | Date & Time Completed | Done by |
| Ref No: HA16721921939 of 24 | SAS e-filing | | |
| Veh No: 5W5334C | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 21/1/19 - 15:00 | 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: JMA84372 | 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: ()

| | | |
|---|-----------------------|---------|
| 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 |
|-----------|---------|
| | |
| | |
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| | |

| | | | |
|---------------------------------|---|-------------|----------|
| HA1908372 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | for Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| | 3) TF: Towing Fee \$40/\$45 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Idac Mobile 30 | | |
| Driver/Owner: | QC* | | |
| Contact No: | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| Damaged Portion: | *N6: Repair Co-ordination \$10 | | |
| QC Checked by (Engr-In-Charge): | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 2at 1: | 2at 2 / 3: | |
| | 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 | 04/11/2019 11:13 |
| Date Of Accident | 02/11/2019 15:00 |
| Exact Location Of Accident | PIE (TUAS) BEFORE KPE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJN5334L |
| Insured/Policyholder | |
| Name Of Registered Owner | HOR YONG FEI |
| NRIC No | S8066656Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91138977 |
| Alternative Phone No | OFFICE-91138977 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | MAZDA3 SP |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNPV2019-00004758 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HOR YONG FEI@DUSTY |
| NRIC No | S8066656Z |
| Date Of Birth | 01/01/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/2010 |
| Driving Experience | 9 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91138977 |
| Fax Number | |
| Contact Number | OFFICE-91138977 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 43B LORONG STANGEE |
| Postcode | 425034 |
| 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 | CHAIN 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 | 4 |
| 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) | 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

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 | SMA8407Z |
| 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) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLM8132P |
|-----------------------------|----------|

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJT494J

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)


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

BE TWD TUS BEFORE XPE EXIT

A - SJN5334L
 B - SMA8407Z
 C - SLM832P
 D - SJT494J

A B C D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the 2nd lane. I was not able to stop the vehicle on time when the vehicles in front suddenly stopped on the road and I rear ended into the back of a red car SMA8407Z.

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 Reporting Draft

VEHICLE NO: SJN5334L

MODEL: MAZDA 3

| | | | |
|-----------------------------------|---|----------------|-------|
| DATE OF ACCIDENT | 2/11/19 | | |
| TIME OF ACCIDENT | 1500 | HRS | AM/PM |
| LOCATION OF ACCIDENT | PIE TOWARDS TUAS BEFORE KPE EXIT | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | |
| NAME OF OWNER | HOR YONG FEI | | |
| CONTACT NO. | 91138977 | | |
| NRIC | S8066656Z | | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY OD | | |
| INSURANCE CO. | FWD | | |
| TYPE OF COVERAGE | COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT | | |
| POLICY NO. | | | |
| NAME OF DRIVER | AS ABOVE / IF NO: SAME AS ABOVE | | |
| NRIC | ANY PASSENGER: 0 | | |
| DATE OF BIRTH | | | |
| OCCUPATION | OUTDOOR / INDOOR | | |
| DATE OF DRIVING PASS | | | |
| GENDER | MALE / FEMALE | | |
| CONTACT NO. | 91138977 | OFFICE: | HOME: |
| ADDRESS | 43B LORONG STANGEE S(425034) | | |
| DRIVER HAVE ANY OWN VEHICLE | NO/ IF YES: REG NO. | | |
| RELATIONSHIP | EMPLOYEE/ IF NO: | | |
| WEATHER CONDITION | CLEAR / RAINY/ OTHER: CLEAR | | |
| ROAD SURFACE | DRY / WET/ OTHER: DRY | | |
| ANY INJURIES | NO / IF YES: | | |
| CONTACT NO. | | | |
| POLICE REPORT | NO / IF YES: | | |
| VIDEO RECORDING | NO / YES | | |
| VEHICLE B NO. | SMA8407Z | ANY PASSENGER: | |
| NAME | | | |
| CONTACT NO. | | | |
| VEHICLE C NO. | SLM8132P | ANY PASSENGER: | |
| VEHICLE D NO. | SJT494J | ANY PASSENGER: | |
| VEHICLE E NO. | | ANY PASSENGER: | |
| VEHICLE F NO. | | ANY PASSENGER: | |
| ANY WITNESS | | | |
| WITNESS CONTACT NO. | | | |
| PARTICULAR WORKSHOP | <div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div> | | |
| MOBILE NO. | | | |
| CONTACT PERSON | | | |
| FAX NO. | | | |



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 : PNPV2019-00004758

About this policy


Premium paid : S\$941.19
(Inclusive of GST)
Coverage start date : 05/03/2019
Coverage end date : 04/03/2020
Who is insured to drive: : You and any Authorised Driver
Plan Type : CLASSIC

About you (As the policyholder)

Your name : HOR YONG FEI
Address : 716 Tampines Street 71 06-166 Tampines Starlight Singapore 520716
Email : dustyhor@gmail.com
NRIC/FIN : S8056656Z
Date of birth : 01/01/1980
Marital status : Married
Gender : Male
Current no claims discount : 0%
Mobile Number : 91138977
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : MAZDA 3 1.6
Year of first registration : 2009
Car plate number : SJN5334L
Car chassis number : JM6BK106280441203
Engine number : Z6745122
Issued on: : 05/03/2019


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.