

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA19167666

Date In: 20/12/19-17:45	Job description	Date & Time Completed	Done by
Ref No: NA/SWD19022409/24	SAS e-filing		
Veh No: SKS7192A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 20/12/19-10:20	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: YP 275R 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

NA 430912	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac 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	20/12/2019 17:42
Date Of Accident	20/12/2019 10:20
Exact Location Of Accident	AYE TWDS CTE AFTER JURONG TOWN HALL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7193A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHANG KIE, JOEY
NRIC No	SXXXX161I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87159191
Alternative Phone No	OFFICE-87159191

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T CL 1633G5
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	PNPV2019-00006036
Cover Note Number	

### Driver

Name of Driver	NG CHANG KIE, JOEY (WU ZHONGQI)
NRIC No	SXXXX161I
Date Of Birth	19/06/1977
Occupation	INDOOR
Date Of Driving Pass	31/10/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87159191
Fax Number	
Contact Number	OFFICE-87159191
Email Address	NOEMAIL

Address	BLK 556 JURONG WEST STREET 42 #06-429
Postcode	640556
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?	YES
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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2335R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WU YUXIN
NRIC/Passport Number	
Contact Number	92460674
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP7667A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAMY
NRIC/Passport Number	
Contact Number	96655017
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD7440L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	96782409
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### DETAILS OF INJURED PERSON 1

Name	NG CHANG KIE, JOEY (WU ZHONGQI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKS7193A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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. 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.:

- (A) SKS 7193A
- (B) YP 2335R
- (C) YP 7667A
- (D) XD 7440L



AYE > CTE

After Junoy Town Hall exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards CTE after Junoy Town Hall exit at the extreme left lane. when vehicle D stop, I also stopped in time and my vehicle was stationary. vehicle B also stationary. Suddenly I felt an impact from behind, vehicle B hit onto my vehicle. I wish to stated that veh C hit onto vehicle B and caused vehicle B hit onto my vehicle. The impact is so great and pushes my vehicle hit onto vehicle D. whole accident was captured by my vehicle built-in video recorder.

It was a four vehicles chain collisions.

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.:

Date of Accident: 20/12/2019 Accident Time: 10:20 (24-HR-FORMAT)  
 Accident Place: AYE Tuds CTE After Jurong Town Hall Exit  
 Vehicle Reg. No (Car plate No.): SK57193A Vehicle Make/Model: Volkswagen Jetta 1.4  
 Insurance Company: FWD Policy No. PNP2019-00006036  
 Name of Registered Owner: Company / Individual NG CHANGKIE, JOEY (WU ZHONGQI, JOEY)  
 ID of Registered Owner: Co Reg No: - Owner's NRIC No: 57161611  
 Co Contact No: - Owner's Contact No: 87159191  
 DRIVER'S Name: As Owner DRIVER'S NRIC No: 57161611  
 DRIVER'S Date of Birth: 19 Jun 1977 DRIVER'S License Pass Date: 31 Oct 1995  
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner  
 DRIVER'S Address: AP1 Block 556 Jurong West St 42 # 06-429 81640 556  
 DRIVER'S Contact No./ Alt No.: 1) 8715 9191 2) -  
 DRIVER'S Occupation: (INDOOR) OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address: ckng91@hotmail.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): 1 driver only  
 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>(B) YP2335R</u>	Vehicle Reg No: <u>(C) YP7667A (D) XD7440L</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>WUYUXIN</u>	Name DRIVER: <u>(C) Samy (D) Mr Koh</u>
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9246 0674</u>	DRIVER'S Contact & add: <u>(C) 96655017 (D) 96782409</u>
* Injured Person <u>(C) driver: NG CHANGKIE, JOEY</u> <u>57161611</u>	



### 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: PNPV2019-0006036 (Comprehensive - Prestige Plan)**

Car plate number: SKS7193A

Your name (As the policyholder): Ng Chang Kie, Joey

Coverage start date: 30/04/2019

Coverage end date: 29/04/2020

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:

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

Issued on: 28/03/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6620-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of insurance need to be changed.



### YOUR PRESTIGE 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** : PNPV2019-0006036

#### About this policy

Premium paid : S\$868.69  
(Inclusive of GST)

Coverage start date : 30/04/2019  
Coverage end date : 29/04/2020

Who is insured to drive : You and any Authorised Driver

Policy Type : PRESTIGE

#### About you (As the policyholder)

Your name : Ng Chang Kie, Joey  
Address : 556 Jurong West Street 42 #06-429 Singapore 640556  
Email : [ckng91@hotmail.com](mailto:ckng91@hotmail.com)  
NRIC/FIN : S77161611  
Date of birth : 19/06/1977  
Marital status : Married  
Gender : Male