

NATIONAL Assessment Centre Services.

(week 1 Jan 2005)

MA49170153

Date In: 27/12/2004 11:42	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD/19022749/Y	SAS e-Milling		
Veh No: SLG 4252J	E-mail (to John & AIC 2hrs)		
D.O.A: 26/12/2004 14:55	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: SLG 17A	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 ()	

() Wall-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	Signature

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: 1 day DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TE (NI): TP (on INC) against I-IG	\$20
	9) NI: 1 day 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	27/12/2019 11:42
Date Of Accident	26/12/2019 14:55
Exact Location Of Accident	LOWER DELTA ROAD B/F JUNCTION OF JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4252J
Insured/Policyholder	
Name Of Registered Owner	SEAH KENG LAM (XIE QINGNAN)
NRIC No	SXXXX176D
Email Address	BINYU_TOP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94895937
Alternative Phone No	OTHERS-94895937

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PNCV2019-00000932
Cover Note Number	

Driver

Name of Driver	SEAH KENG LAM (XIE QINGNAN)
NRIC No	SXXXX176D
Date Of Birth	25/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94895937
Fax Number	
Contact Number	OTHERS-94895937
Email Address	BINYU_TOP@HOTMAIL.COM

Address	BLK 317B YISHUN AVENUE 9 #10-286
Postcode	762317
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 TO REAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance,	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER 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 AND ATTACHMENT

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	SLG77A
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 INJURED PERSON 1

Name	SEAH KENG LAM (XIE QINGNAN)
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SLG4252J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 (c) 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:

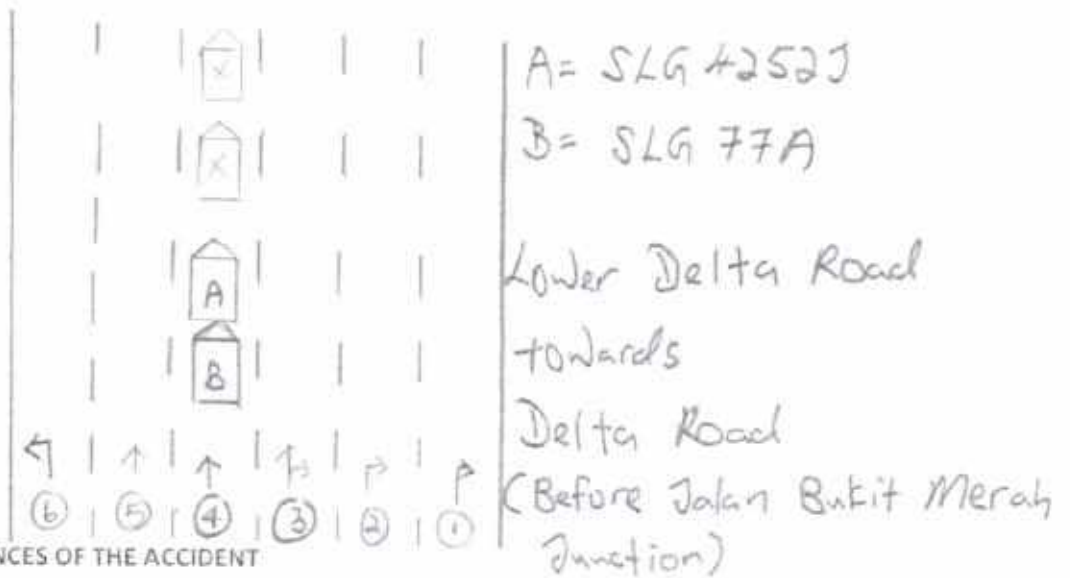


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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:

27/12/2018
Kobayashi

On 26.12.19 at about 14:55 hours along Lower Delta Road towards Delta Road (Before Jalan Bukit Merah Junction). I was travelling straight on lane 4 and the traffic was moderate, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SLG 4252J

Vehicle (B): SLG 77A

A handwritten signature in blue ink, appearing to be 'Rohi'.A handwritten signature in blue ink, appearing to be 'Rohi', followed by the date '27/12/2019' and the word 'Rohi'.

SINGAPORE ACCIDENT STATEMENT

Accident Date:	26/12/2019	Time:	14:55	(hh:mm) 24 hr format
Location	Lower Delta Road towards Delta Road (Before Jalan Bukit Merah Junction).			
Vehicle Number	SLG 4252 J			
Insured Name	Seah Keng Lam			
NRIC/FIN	S8243176 D.	Contact Number	9489 5937.	
Make	Mazda	Model	3	
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				
Insurance Company	FWD			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	PNCV2019-00000932			
Name of Driver	(<input checked="" type="checkbox"/>) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	26/12/1992.			
Driving Pass Date	09/12/2004.			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	bingu-top@hotmail.com	() NO EMAIL		
Address of Driver	BLK 317B Yishun Avenue 9 # 10-286 Singapore 762317.			
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				
Does the Driver Own Any Other Vehicle? () Yes () 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 () 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 detail Seah Keng Lam body Pain				
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SLG 77A			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger - Grab Passenger (F).

Driver + 1 passenger.

CERTIFICATE OF INSURANCE

Please call _____ 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: PNCV2019-00000932

Car plate number : SLG4252J

Coverage start date: 30/09/2019

Coverage end date: 29/09/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Seah Keng Lam

NRIC/FIN: S8243176D

Address: 317B Yishun Avenue 9 10-286 Yishun Greenwalk Singapore 762317

Email: bingu_top@hotmail.com

Mobile Number : 94895937

Date of Birth: 25/12/1982

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 30%

Years of driving experience: Three or more

About your car and policy

Car make and model: MAZDA 3 1.5

Year of first registration : 2016

Plan type: Comprehensive

Standard Excess: S\$2,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,396.48

Finance company: Kenso Leasing Pte Ltd