

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 120007006

Date In: 15/1/20 17:32	Job description	Date & Time Completed	Done by
Ref No: MA/ FWD 20000973/h4	SAS e-filing		
Year No: SJK 1291T	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 14/1/20 17:20.	I-Motor Claim Form		
On: <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA 743 S.	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

MA 2000614	Invoice Preparation Checklist	Am (\$)	SAAR (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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 (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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 (N11) against INC \$20		
	9) N12: Idao 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	15/01/2020 17:32
Date Of Accident	14/01/2020 17:20
Exact Location Of Accident	DECK 3A MSCP @ BEDOK HAWKER CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1291T
Insured/Policyholder	
Name Of Registered Owner	HUANG QIONG
NRIC No	SXXXX079C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96970520
Alternative Phone No	OFFICE-96970520

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00014445
Cover Note Number	

Driver

Name of Driver	ZHU ZIKUN
NRIC No	SXXXX078E
Date Of Birth	13/10/1994
Occupation	INDOOR
Date Of Driving Pass	24/10/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83056240
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	21 LORONG 28 GEYLANG #02-01
Postcode	398425
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	3
Passenger 1	NAME: : HUANG QIONG GENDER: : FEMALE
Passenger 2	NAME: : ZHU WEIXIAN GENDER: : MALE

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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA743S
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 HUANG QIONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK1291T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ZHU ZIKUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK1291T

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 (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:

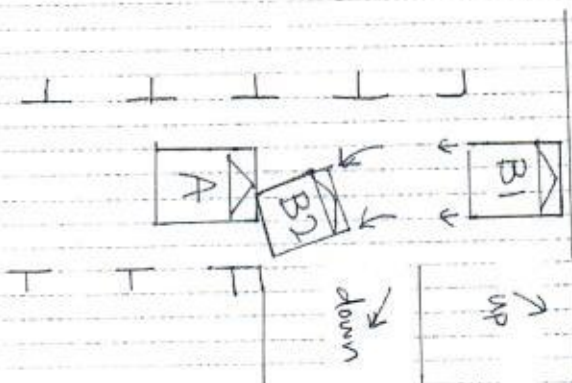
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Deck 3A Multi Story Carpark @ Bedok Hawker Centre

Vehicle A: SJK 1291T

Vehicle B: SLA 743S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SJK 1291T) was stationary at the stated multistory carpark. Suddenly, Vehicle B (SLA 743S) reverse and collided onto the front portion of my vehicle causing damages despite my horn. I wish to state that I have video footage to support my statement.

DECLARATION

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

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Policyholder's Signature

Date & Time:

朱

Driver's Signature

(If driver is not the policyholder)

Date & Time:

朱

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 14/01/2020 Accident Time: 17.20 (24-HR-FORMAT)

Accident Place : Deck 3A Multi Storey Carpark @ bedok Hawker Centre

Vehicle Reg. No (Car plate No.) : SJK1291T Vehicle Make/Model: Honda Jazz

Insurance Company : FWD Policy No. PNPV2019-00014445

Name of Registered Owner : Company/ Individual Huang Qiong

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9477079C

: Co Contact No: _____ Owner's Contact No: 96970520

DRIVER'S Name : Zhu Zikun DRIVER'S NRIC No: S9477078E

DRIVER'S Date of Birth : 13-10-1994 DRIVER'S License Pass Date 24/10/2016

Relationship bet. Owner & Driver : Spouse ☐ Parents ☐ Children ☐ Sibling ☐ Employee ☐ Others ☐

DRIVER'S Address : 21 Lorong 28 Geylang #02-01 (S) 398425

DRIVER'S Contact No./ Alt No. : 1) 83056240 2) _____

DRIVER'S Occupation : INDOOR ☐ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : KUNZYZZK@gmail.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): 03 Passenger Name: Huang Qiong Gender: M/F

Was the accident reported to the police? YES ☐ NO ☒ Passenger Name: Zhu Weixian Gender: M/F

Was there any video Captured by car camera YES ☒ NO ☐ Any Injuries YES ☒ NO ☐ Injured Name: Zhu Zikun

Injured Name: Huang Qiong

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>SLA 743S</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Volvo</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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: PNPV2019-00014445 (Third Party)

Car plate number: SJK1291T

Your name (As the policyholder): HUANG QIONG

Coverage start date: 07/10/2019

Coverage end date: 06/10/2020

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: 30/08/2019

Abhishek Bhatia

Chief Executive Officer
FWD Singapore Pte Ltd

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