

# NATIONAL Assessment Centre Services

Part 1 (Jan 2003)

MMA 120007181

Date In: 16/1/20 10:58	Job description	Date & Time Completed	Done by
Ref No: MA1 FWD 20000993164	SAS e-filing		
Veh No: SKD 6290M	E-mail (within 2hrs, AIC 2hrs)		
IP No: 1511/20 17:00	I-Motor Claim Form		
(1) <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
IP 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: GBD 43085	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 Ref No: 67896616)	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

<p>MA 2000 666</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sat. 1:</p> <p>1/1/20</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>20.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$10)</td> <td>20.00</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*NG: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*NP: Post Repair Inspection</td> <td>\$75</td> </tr> <tr> <td>*NR: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (NI1): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) NI2: Idao Mobile</td> <td>30</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	20.00	2) DA: Damage Assessment (\$100); INC (\$10)	20.00	3) TP: Towing Fee	\$40/\$45	4) FT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (wef 10 Jan 2003)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpt Allowance	\$5	*NG: Repair Co-ordination	\$10	*NP: Post Repair Inspection	\$75	*NR: DV / Collect Excess Coordination	\$5	TP (NI1): TP (Non INC) against INC	\$20	9) NI2: Idao Mobile	30
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## 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	16/01/2020 10:58
Date Of Accident	15/01/2020 17:00
Exact Location Of Accident	ALONG CENTRAL BLVD HEADING TO MARINA BAY SANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD6290M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW XIAO JUN ADELINE
NRIC No	SXXXX146B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93251983
Alternative Phone No	OFFICE-93251983

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	PNPV2018-00016527-01
Cover Note Number	

### Driver

Name of Driver	LIEW XIAO JUN ADELINE
NRIC No	SXXXX146B
Date Of Birth	13/08/1983
Occupation	INDOOR
Date Of Driving Pass	07/06/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93251983
Fax Number	
Contact Number	OFFICE-93251983
EMail Address	NOEMAIL

Address	BLK 14 ADIS RD #02-10
Postcode	229977
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 - MAJOR/MINOR RD
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200115/2186

#### 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	GBD4308S
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)

#### DETAILS OF INJURED PERSON 1

Name LIEW XIAO JUN ADELINE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKD6290M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN

### 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.:

Central Boulevard  
towards Cross St.

Construction Site

(A) SKD 6290m

(B) GBD 43085

\* Refer the attached Police Report No: T/20200115/2186 .

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

Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20200115/2186

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4

Report No. T/20200115/2186

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2020 20:45		Vide Report No.:		Station Diary No.: 50	
<b>Informant's Particulars</b>					
Name of Informant: LIEW XIAO JUN, ADELINE			Address: BLK 14 ADIS ROAD #02-10 SINGAPORE 229977		
ID Type / ID No.: NRIC NO / S8324146B			Contact No.: Home/Office: Mobile: 93251983		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 13/08/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/01/2020 17:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL BOULEVARD  Along Central Boulevard				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4308S	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	0
SKD6290M	Car	VOLKSWAGEN	NEW GOLF 1.4 TSI AT 5K14Q5	White	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20200115/2186

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20200115/2186

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD6290M	FWD Singapore Pte. Ltd	PNPV2018-00016527-01	22/12/2019	21/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Roy Tapan		ID No.	NIL
Related Vehicle	GBD4308S (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LIEW XIAO JUN, ADELINE		ID No.	S8324146B
Related Vehicle	SKD6290M (Car)		Contact No.	93251983
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	15/01/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

ON 15/01/2020, at about 1700hrs, I was driving along Central Boulevard heading to marina Bay Sands. I was driving at the fourth lane and there was a construction going on at my left side. Suddenly there was a vehicle bearing the registration number GBD4308S drive out of the construction site without checking the blind spot and I was unable to stop in time, thus collided to my front of my vehicle. His vehicle then spin all the way to the first lane. I then came out of the vehicle after a while as I was in shock. I then came out of the vehicle, however I was unable to communicate with him, thus I call for the police. Shortly after the police arrived and activate an ambulance as I feel pain in my head.

After I left the place, I then went to see a doctor and was given 3 days of MC.

I wish to state that I do not have any footage.

I also like to state that my car suffered damage to the front of the vehicle and the other vehicle suffered damage on the left side and the rear of the vehicle.





**SINGAPORE  
POLICE FORCE**



T/20200115/2186

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20200115/2186

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200115/2186

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20200115/2186

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 CHUA CHANG YU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/01/2020 20:45

Classification Of Case:



Date of Accident : 15.01.2020 Accident Time: 17.00 (24-HR-Format)  
 Accident Place : Along Central Boulevard heading to Marina Bay Sands.  
 Vehicle No. (Car Plate No.) : SKD 6290M Make/Model: Volkswagen New Golf 1.4  
 Insurance Company : FWD Policy No: PNPY 2018-00016527-01  
 Owner or Company Name / IC No. : Liew Xiao Jun, Adeline (883241468)  
 Owner or Company Contact No. : - Owner's Hp 93251983 Company Tel  
 DRIVER'S Name / IC No. : as above  
 DRIVER'S Date Of Birth : 13.08.1983 DRIVER'S License Pass Date 07.06.2011  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : Blk 14 Adis Road # 02-10 Singapore 229977  
 DRIVER'S Contact No / Alt No. : 1) - 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : -  
 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  
 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  
 Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>GBD 4308S</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



## 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: PNPV2018-00016527-01 (Comprehensive - Classic Plan)**

Car plate number: SKD6290M

Your name (As the policyholder): Liew Xiao Jun Adeline

Coverage start date: 22/12/2019

Coverage end date: 21/12/2020

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.

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

Issued on: 07/12/2019

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.