

# NATIONAL Assessment Centre Services

[Part 1 Jan 2021]

MMA 12000 9032.

|                              |  |                        |          |
|------------------------------|--|------------------------|----------|
| Date In: 20/1/20 13:46       | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: KIAI FW0 20001204/64 | E-mail (within 3hrs, AIC 2hrs)           |                        |          |
| Veh No: SLX 8225Y            | I-Motor Claim Form                       |                        |          |
| IP: 18/1/20 21:30.           | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| IP: Reporting Only           | 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: ( )              |
| IP Particulars: ( )                        | Veh No: SEV 2556M                                       | 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 10/line 6789 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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|           |         |
|           |         |

|                                 |   |                                   |          |          |
|---------------------------------|---|-----------------------------------|----------|----------|
| MA 2000 694                     |   | Invoice Rep/Repairation Checklist | Amo (\$) | Amo (\$) |
| Client's Particulars:           | 1) AR: Accident Reporting (\$30);               |                                   | 20.00    |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$10)    |                                   |          |          |
| Contact No:                     | 3) TP: Towing Fee \$40/145                      |                                   |          |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                                   |          |          |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30    |                                   |          |          |
|                                 | For claiming against INC Only (wef 10 Jan 2021) |                                   |          |          |
|                                 | 6) TR: Re-Inspection \$75                       |                                   |          |          |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |                                   |          |          |
|                                 | 8) NTUC Additional Services:                    |                                   |          |          |
|                                 | Q1:   |                                   |          |          |
|                                 | *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 (Non INC) against INC \$20         |                                   |          |          |
|                                 | 9) N12: Idao Mobile \$0                         |                                   |          |          |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged                       |          |          |
| Auditors' Comments:             | Invoice dated                                   | Fee Charged                       |          |          |
| Ref: 1                          |   |                                   |          |          |
| Ref: 2                          |   |                                   |          |          |



## 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             | 20/01/2020 13:46               |
| Date Of Accident           | 18/01/2020 21:30               |
| Exact Location Of Accident | LOYANG AVE TWDS PASIR RIS DR 3 |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLX8225Y               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | TIONG JIUNN WEI KELVIN |
| NRIC No                     | SXXXX018J              |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-97622428   |
| Alternative Phone No        | OFFICE-97622428        |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | BMW         |
| Model  | 116D        |
| 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             | PNPV2019-00017775       |
| Cover Note Number         |                         |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | TIONG JIUNN WEI KELVIN |
| NRIC No              | SXXXX018J              |
| Date Of Birth        | 06/12/1985             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 25/11/2005             |
| Driving Experience   | 14 YEARS AND 1 MONTH   |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97622428   |
| Fax Number           |                        |
| Contact Number       | OFFICE-97622428        |
| Email Address        | NOEMAIL                |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 118 PASIR RIS ST 11 #13-513 |
| Postcode  | 510118                          |
| 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?   | 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         | SFV2556M    |
| 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.
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:

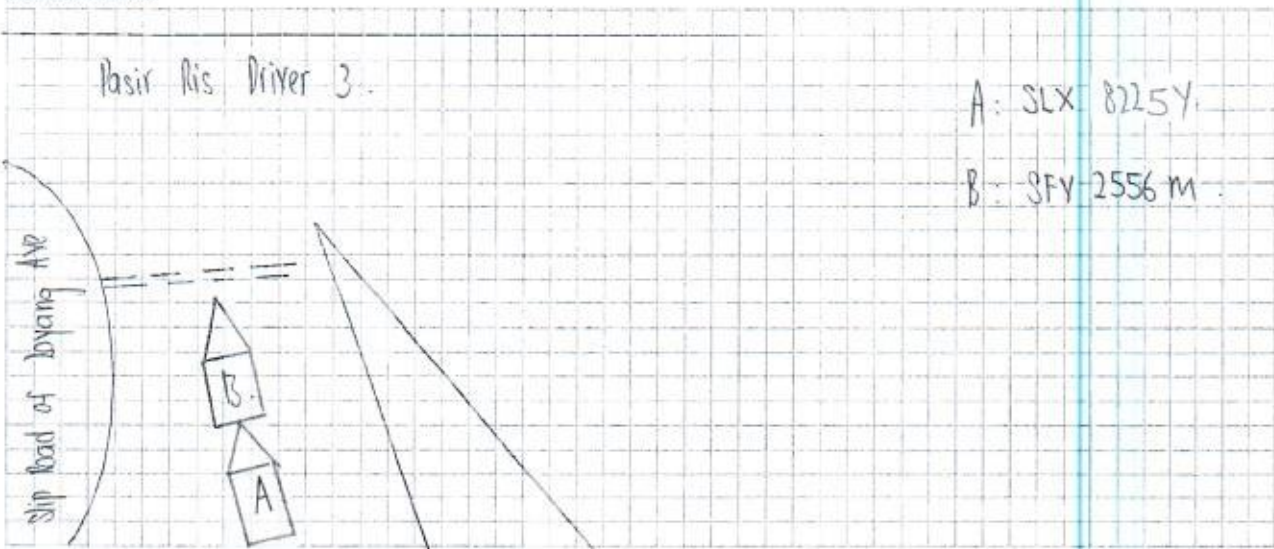
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.01.2020 at about 21.30pm, I was travelling along  
 Layang Ave Toward Pasir Ris Driver 3. I was slowing down at the Slip Road  
 In front Vehicle B slow down and stopped. the car started to inch forward  
 I also started to moved forward when vehicle B suddenly braked I did not manage  
 to stop in time and hit on rear of vehicle B.

## 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 : 18-01-2020 Accident Time: 21:30 (24-HR-Format)  
Accident Place : Layan Ave Towards Pasir Ris Drive 3  
Vehicle No. (Car Plate No.) : SLX 8225 Y Make/Model: BMW 116D  
Insurance Company : FWD Policy No: PNPY 2019-00017775  
Owner or Company Name /IC No. : Tong Junn Wei, kelvin (88541018J)  
Owner or Company Contact No. : - Owner's Hp 97622428 Company Tel  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 06-12-1985 DRIVER'S License Pass Date 25-11-2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 118 Pasir Ris Street 11 #13-513 (S) 510118  
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): No

Other Party Driver's Particular (if any)

|                               |                              |
|-------------------------------|------------------------------|
| Vehicle No: <u>SFV 2556 M</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:

*Chen  
Tang*



## 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:** PNPV2019-00017775 (Comprehensive - Classic Plan)

**Car plate number:** SLX8225Y

**Your name (As the policyholder):** TIONG JIUNN WEI KELVIN

**Coverage start date:** 29/11/2019

**Coverage end date:** 28/11/2020

**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:** DBS Bank Ltd

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

**Issued on:** 24/11/2019

**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.