

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MHA 170124

Date In: 23/1/20-16:43	Job description	Date & Time Completed	Done by
Ref No: HA/FWD200123/24	SAS e-filing		
Veh No: JF6879R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/1/20-16:43	i-Motor Claim Form		
OD / 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: JMH 877A	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%; F: 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

<p>HA2000841</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>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>9) N12: Idac Mobile</p>		<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>*N5: Courtesy Car / Tpt Allowance \$5</p>			
	<p>*N6: Repair Co-ordination \$10</p>			
	<p>*N7: Post Repair Inspection \$25</p>			
	<p>*N8: DV / Collect Excess Coordination \$5</p>			
	<p>TP (N11): TP (N:n INC) against INC \$20</p>			
	<p>Fee Charged</p>			
	<p>Invoice dated</p>			
	<p>Fee Charged</p>			
	<p>Invoice dated</p>			

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	23/01/2020 16:43
Date Of Accident	22/01/2020 16:40
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6819R
Insured/Policyholder	
Name Of Registered Owner	LIEW CHOON WAH
NRIC No	SXXXX178G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817290
Alternative Phone No	OFFICE-96817290

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.2XG A
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	PNPV2019-00010163
Cover Note Number	

Driver

Name of Driver	LIM XUAN LI, JUSTIN
NRIC No	SXXXX281H
Date Of Birth	05/11/1990
Occupation	INDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90687288
Fax Number	
Contact Number	OFFICE-90687288
Email Address	NOEMAIL

Address	BLK 629 BEDOK RESERVOIR ROAD #10-1636
Postcode	470629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20200122/7040.

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	SMG3817A
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)

2

DETAILS OF INJURED PERSON 1

Name

LIM XUAN LI, JUSTIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJF6819R

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:

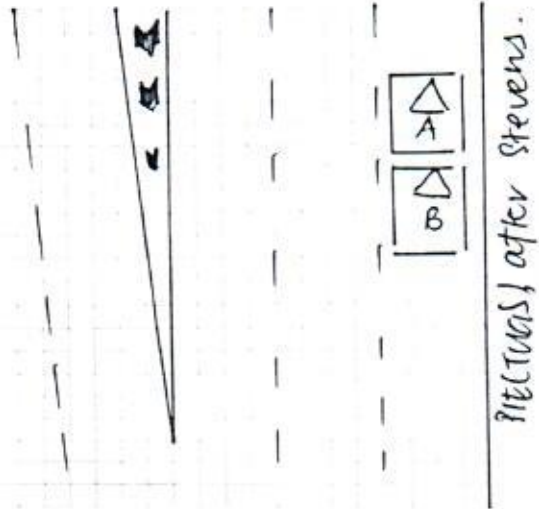

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SJF 6819K

Vehicle B: SMG 3817A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report.

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.:



SINGAPORE POLICE FORCE



E/20200122/7040

1 of 3

POLICE REPORT (NP299)

Report No. E/20200122/7040

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 22/01/2020 23:01	Vide Report No.	Station Diary No.		
Name Of Informant LIM XUAN LI, JUSTIN	Address APT BLK 629 BEDOK RESERVOIR ROAD #10-1636 SINGAPORE 470629			
ID Type / ID No. NRIC NO / S9043281H	Contact No. Home/Office:	Mobile: 90687288		
Nationality SINGAPORE CITIZEN	Email Address justinlx190@gmail.com			
Occupation Student	Sex Male	Age 29	Date of Birth 05/11/1990	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/01/2020 16:40 - 22/01/2020 16:50	Location Of Incident PAN ISLAND EXPRESSWAY			

Brief details.

I was driving along PIE in a Suzuki Swift Car (car plate number SJF6819R) when a Honda Car (car plate number SMQ8507J) slowed down and come to a stop quickly. I had to perform an emergency brake to avoid collision and the Toyota car behind (car plate number SMG3817A) collided into my vehicle. I alighted the car immediately and noticed that the collision had caused damage to my car's rear bumper. I exchanged particulars with the driver of the Toyota car - Madam Lim Xiao Hong and requested to file an insurance claim against her. She tried to contact her insurance agent but the agent was not in town hence, she tried to compensate for the car damages via private settlement. As I was not the owner of the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 23:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200122/7040

car, I told her that I will let the owner of the Suzuki Swift Car (Madam Liew Choon Wah) make the final decision.

Subsequently, Madam Liew contacted Madam Lim via the phone but Madam Lim was adamant on private settlement and was only willing to compensate \$300 in cash which was insufficient to cover the repair costs. Despite reasoning with Madam Lim, Madam Lim was still adamant on private settlement and Madam Liew informed Madam Lim that she will be filing an insurance claim against her for the car repairs.

The purpose of this report is to provide a factual account of this incident and for record purposes.

Subjects Involved			
Suspect			
Person Name	LIM XIAORONG		
ID Type	NRIC NO	ID No	S7187804Z
Gender	Female	Age	49-49
Race	Chinese	Language	Chinese
Mobile No	96558058	Relation To Informant	no relation
Victim			
Person Name	LIM XUAN LI, JUSTIN		
ID Type	NRIC NO	ID No	S9043281H
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Student	Address Type	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 23:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20200122/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200122/7040

Address	APT BLK 629 BEDOK RESERVOIR ROAD #10-1636 SINGAPORE 470629	Mobile No	90687288
Is Informant A Victim?	Yes		
Person Name	LIM XUAN LI, JUSTIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

22/01/2020 23:01

Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/2020) (DD/MM/YYYY), TIME: (16:40) (HH:MM)

LOCATION: PIE(TUAS) after Stevens Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ 6819K
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Suzuki Swift
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Liew Choon Wah Mrs Lim (Male / Female)
B) NRIC/FIN/PASSPORT: S14681786 CONTACT: 96817290
C) ADDRESS: 629 Bedok Reservoir Rd #10-1636 S(470629)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(01)

DRIVER

- a) NAME: Lim Xuan Li, Justin (Male / Female)
b) NRIC/FIN/PASSPORT: 89043281H CONTACT: 90687288
c) ADDRESS: 629 Bedok Reservoir Rd #10-1636 S(470629)

*d) DATE OF BIRTH: (05/11/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passengers

(including driver)

female driver
male passenger (02)

a) VEHICLE NUMBER: SMG 3817A MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passengers

(including driver)

()

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

fwd.com.sg



FWD

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: PNPV2019-00010163 (Comprehensive - Classic Plan)

Car plate number: SJF6819R

Your name (As the policyholder): Liew Choon Wah

Coverage start date: 06/06/2019

Coverage end date: 05/06/2020

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: 02/06/2019

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.

FWD

