

Date In: 23 / 1 / 20 19:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 FWD 20001443149	E-mail (outside area, AIC 2hrs)		
Veh No: SKA 8221R.	1-Motor Claim Form		
In Date: 23 / 1 / 20 14:40.	1-Motor W/O (within OD 2hrs, TP 4hrs)		
TP: <input checked="" type="radio"/> Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SML 7529 D.	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: ()

Comments: (INC Hotline: 6788 4616)	Date Claim 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 2000805	Invoice Preparation Checklist	Am (\$)	RVASH (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
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 (wef 19 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NP: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	23/01/2020 19:43
Date Of Accident	23/01/2020 14:40
Exact Location Of Accident	MOULMEIN RD TWDS NOVENA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8221R
Insured/Policyholder	
Name Of Registered Owner	ERWIN TEO
NRIC No	SXXXX658D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96869496
Alternative Phone No	OFFICE-96869496

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000381
Cover Note Number	

Driver

Name of Driver	ERWIN TEO
NRIC No	SXXXX658D
Date Of Birth	06/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96869496
Fax Number	
Contact Number	OFFICE-96869496
EMail Address	NOEMAIL

Address	BLK 232 HOUGANG AVE 1 #11-244
Postcode	530232
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)	2
Passenger 1	NAME: : ANANTASIRI CHANAPHA 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

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	SML7529D
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	ERWIN TEO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKA8221R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANANTASIRI CHANAPHA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKA8221R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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:



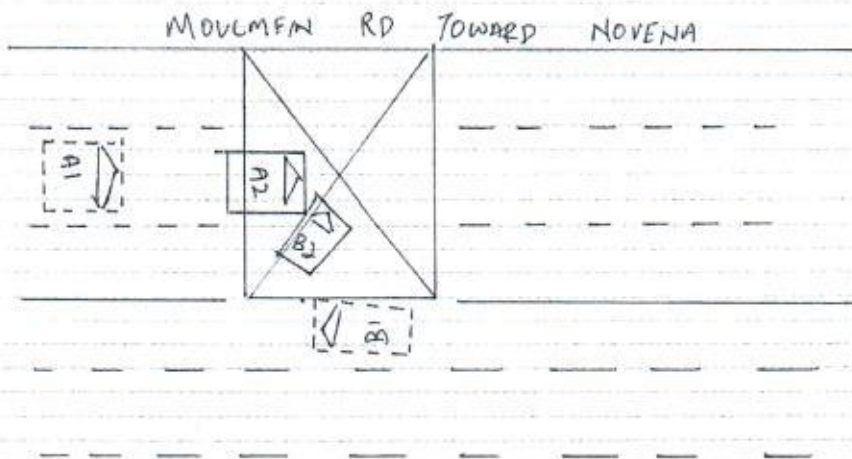
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MOULMEN RD TOWARD NOVENA

SKA 8221 R

SML 7529 D

VEH B : SML 7529 D



ON THE STATED DATE & TIME, I VEH A (SKA8221R) WAS TRAVELLING ON MOULMEIN RD TOWARD NOVENA. AS I WAS MOVING STRAIGHT VEH B (SML75290) OUT OF A SUDDENLY MADE A UTURN AND HIT ONTO MY VEH. WHICH DAMAGE MY VEH FRONT PORTION.

ON THE STATED DATE & TIME, I VEH A (SKAB221R) WAS TRAVELLING ON MOULMEIN RD TOWARD NOVENA. AS I WAS MOVING STRAIGHT VEH B (SML75290) OUT OF A SUDDENLY MADE A UTURN AND HIT ONTO MY VEH. WHICH DAMAGE MY VEH FRONT PORTION.

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

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

Reporting Centre Personnel's Signature

Date of Accident : 23/01/2020 Accident Time: 1440 (24-HR-FORMAT)
 Accident Place : MOULMEIN RD TOWARD NOVENA
 Vehicle Reg. No (Car plate No.) : SKA 8221R Vehicle Make/Model: AUDI A4
 Insurance Company : FWD Policy No. PNCV 2019 - 00000381
 Name of Registered Owner : Company / Individual ERWIN TEO
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9412658D
 : Co Contact No: _____ Owner's Contact No: 9686 9496
 DRIVER'S Name : ERWIN TEO DRIVER'S NRIC No: S9412658D
 DRIVER'S Date of Birth : 06-04-1994 DRIVER'S License Pass Date 19-11-2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : BLK 232 HOUBANG AVE 1 # 11-247 S (530232)
 DRIVER'S Contact No / Alt No. : 1) 9686 9496 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : TEO
 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): 02 Passenger Name: ANANTASIRI CHANAPHA Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: ERWIN TEO
 Injured Name: ANANTASIRI CHANAPHA
 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>SML 7529D</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>CHONG CHING WEN STACY</u>	Name DRIVER: _____
IC No. DRIVER: <u>S9430279Z</u>	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: PNCV2019-00000381

Car plate number : SKA8221R

Coverage start date: 04/04/2019

Coverage end date: 03/04/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Erwin Teo

NRIC/FIN: S9412658D

Address: 232 Hougang Avenue 1 11-244 Singapore 530232

Email: teoerwin94@gmail.com

Mobile Number: 96869496

Date of Birth: 06/04/1994

Gender: Male

Marital status: Single

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

About your car and policy

Car make and model: AUDI A4 2.0

Year of first registration: 2011

Plan type: Comprehensive

Standard Excess: \$55,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): \$54,846.73

Finance company: Kenso Leasing Pte Ltd

FWD Singapore Pte. Ltd. 6 Temasek Boulevard # 18-01 Suntec Tower A, Singapore 038986. T: (65) 6820 8888. Company Registration No: 200501737H | www.fwd.com.sg
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