

1968 JAN 10

19,104/20012751

TP Insurg:

Preferred Wksp / INC Assign Wksp / QW: (

Tol:

**Fax:**

Particulars:

Yeh No:

GRA 01261

INC( ) / Non-INC( )

Owner / Driver: (

'Tele'

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date:

Times

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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$9000] ( )

*Insurgency:*

NA2001.079

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[Wodlors@CompuServe](mailto:Wodlors@CompuServe)

Sal. 17

$$V = \frac{2}{\pi} \int_0^{\pi/2} \sqrt{1 - k^2 \sin^2 \theta} d\theta$$

INVOICE #		DATE	TIME	LOCATION	STATUS
1) AIR: Accident Reporting (\$30)					
2) DA: Damage Assessment (\$100)					
3) TR: Towing Fee	\$40/\$45				
4) PT: Follow-Through Survey	\$120				
5) PT: Follow-Through Survey (Re-survey)	\$30				
Forfeiture against INC Only (over \$10 Jan 2005)					
6) TR: Re-inspection	\$75				
7) NI: New DA + SMRT Survey	\$160				
8) NTUC Additional Services:					
ON:					
*NS: Courtesy Car / Tpt Allowance	\$3				
*NG: Repair Coordination	\$10				
*NR: Post Repair Inspection	\$25				
*ND: DV / Collect Excess Coordination	\$3				
TR (NI): TP (\$5 in INC) against DRG	\$30				
9) NI: ID: 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	29/01/2020 11:36
Date Of Accident	23/01/2020 10:55
Exact Location Of Accident	ANG MO KIO AVENUE 1 TOWARDS ANG MO KIO AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5957H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG YOONG TIAN (WU YONGTIAN)
NRIC No	SXXXX728C
Email Address	YONGTIAN1983@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91510217
Alternative Phone No	OTHERS-91510217

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-0001002-01
Cover Note Number	

### Driver

Name of Driver	NG YOONG TIAN (WU YONGTIAN)
NRIC No	SXXXX728C
Date Of Birth	03/02/1983
Occupation	INDOOR
Date Of Driving Pass	08/08/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91510217
Fax Number	
Contact Number	OTHERS-91510217
EMail Address	YONGTIAN1983@GMAIL.COM

Address	BLK 677B PUNGGOL DRIVE #10-788
Postcode	822677
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?	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: : QIU XIAOHUI GENDER: : FEMALE
Passenger 2	NAME: : ETHAN NG JING LE 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4136L
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 NG YOONG TIAN (WU YONGTIAN)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLF5957H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name ETHAN NG JING LE  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLF5957H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name QIU XIAOHUI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLF5957H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



### SKETCH PLAN

**IMPORTANT NOTICE**

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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.

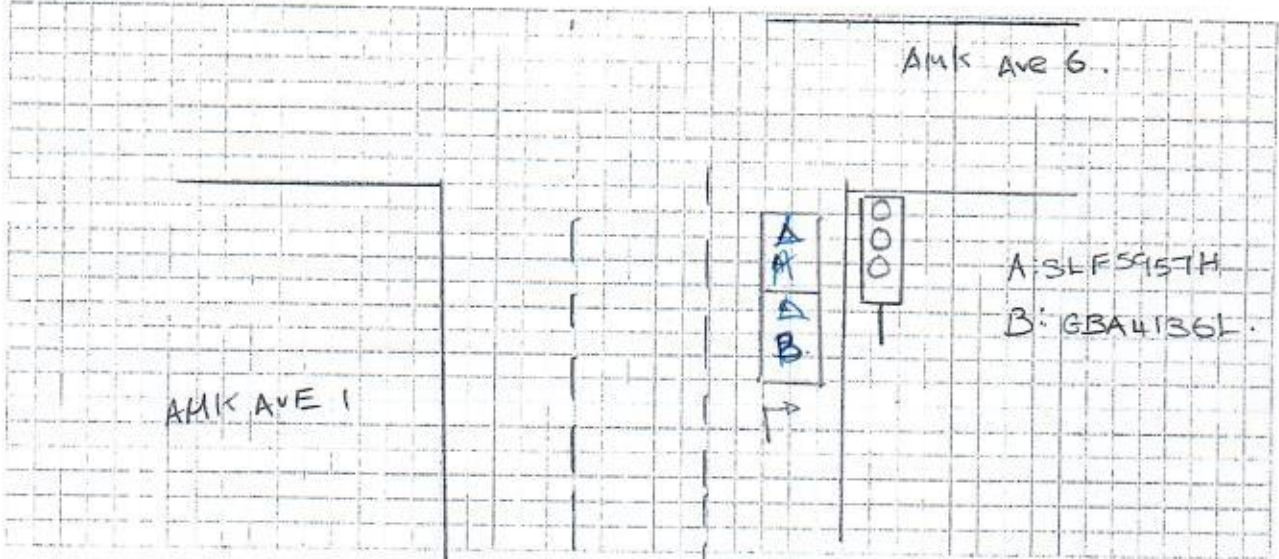
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/01/20 at about 1055pm. I was travelling along AMK Ave 1. I was stationary due to traffic light (red), vehicle B hit my rear.

## 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.:

8K

Date of Accident : 23/01/20 Accident Time: 10:55 AM (24-HR-Format)  
Accident Place : AMK Ave 1 towards AMK 6  
Vehicle No. (Car Plate No.) : SLF 5957 H Make/Model: Audi Civic  
Insurance Company : FWD Policy No: PNP V2018 - 00011002 - 01  
Owner or Company Name / IC No. : 58304728C NG YONG TAN  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 91510217 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NG YONG TAN / 58304728C  
DRIVER'S Date Of Birth : 03/02/1983 DRIVER'S License Pass Date 08 Aug 2007  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner. 5822677  
DRIVER'S Address : BLK 677B, PUNGGOL DRIVE, #10-788, 1  
DRIVER'S Contact No./ Alt No. : (1) 91510217 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : yongtan1983@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): QIU XIAOHUI & ETHAN NG JING LE  
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 injured

Other Party Driver's Particular (if any)

Vehicle No: <u>GBA 4136L</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:**

Qiu Xiaohui  
Female

Ng Jing Le, Ethan (Wang Jingle)  
male

Y3





## 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: PNPV2018-00011002-01 (Third Party Fire And Theft)**

Car plate number: SLF5957H

Your name (As the policyholder): Ng Yoong Tian

Coverage start date: 28/09/2019

Coverage end date: 27/09/2020

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: Hong Leong Finance Limited

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

Issued on: 28/07/2019

**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.