

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MW 120 19615**

Date In: 12/12/12-12:12	Job description	Date & Time Completed	Done by
Ref No: NA 1EWD2002433/4	SAS e-filing		
Veh No: SLW3764	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 12/12-08:05	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: 533527	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 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

Claimant's Particulars:-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idas DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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: Idas Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

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	12/02/2020 17:12
Date Of Accident	11/02/2020 08:05
Exact Location Of Accident	CIRCUIT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5376U
Insured/Policyholder	
Name Of Registered Owner	EDMOND KHOO CHOON KEONG
NRIC No	SXXXX617F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92994046
Alternative Phone No	OFFICE-92994046

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5 CVT ELEGANCE
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	PNPV2019-00003303
Cover Note Number	

Driver

Name of Driver	LIM ZAN XUAN
NRIC No	SXXXX639D
Date Of Birth	14/01/1985
Occupation	INDOOR
Date Of Driving Pass	10/04/2006
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98385798
Fax Number	
Contact Number	OFFICE-98385798
Email Address	NOEMAIL

Address	BLK 17A CIRCUIT ROAD #05-204
Postcode	371017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - 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:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ52D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97485025
Address	
Postcode	
Insurance Company Name	


Nature Of Damage
No. Of Passenger (Including Driver)


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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:

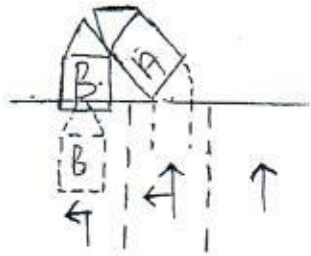
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

Circuit Rd.



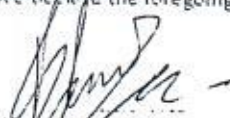
① SLW5376U
② SJJS2D


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Circuit Rd. As I was turning left, suddenly vehicle B hit onto the front left portion of my vehicle. The left lane is turn left only, however vehicle B go straight and hit onto my vehicle. Whole accident was captured by my vehicle built-in video recorder.

DECLARATION

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

2. 
Policyholder's Signature
Date & Time:

2. 
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Date of Accident 11/02/20 Accident Time 08:05 (24-HR FORMAT)
Accident Place Circuit Rd.
Vehicle Reg. No. (Car plate No.) SLW 537U Vehicle Make Model: TOYOTA SIENNA
Insurance Company FWD Policy No. PNPVED19-00008308-01
Name of Registered Owner Company / Individual Edmond Khoo Choon Keong
ID of Registered Owner Co Reg No. — Owner's NRIC No. S8520617F
Co Contact No. — Owner's Contact No. 92994046
DRIVER'S Name LIM ZAN XUAN DRIVER'S NRIC No. S8503639D
DRIVER'S Date of Birth 14/11/1985 DRIVER'S License Pass Date 10 Apr 2006
Relationship bet. Owner & Driver Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address 117 ME 17A CIRCUIT RD #05-204 (U) 371017
DRIVER'S Contact No./ Alt No. 1) 9838 5798 2) —
DRIVER'S Occupation INDOOR \ OUTDOOR (eg. working inside or outside of an 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, 1 passenger (Female)
Was the accident reported to the police? YES \ NO
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

Other Party Driver's Particulars (if any)

Vehicle Reg No. <u>(B) SJJ 52 D</u>	Vehicle Reg No. <u>—</u>
Vehicle Make Model <u>Toyota</u>	Vehicle Make Model <u>—</u>
Insurance Company <u>—</u>	Insurance Company <u>—</u>
Policy No. <u>—</u>	Policy No. <u>—</u>
Name of Registered Owner <u>—</u>	Name of Registered Owner <u>—</u>
ID of Registered Owner <u>9748 5025</u>	ID of Registered Owner <u>—</u>
Co Contact No. <u>—</u>	Co Contact No. <u>—</u>
Owner's Contact No. <u>—</u>	Owner's Contact No. <u>—</u>
DRIVER'S Name <u>—</u>	DRIVER'S Name <u>—</u>
DRIVER'S Date of Birth <u>—</u>	DRIVER'S Date of Birth <u>—</u>
Relationship bet. Owner & Driver <u>—</u>	Relationship bet. Owner & Driver <u>—</u>
DRIVER'S Address <u>—</u>	DRIVER'S Address <u>—</u>
DRIVER'S Contact No./ Alt No. <u>—</u>	DRIVER'S Contact No./ Alt No. <u>—</u>
DRIVER'S Occupation <u>—</u>	DRIVER'S Occupation <u>—</u>
Email Address <u>—</u>	Email Address <u>—</u>
Weather & Road Surface <u>—</u>	Weather & Road Surface <u>—</u>
Reporting Type <u>—</u>	Reporting Type <u>—</u>
Number of Passengers (including Driver) <u>—</u>	Number of Passengers (including Driver) <u>—</u>
Was the accident reported to the police? <u>—</u>	Was the accident reported to the police? <u>—</u>
Was there any video captured by car camera? <u>—</u>	Was there any video captured by car camera? <u>—</u>
Exact purpose for which vehicle was being used at the time of accident: <u>—</u>	Exact purpose for which vehicle was being used at the time of accident: <u>—</u>



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: PNPV2019-00003303 (Comprehensive - Classic Plan)

Car plate number: SLW5376U

Your name (As the policyholder): Edmond Khoo Choon Keong

Coverage start date: 19/02/2019

Coverage end date: 18/02/2020

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.

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

Issued on: 08/02/2019

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.