

# NATIONAL Assessment Centre Services. [ref 1 Jan 00] MAY 2000 15993

Date In: 27/01/2000 17:29	Job description	Date & Time Completed	Done by
Ref No: NPA/PO20003315/4	SAS e-milling		
Veh No: SMO 6533X	E-mail P (Update 2hrs, AIC 2hrs)		
O.O.A. 26/01/2000 18/10	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: FBH 4728M	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) 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 > \$3000] ( )		

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2000200	Invoice No: _____	Invoice Date: _____
Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (140)	
Damage Portion:	3) TP: Towing Fee \$10/140	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
_____	5) PT: Follow-Through Survey (Resurvey) \$30	
_____	6) TR: Re-inspection \$70	
_____	7) NI: IDAO DA + EMRT Survey \$160	
_____	8) NIUC Additional Services:	
_____	ON:	
_____	• NI: Courtesy Car / Tpl Allowance \$3	
_____	• NI: Repairs Co-ordination \$10	
_____	• NI: Post Repair Inspection \$25	
_____	• NI: DV / Collect Excess Coordination \$3	
_____	• TP (NI): TP (NI) INC against D-16 \$20	
_____	7) NI: Idea 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	27/02/2020 17:39
Date Of Accident	26/02/2020 18:10
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT AT ANAK BUKIT FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6533X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG KAR HIN
NRIC No	SXXXX022G
Email Address	JESLINL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96570788
Alternative Phone No	OTHERS-93887069
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AVANTE
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001755
Cover Note Number	
<b>Driver</b>	
Name of Driver	HA KIM HONG
NRIC No	SXXXX665Z
Date Of Birth	05/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96570788
Fax Number	
Contact Number	OTHERS-93887069
Email Address	JESLINL@SINGNET.COM.SG

Address	BLK 539 JURONG WEST AVENUE 1 #10-1028
Postcode	640539
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 - 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?	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: : DAVID 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH4738M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### SKETCH PLAN

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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/mall 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: *P. S. D.*  
NRIC/FIN No.:



ATI ANAK BUKIT PLYMER

PIE

CHANGI AIRPORT

A SMW 6533 X  
B FBH 4738 M

I WAS TRAVELLING ALONG PIE TOWARD CHANGI AIRPORT ON THE EXTREME RIGHT LANE OF A 4 LANE ROAD, EXPRESSWAY. SOMEWHERE AT ANAK BUKIT FLYOVER, VEHICLE INFRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY. AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND HIT ONTO THE REAR PORTION OF MY VEHICLE. A - SUV 6C33 X  
B - FBH 4738 m

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

Reporting Centre Personnel's Signature  
Name: Paul  
NRIC/FIN No.: 9201 1234 5678

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26 FEB 2020 TIME: 18:10HRS (hh:mm) 24 hrs Format  
LOCATION: PIE TOWARD CHANGI AIRPORT AT ANAK BUEIT FLYOVER

VEHICLE NUMBER: SMQ 6533 X

INSURED NAME: LEONG KAR HIN

NRIC/FIN: S70730224

CONTACT: 96570988

MAKE: HYUNDAI

MODEL: AVENTA

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select: ( ) Third Party ( ) Reporting Only

INSURANCE COMPANY: FWD

TYPE OF POLICY: ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT

POLICY NUMBER: PNCV 2019-00001755

NAME DRIVER: HA KIM HUNG

( ) SAME AS INSURED

NRIC/FIN: S6884665 Z

CONTACT: 9388 7069

DATE OF BIRTH: 05 DEC 1968

DRIVING PASS DATE: 08 JUL 1995

OCCUPATION: ( ) INDOOR ( ) OUTDOOR

GENDER: ( ) MALE ( ) FEMALE

EMAIL ADDRESS: JESLINL@SINGNET.COM.SG

( ) NO EMAIL

ADDRESS OF DRIVER: BLK 539 JURONG WEST AVENUE 1 #10-1028 5/640539

Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER  
DAVID (M)

Was driver an employee of the Insured's Company? ( ) YES ( ) NO

If No, Relationship Of The Driver With The Insured

( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others

Does The Driver Own Any Other Vehicle?: ( ) YES ( ) NO

If Yes, Vehicle Registration Number Of Driver's Own Vehicle:

Insurance Company Of Driver's Own Vehicle

Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others

Road Surface: ( ) Dry ( ) Wet ( ) Others

Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO

Was Anybody Injured In The Accident? ( ) YES ( ) NO

If YES, Injured details:

Convey By Ambulance: ( ) YES ( ) NO

Was There Any Video Capture By Car Camera? ( ) YES ( ) NO

Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report

Police Report Number (if any)

Details Of 3rd Party	Name / NRIC	No. of Paxs (incl driver)	Contact
Veh B: FBH 4938 M		( ) / Not Sure ( )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	





## 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: PNCV2019-00001755

Car plate number : SMQ6533X

Coverage start date: 20/12/2019

Coverage end date: 19/12/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: LEONG KAR HIN

NRIC/FIN: S7073022G

Address: 539 Jurong West Avenue 1 10-1028 Singapore 640539

Email: Jeslinl@singnet.com.sg

Mobile Number: 96570788

Date of Birth: 02/04/1970

Gender: Female

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

### About your car and policy

Car make and model: HYUNDAI AVANTE 1.6

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,662.63

Finance company: Maybank