

NATIONAL Assessment Centre Services.

1001 1 Jan 001 M/NBA 20017655

Date In:	Job description	Date & Time Completed	Done by
03/03/2020 10:58	SAS e-filing		
Ref No: NBA/END20003469/4	E-mail (Vehicle 6hrs, AIC 2hrs)		
Veh No: SGY 2444A	I-Motor Claims Form		
D.O.A: 02/03/2020 09:10	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: (TV) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SGY 1744J 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 repair.

() 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: _____

Date: _____

Item	Amount	Notes
1) AIC: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$40/\$40	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (over 10 Jan 200)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpl Allowance	\$5	
*NR: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Co-ordination	\$5	
*NF: DV / Collect Excess Co-ordination	\$20	
TP (NI) / TP (Non-INC) against IRG	\$30	
9) NI: Idea Mobile		
Invoice dated		Fee Charged
Invoice dated		Fee Charged

NBA 2001782

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Date:

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Stamp: 1001 1 Jan 001

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	03/03/2020 10:58
Date Of Accident	02/03/2020 07:10
Exact Location Of Accident	AYE (TOWARDS JURONG) AFTER LOWER DELTA ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY2444A
Insured/Policyholder	
Name Of Registered Owner	CHAN LIANGHONG JAMES
NRIC No	SXXXX689J
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83448344
Alternative Phone No	OTHERS-97643020

Vehicle Particulars

Manufacturer	AUDI
Model	A6
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	PNPV2018-00008022-01
Cover Note Number	

Driver

Name of Driver	SNG ZHENWEI, UZIA
NRIC No	SXXXX722B
Date Of Birth	10/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83448344
Fax Number	
Contact Number	OTHERS-97643020
EMail Address	XDETOX32@GMAIL.COM

Address 21 FORT ROAD
#02-04
Postcode 439089
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 CHAIN COLLISION
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 6
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: : KYLER CHAN
GENDER: : MALE
Passenger 2
NAME: : KIERA CHAN
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

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 SGL1744J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA8426S
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL8154G
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLX485R
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SJL8873M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 as the insurer and to copies of the report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

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 purposes) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (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, notices, 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 (a) 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:

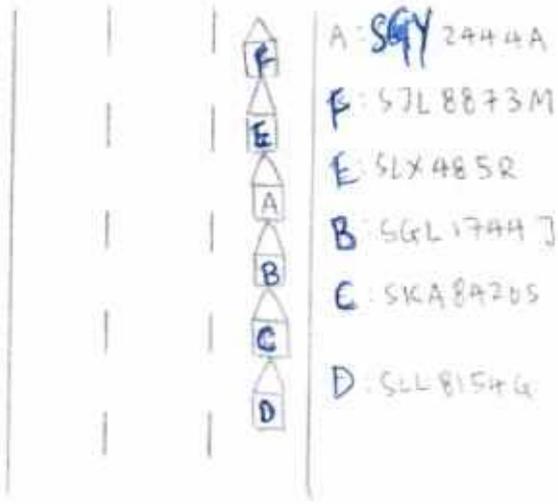

Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
2000114164

SKETCH PLAN

AYE (TOWARDS JURONG) AFTER LOWER DELTA ROAD EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along AYE (Towards Jurong) After Lower Delta Rd Exit. I was traveling straight when I saw vehicle C brake I ~~followed~~ followed my vehicle was stationary when suddenly vehicle D collided on to my vehicle pushing my vehicle forward and colliding on to vehicle C. When I alighted I was involve in a sit car chain collision.

DECLARATION

I/we declare the foregoing particulars are true in every respect

Janis
 Police Officer's Signature
 Date & Time

MS
 Driver's Signature
 (If driver is not the possessor)
 Date & Time

[Signature] 03/03/2020
 Reporting Officer's Signature
 Name
 Station No.

Date of Accident: 02/03/2020 Accident Time: 0710 (24-HR Format)

Accident Place: AYE (Towards Jurong) After Lower Delta Rd Exit

Vehicle No. (Car/Plate No.): SJY 2444 A Make/Model: Audi A6

Insurance Company: FWD Policy No.: PNPV2018-00008022-01

Owner of Company Name (IC No.): Chan Lianghong James S8124689J

Owner of Company Contact No.: 8344 8344 Owner's Ho: _____ Company Tel: _____

DRIVER'S Name (IC No.): SN6 ZHENWEI, U21A S8116722B

DRIVER'S Date of Birth: 10 Jun 1981 DRIVER'S License Pass Date: 26 Mar 2004

Relationship of Owner & Driver: Spouse Parents Children Sibling Employer Other

DRIVER'S Address: 21 Fort Road #02-04 S(439089)

DRIVER'S Contact No. (Alt No.): 9764 3020

DRIVER'S Occupation: INDOOR (DRIVER) (e.g. working inside & outside office)

Email Address: xdetox32@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): 03

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, its state):

Other Party Driver's Particular (if any)

Vehicle No. SJL 8873 M (First)

Vehicle No. SLX485 R (Second)

Vehicle Make/Model: Honda

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

SGL1744 J (Fourth)

SKA 84265 (Fifth)

SLL81546 (Last)

Kyler Chan - Male (child)

Kiera Chan - Female (child)



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: PNPV2018-00008022-01 (Comprehensive - Classic Plan)

Car plate number: SGY2444A

Your name (As the policyholder): Chan Lianghong James

Coverage start date: 26/06/2019

Coverage end date: 25/06/2020

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: DBS Bank Ltd

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

Issued on: 30/05/2019

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.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAA20017655 Vehicle Registration No: 54Y 2444 A
Name (as shown in NRIC) : Shie ZHENWEI U21A NRIC/FIN/Passport No : 7225
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 21 Fort Road #02-09 Singapore (439069)
Contact (Tel) : 8344 8344 / 9764 3020 Mobile No. : -
Email Address : wletor32@gmail.com
Date of Accident : 02/03/2020 Time of Accident : 07:10
Place of Accident : AYE (Towards Jurong) After Lower Seletar Road East
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle Registration Number : 54Y 2444 A

Sketch Plan Vehicle A : 54Y 2444 A

WJ
Policyholder / Driver's Signature
Date: 03/03/2020

[Signature] 03/03/2020
Reporting Centre Personnel's Signature
Name: Reshwan
NRIC/FIN No.: U01103
Date: