

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 18/03/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/FWD 20004195/13	E-mail (within 8hrs. AIC 2hrs):		
Veh No: SLV 9770F	i-Motor Claim Form		
D.O.A: 18/03/20 09:25	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (RICO GO Tel: Fax:)			
TP Particulars:	Veh No: SLT3878U	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%; F: 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

NA2002235

Claimant's Particulars:-	Invoice Preparation Checklist	Amnt (\$) Est. Bill	Amnt (\$) 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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idau 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: Idau Mobile 30		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Auditors' Comments:-

U. 1:

U. 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	18/03/2020 14:33
Date Of Accident	18/03/2020 09:25
Exact Location Of Accident	JUNC OF WOLSKEL RD & JLN LATEH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV9770T
Insured/Policyholder	
Name Of Registered Owner	FONG KUM FAI
NRIC No	SXXXX572D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97640543
Alternative Phone No	OTHERS-91721457
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	PNPV2019-00002225
Cover Note Number	
Driver	
Name of Driver	ONG SOO FURN(WENG SUFEN)
NRIC No	SXXXX287A
Date Of Birth	08/12/1973
Occupation	INDOOR
Date Of Driving Pass	24/06/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91721457
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 168 LENTOR LOOP #14-03
Postcode	789098
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	SIDE SWIPE
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)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLJ3878U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN ONG NGAH
NRIC/Passport Number	SXXXX679A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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. 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

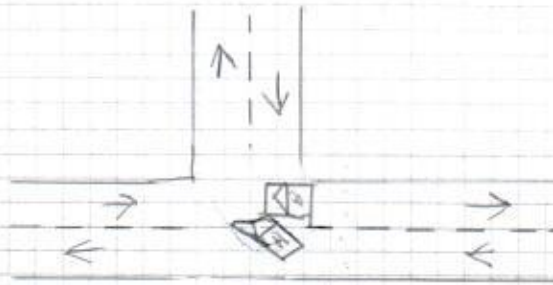
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 18/03/20
 Reporting Centre Personnel's Signature

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

SKETCH PLAN

JUNC OF WOLSKEL RD 1 JUN LATEH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was stationary on the stated venue. I signal to turn right when I see the traffic is clear I start to make the right turn. Suddenly vehicle B overtook my vehicle from the right against traffic direction colliding into my vehicle's front portion & right portion.

DECLARATION

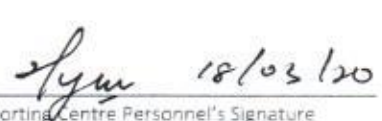
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

 18/03/20

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

VEHICLE NO:	SLV9770T	MAKE & MODEL:	HONDA FIT
DATE OF ACCIDENT	18 / 03 / 2020		
TIME OF ACCIDENT	09:24	(AM) / PM	
LOCATION OF ACCIDENT	WOLSKEL RD X JLN LATEH		
Exact Purpose use during accident	PRIVATE USE		
NAME OF OWNER	FONG KUM FAI		
TELP NO	9764 0543		
NRIC	S7211572D		
CLAIM TYPE	OD	(THIRD PARTY)	Reporting Only
PRIVATE HIRE	YES / (NO)		
INSURANCE CO.	FWD		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	PN PV2019 - 00002225-01		
NAME OF DRIVER	As above / If No: ONG SOO FURN		
NRIC	S7343287A	Any passengers: 0	
DATE OF BIRTH	08 / 12 / 1973		
OCCUPATION	Outdoor / (Indoor)		
DATE OF DRIVING PASS	08 / 03 / 2004		
GENDER	Male / (Female)		
CONTACT NO.	9172 1457	Office:	Home:
ADDRESS	168 LENTOR LOOP #14-03 (S) 789098		
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: SFK43D		
RELATIONSHIP	Employee / If No: HUSBAND & WIFE		
WEATHER CONDITION	(Clear) / Raining / Other:		
ROAD SURFACE	(Dry) / Wet / Other:		
ANY INJURIES	(No) / If yes: Who?		
CONTACT NO.	AS ABOVE		
POLICE REPORT	(No) / If yes: Where?		
VEHICLE B NO	SL53878U	Any Passenger: 0	
NAME	TAN ONG N6AH (S0636679A)		
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / ering accident claims assistance?	YES / (NO)		
RTICULAR WORKSHOP	Sme Motor Pte Ltd Email: ricob60autob3services@gmail.com		
LP NO	1 Kaki bulit ave 6 #02-15		
NTACT PERSON	Autobay @ kaki bulit		
NO	Singapore 417883		
	Telp: 67476106 (6 lines)		
	Fax: 67442368		



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: PNPV2019-00002225-01 (Comprehensive - Classic Plan)

Car plate number: SLV9770T

Your name (As the policyholder): Fong Kum Fai

Coverage start date: 24/01/2020

Coverage end date: 23/01/2021

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: 13/01/2020

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.