

NATIONAL Assessment Centre Services. [ver 1 Jan'03]

MNA 420034569

Date In: 19/03/2020 16:41	Job description	Date & Time Completed	Done by
Ref No: NBA/KND20004262/4	SAS e-filing		
Veh No: SLB 1822K	E-mail (Addn 3hrs, AIC 2hrs)		
DOA: 19/03/2020 12:25	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WHSR		

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

TP Particulars: Vch No: SLQ 4039.G 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 rapair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Requirements:

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Damage: _____

NA2002157	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (10)
Contact No:	3) TP: Towing Fee	\$40/45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
Auditors' comments:	For claiming against INC Only (ver 10 Jan 2003)	
Date:	6) TR: Re-inspection	\$75
2/2	7) NI: Idan DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	DN:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil) / TP (5% on INC) against IRG	\$20
	9) N12: Idan 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	19/03/2020 16:41
Date Of Accident	19/03/2020 12:25
Exact Location Of Accident	CHANGI VILLAGE ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1822K
Insured/Policyholder	
Name Of Registered Owner	LOUISE KAM CHIA HUI
NRIC No	SXXXX111Z
Email Address:	DENNISKOHSHOUREN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96251215
Alternative Phone No	OTHERS-97977838

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003982
Cover Note Number	

Driver

Name of Driver	KOH SHOU REN, DENIS (XU SHOUREN, DENIS)
NRIC No	SXXXX111Z
Date Of Birth	19/12/1982
Occupation	INDOOR
Date Of Driving Pass	15/03/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96251215
Fax Number	
Contact Number	OTHERS-97977838
Email Address:	DENNISKOHSHOUREN@GMAIL.COM

Address	BLK 669B EDGEFIELD PLAINS #03-676
Postcode	822669
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)	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

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	SLQ4039G
Vehicle Make/Model/Colour	MAZDA 2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH AIK HWEE
NRIC/Passport Number	SXXXX459A
Contact Number	93697620
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

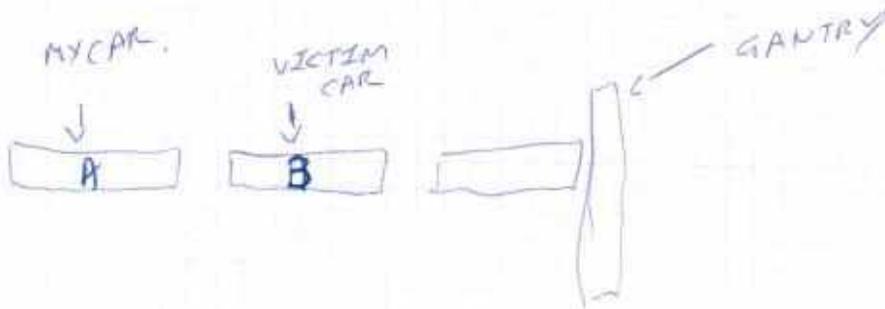
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 190320
1513


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

SKETCH PLAN

CHANGI VANDERLIND ROAD CARPARK



A) SLB 1822K

B) SLQ 4039 G

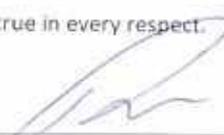
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PRIOR TO THE ACCIDENT, I AM DOING SOME JOB THAT REQUIRES ME TO CARRY HEAVY OBJECTS UNDER THE SUN. SO I WAS FEELING GIDDY. WHILE GOING TO LUNCH THERE ARE TWO RED CARS INFRONT OF ME WAITING FOR THE GANTRY TO OPEN. THE SUN WAS SHINING DIRECTLY INTO MY FACE. AS THE FIRST CAR MOVED OFF I THOUGHT THE CAR INFRONT OF ME MOVED OFF AND I ACCIDENTLY KNOCK INTO HIM

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: 19/03/20
 15:17

19/03/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 03 / 2020) (DD/MM/YYYY), TIME: (12 : 25) (HH:MM)

LOCATION: CHANGE VILLAGE ROAD CARPAK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB1822K
- b) INSURANCE COMPANY: FWD
- c) POLICY NUMBER: PNPV2019-0000 3982
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: HONDA VEZEL 1.5X CVT
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: LUNCH
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LOUISE KAM CHIA HUI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S824311C CONTACT: 96251215
- c) ADDRESS: BK 669B EDGEFIELD PLAZA #03-676
822664

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH SHAW REN JUNEY (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S824311C CONTACT: 97971678
- c) ADDRESS: BK 669B EDGEFIELD PLAZA #03-676
822664

* d) DATE OF BIRTH: (19 / 12 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11022012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS SUNNY)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 4039 G MODEL: Mazda 2
- b) DRIVER'S NAME: Goh Aik Hwee
- c) NRIC/FIN/PASSPORT: S8846459 A CONTACT: 93697620

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = JENIS KOH SHAW REN@GMAIL.COM

VIDEO

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: PNPV2019-00003982 (Comprehensive - Classic Plan)

Car plate number: SLB1822K

Your name (As the policyholder): Louise Kam Chia Hui

Coverage start date: 30/03/2019

Coverage end date: 29/03/2020

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: 19/02/2019



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.