

NATIONAL Assessment Centre Services <small>(Ref: 1-2-22)</small> 17042903628			
Date In: 24/03/2020 16:59	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD200044531	SAS e-filing		
Veh No: SFG 6668 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/03/2020 08:18	I-Motor Claim Form		
OD: (1) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SFG 9824Z	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

NAR2002290	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl 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: Idno Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
Est. 1:			
Est. 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	24/03/2020 16:59
Date Of Accident	24/03/2020 08:15
Exact Location Of Accident	PIE TOWARDS TUAS AT PASIR LABA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG6668B
Insured/Policyholder	
Name Of Registered Owner	NG YEW WAH
NRIC No	SXXXX261A
Email Address	WILLIAM@MAGNUMPE.COM
Mobile Phone No	(LOCAL) +65-82236668
Alternative Phone No	OTHERS-82236668

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	PNPV2018-00007804-01
Cover Note Number	

Driver

Name of Driver	NG YEW WAH
NRIC No	SXXXX261A
Date Of Birth	26/11/1968
Occupation	INDOOR
Date Of Driving Pass	15/11/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82236668
Fax Number	
Contact Number	OTHERS-82236668
EMail Address	WILLIAM@MAGNUMPE.COM

Address	BLK 297C CHOA CHU KANG #07-94
Postcode	683297
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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: : YAU YIN YIN 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	SGN9824Z
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	SMH3744X
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)	


SKETCH PLAN

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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:

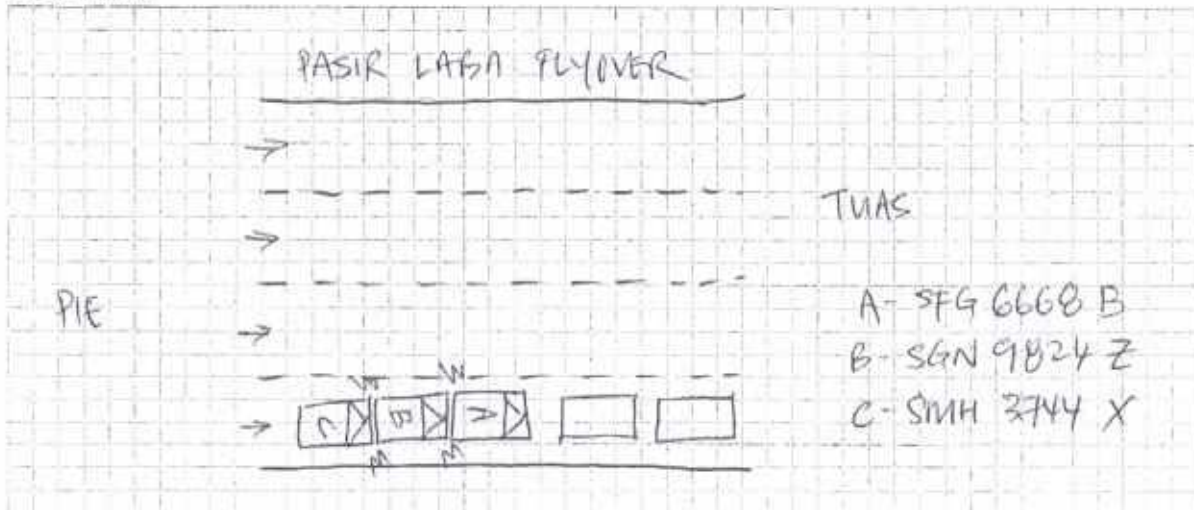


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARD TUAS ON THE EXTREME RIGHT LANE OF A 4 LANE ROAD, EXPRESSWAY. SOMEWHERE AT PASIR LABA 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 I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

A- SFG 6668 B
B- SGN 9824 Z
C- SMH 3744 X

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
24/03/2020

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24 MAR 2020 TIME: 08:15HRS (HH:MM) 24 hrs Format

LOCATION: PIE TOMARD TRAS AT PASIR LABA FLYOVER AFTER UPPER JURONG ROAD EXIT.

VEHICLE NUMBER: SFG 6668 B

INSURED NAME: NG YEW WATH

NRIC/FIN: S6840261A CONTACT: 8223 6668

MAKE: BMW MONDEL: 5201

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: FWDV2018-00007804-01

NAME DRIVER: ☒ SAME AS INSURED

NRIC/FIN: CONTACT:

DATE OF BIRTH: 26 NOV 1968

DRIVING PASS DATE: 15 NOV 2007

OCCUPATION: ☒ INDOOR ☐ OUTDOOR

GENDER: ☒ MALE ☐ FEMALE

EMAIL ADDRESS: William@magnumpe.com ☐ NO EMAIL

ADDRESS OF DRIVER: BLK 297C CHOA CHU KANG, AVE 2 #07-94 S(683297)

Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER
YAN YIN YIN (F)

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 Any Accident Reported To The Police? ☐ YES ☒ NO If Yes Attach Police Report

Police Report Number (if any)

Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (incl' driver)
Veh B	SGN 9824 Z			<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh C	SMH 3744 X			<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh D				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh E				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh F				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh G				<input type="checkbox"/> /Not Sure <input type="checkbox"/>



CERTIFICATE OF INSURANCE

Please call 165-6322-2072 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: PNPV2018-00007804-01 (Comprehensive + Classic Plan)

Car plate number: 5FG6668B

Your name (As the policyholder): NG YEW WAH

Coverage start date: 27/06/2019

Coverage end date: 26/06/2020

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: UOB Limited

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