

# NATIONAL Assessment Centre Services

Print 1 Jan 2009

MAIA 120037258

Date In: 27/3/20 14:21	Job description	Date & Time Completed	Done by
Ref No: MA/PWD 20004593144	SAS e-filing		
Veh No: SLX 8365 B	E-mail (within 2hrs, AIC 2hrs)		
IPFA: 26/3/20 15:40	I-Motor Claim Form		
Off: <input checked="" type="radio"/> 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/Wksp		

Profitted Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
IP Particulars:	Veh No: G8G 7420 P. 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 repolar.
- ( ) Total Loss Case : to e-mail Insurer URGENTLY.

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

## Reminders: (INC to date: 6/10/2008) Date of completion: 27/3/2009

- |   |  |
|---|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |
| 2) QC Check / Post Repair Inspection ( )                |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |

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

Date/Time	Actions

MA2002315

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$)	RAH (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	200	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	200	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Sign-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Sub:	For claiming against INC Only (w/c 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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: Idao 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	27/03/2020 14:21
Date Of Accident	26/03/2020 15:40
Exact Location Of Accident	YISHUN AVE 6 TWDS AVE 9 INFRONT BLK 285
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8365B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA HIRER
Co Reg No	5XXXX976A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81152522

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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 HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000372
Cover Note Number	

### Driver

Name of Driver	CHUA LAI HENG (CAI LAIXING)
NRIC No	SXXXX553D
Date Of Birth	08/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81152522
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 128C CANBERRA ST #13-562
Postcode	753128
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	COLLISION - MAJOR/MINOR RD
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?	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)	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

REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7420P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHUA LAI HENG (CAI LAIXING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8365B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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  
(If driver is not the policyholder)  
Date & Time:



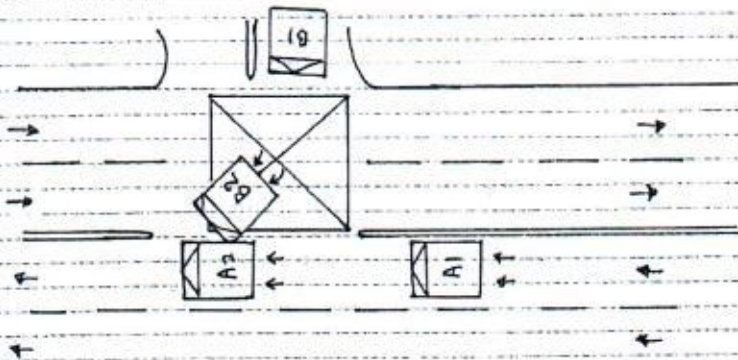
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

Yishun Ave 6 TWDs Ave 9 (In front of BLK285)

Vehicle A - SLX8365B

Vehicle B - GBG 7420P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SLX 8365B) was travelling straight along at the stated location on lane 1. Suddenly, vehicle B (GBG 7420P) came out from my right hand side and collided onto the right portion of my vehicle causing damages.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 26/03/2020 Accident Time: 1540hrs (24-HR-FORMAT)  
Accident Place : Yishun Ave 6 TWDs Ave 9 (In front of BLK 285)  
Vehicle Reg. No (Car plate No.) : SLX8365B Vehicle Make/Model: Honda Shuttle  
Insurance Company : FWD Policy No. PN CV2019-00000372  
Name of Registered Owner : Company / Individual Chua Hirer  
ID of Registered Owner : Co Reg No: 53378976A Owner's NRIC No: -  
: Co Contact No: 8115 2522 Owner's Contact No: -  
DRIVER'S Name : Chua Lai Heng DRIVER'S NRIC No: S8321553D  
DRIVER'S Date of Birth : 08 Jul 1983 DRIVER'S License Pass Date: 29 Mar 2004  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : APT BLK 128 C Canberra Street #13-562 Singapore 75128  
DRIVER'S Contact No. / Alt No. : 1) 8115 2522 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an etc)  
Email Address : -  
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): 01 Passenger Name: - Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Chua Lai Heng  
Injured Name: -  
Exact purpose for which vehicle was being used at the time of accident: Pri ate use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBG 7420P</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



## 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: PNCV2019-00000372**

**Car plate number : SLX8365B**

**Coverage start date: 12/04/2019**

**Coverage end date: 11/04/2020**

**Who is insured to drive: You and any Authorised Driver**

**Covered Geographical Area: Singapore, West Malaysia and Southern Thailand**

### About you (the Policyholder)

**Name: Chua Lai Chye**

**NRIC/FIN: S8505981E**

**Address: 128C Canberra Street 13-562 Eastcrown @ Canberra Singapore 753128**

**Email: angeldeziqn@gmail.com**

**Mobile Number: 96963413**

**Date of Birth: 17/03/1985**

**Gender : Male**

**Marital status: Married**

**Certificate of Merit: Yes**

**Current no claims discount: 10%**

**Years of driving experience: Three or more**

**Company Name: Chua Hirer**

**ACRA Number: 53378976A**

### About your car and policy

**Car make and model: HONDA SHUTTLE 1.5**

**Year of first registration : 2018**

**Plan type: Comprehensive**

**Standard Excess: S\$4,500**

**NCD protector: Not Applicable**

**Your preferred workshop: Not Applicable**

**Overseas Booster: Not Applicable**

**Premium paid (Inclusive of GST): S\$1,642.99**

**Finance company: Car Times Automobile Pte Ltd**