

NATIONAL Assessment Centre Services.

part 1 J347001

NA/20004560

Date In: 06/05/2020 13:22	Job description	Date & Time Completed	Done by
Ref No: NA/20004560/5581/4	SAS e-filing		
Veh No: SMC 891A	E-mail (3 days, AIC 2 hrs)		
D.O.A: 05/05/2020 19:45	I-Motor Claims 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/VK32		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 6318D	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 repater.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

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

Injury: _____

Date:	Time:

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Wardens' Comments:	5) PF: Follow-Through Survey (Resurvey)	\$75
Sal: 1:	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI): TP (NI) INC against INC	\$20
	9) NI: Idea 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	06/05/2020 13:22
Date Of Accident	05/05/2020 19:45
Exact Location Of Accident	TPE (PIE) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC891A
Insured/Policyholder	
Name Of Registered Owner	CHUA POI KEI
NRIC No	SXXXX200H
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90052789
Alternative Phone No	OTHERS-98629256
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	PNPV2019-00011036
Cover Note Number	
Driver	
Name of Driver	TING KIAT YONG (CHEN JIEYONG)
NRIC No	SXXXX305E
Date Of Birth	14/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2003
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90052789
Fax Number	
Contact Number	OTHERS-98629256
Email Address	XDETOX32@GMAIL.COM

Address	BLK 551 PASIR RIS STREET 51 #04-95
Postcode	510551
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?	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

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	SHD6318D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	TING KIAT YONG (CHEN JIEYONG)
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMC891A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Rachel

Policyholder's Signature
Date & Time:

B

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

06/05/2020
Reporting Centre Personnel's Signature

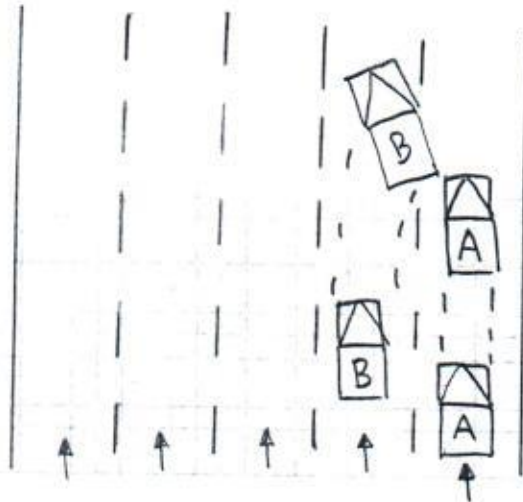
Name:
NRIC/FIN No.:

Red *Lin*

A: SMC 891A

B: SHD 6318D

TPE (PIE) BEFORE KPE EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along
TPE (PIE) Before KPE Exit. I was traveling straight when
suddenly vehicle B SWERVE to the right and collided onto
my vehicle front left portion.

DECLARATION

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

Rachel

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 06/05/2020

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

[Signature]
[Signature]

Date of Incident: 05/05/2020 Accident Time: 1945 LANE 2 (map)
 Location: TPE (PIE) Before KPE Exit
 Vehicle No: SMC891A Make/Model: Honda Vezel
 Insurance Company: FWD Policy No: PNPV2019-00011036
 Driver Name: Chua Poi Kei S7678200M
 Driver's Contact No: 9005 2789 Owner's No: Contact Tel:
 Driver's Address: Ting Kiat Yong (Chen Jie Yong) S8123305E
 Date of Birth: 14/07/1981 Date of License: 13/01/2003
 Purpose of Trip: Circle Puri - Chiklin Spring, Fraser's Ridge
 From: B1K 551 Pasir Ris Street 51 #04-95 S(510551)
 To: 9862 9256
 Driver's Mobile: Circle 9862 9256
 Email: xdetox32@gmail.com
 Police Officer: Circle RAJING A WEI AN LORAIN WEE
 Reporting Officer: Circle Claim Officer
 Number of Passengers (Including Driver): 01
 Was there any video captured by car camera: YES / NO
 Is it purpose for which vehicle use being used at the time of accident: Private Use / Work Purpose
 Driver's Name: Ting Kiat Yong

Other Party Driver's Particulars (if any)

SHD6318D

Driver's Name: _____
 Driver's Mobile: _____
 Driver's Address: _____
 Driver's Contact: _____
 Driver's Name: _____
 Driver's Mobile: _____
 Driver's Address: _____
 Driver's Contact: _____

* NEW - Passenger's name & gender:

Male - Passenger. SHD6318D



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: PNPV2019-00011036 (Comprehensive - Classic Plan)

Car plate number: SMC691A

Your name (As the policy holder): Chua Poi Kei

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) Yourself

(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: OCBC Bank Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 132)

Issued on: 26/06/2019

Abhishek Bhatia
Your Executive Officer
Singapore - FWD Ltd

Please immediately inform us at [+65 6322 2072](tel:+6563222072)
or email us at fwd@fwd.com.sg if any data in
this Certificate of Insurance need to be changed.