

# NATIONAL Assessment Centre Services

[wef 1 Jan'08]

MAARV0047577

Date In: 23/5/10 - 15:13	Job description	Date & Time Completed	Done by
Ref No: NA/KL/2200590974	SAS e-filing		
Veh No: J6F242VM	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/5/10 - 13:05	i-Motor Claim Form		
OD / TP: 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: JMD2312L

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 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

## Invoice Preparation Checklist

Amt (\$)

In Bill

Amt (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

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	23/05/2020 15:13
Date Of Accident	23/05/2020 13:05
Exact Location Of Accident	SENGKANG EAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF2422M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG WEI QUAN DANIEL
NRIC No	SXXXX717F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96616034
Alternative Phone No	OFFICE-96616034

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	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	PNPV2020-00001179
Cover Note Number	

### Driver

Name of Driver	WONG WEI QUAN, DANIEL (HUANG WEIQUAN)
NRIC No	SXXXX717F
Date Of Birth	15/11/1984
Occupation	INDOOR
Date Of Driving Pass	21/03/2012
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96616034
Fax Number	
Contact Number	OFFICE-96616034
Email Address	NOEMAIL

Address	BLK 338A ANCHORVALE CRESCENT #11-83
Postcode	541338
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD2312L
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)	2




## 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:

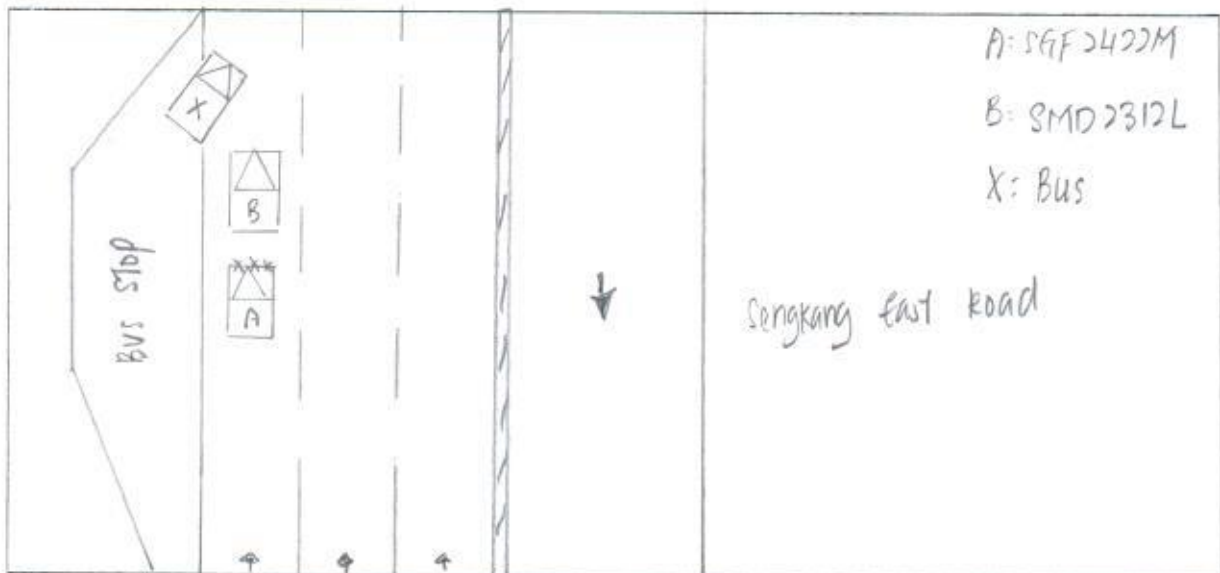
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
(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 driving straight along Sengkang East Road at extreme L of 3 lanes.

veh "B" suddenly stopped due to given way to bus which suddenly came out from bus stop resulted I unable to stopped in time and collided into veh "B" rear 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:

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



VEHICLE NO:	SFT 2422M	MAKE & MODEL:	Toyota Atn
DATE OF ACCIDENT	23 / 05 / 2020		
TIME OF ACCIDENT	1308	AM/PM	PM
LOCATION OF ACCIDENT	Sengkang East Road		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	Wong Wei Quan, Daniel		
TEL NO	96616034		
NRIC	S8436717F		
CLAIM TYPE	OD / THIRD PARTY / <u>REPORTING ONLY</u>		
INSURANCE CO	FWD		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	PNBV 2020-00001179		
NAME OF DRIVER	As Above / If No:		
NRIC		Any Passengers:	NIL
DATE OF BIRTH	15 / 11 / 1984		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	21 / 03 / 2012		
GENDER	<u>Male</u> / Female		
CONTACT NO.		Office:	Home:
ADDRESS	Blk 338A Anchorvale Cres (Bk #11-83 S(541338))		
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other: <u>Drizzling</u>		
ROAD SURFACE	Dry / <u>Wet</u> / Other:		
ANY INJURIEES	<u>No</u> / If yes: Who?		
CONTACT NO.			
POLICE REPORT	<u>No</u> / If yes: Where?		
VEHICLE B NO.	SMD2312L	Any Passenger:	01
NAME			
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.			
OWNER/DRIVER EMAIL			
IN-CAR CAMERA	YES / NO		
PARTICULAR WORKSHOP		SM AUTOMOTIVE	
		1 Kaki Bukit Ave 6, Blk C #01-43	
		Autobay@Kaki Bukit Singapore 417883	
TEL NO		TEL: 6747 9241	
CONTACT PERSON		Reena / Sukyi	
FAX NO.		FAX: 6741 7276	
EMAIL		reena@nhtmotor.com	
		admin@nhtmotor.com	

## 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: PNPV2020-00001179 (Comprehensive - Classic Plan)**

Car plate number: SGF2422M

Your name (As the policyholder): Wong Wei Quan Daniel

Coverage start date: 11/01/2020

Coverage end date: 10/01/2021

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.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 07/01/2020



**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, #18-01, West Tower 4, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200501737H. [www.fwd.com.sg](http://www.fwd.com.sg)  
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**YOUR CLASSIC CAR INSURANCE SUMMARY**

Please call

for FWD Emergency Assistance