

NATIONAL Assessment Centre Services. part 1 Jan 2021

Date In: 29/06/20	Job description	Date & Time Completed	Done by
Ref No NA/FWD20006774/13	SAS e-filing		
Veh No SKK 7519L	E-mail (within 2hrs, A/C 2hrs)		
DCA 28/06/20 0910	I-Motor Claim Form		
(IP) IP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (HUP 800N)	Tel:	Fax:
TP Particulars:	Veh No: SGH3282H	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: (\$)	Landing: \$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 6748 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	Action

NA2003400	Invoice Preparation Checklist	Am (S)	Am (S)
Claimant's Particulars:	1) Alt: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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) \$30		
Auditors Comments:	For claimant against INC Only (wef 10 Jan 2023)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

STAMP

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	29/06/2020 14:27
Date Of Accident	28/06/2020 09:10
Exact Location Of Accident	58 NEW UPPER CHANGI RD MARKET CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK7519L
Insured/Policyholder	
Name Of Registered Owner	CHAI YONG CHING
NRIC No	SXXXX483G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97427438
Alternative Phone No	OTHERS-91853832
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	PNPV2018-00011336-01
Cover Note Number	
Driver	
Name of Driver	CHEAH AH CHYE
NRIC No	SXXXX482I
Date Of Birth	29/11/1956
Occupation	INDOOR
Date Of Driving Pass	23/08/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91853832
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 HARVEY CLOSE
Postcode	489442
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	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200628/2030

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 Witness 1

Name	ALVIN
Phone Number	91391826
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH3282H
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
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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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.:

29/06/20

SKETCH PLAN



A. 8KK7519L
B. 8G4H3282H.

NO 58 UPPER CHANGI ROAD
CAR PARK.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. T/20200628/2030

DECLARATION

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

Chi

Policyholder's Signature
Date & Time:

Same

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

shym 29/06/20

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



SINGAPORE POLICE FORCE



T/20200628/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20200628/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2020 13:14		Vide Report No.: T/20200628/2018		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: CHEAH AH CHYE			Address: 8 HARVEY CLOSE SINGAPORE 489442		
ID Type / ID No.: NRIC NO / S2563482I			Contact No.: Home/Office: Mobile: 91853882		
Nationality: MALAYSIAN			Email: ACCHEAH@HOTMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 29/11/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/06/2020 09:10	Type of Location: Car Park
Location: Along Road 1 NEW UPPER CHANGI ROAD				
Market 58 open space carpark, 10 carpark lots away from the market main entrance				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH3282H	Car	TOYOTA	Vellfire	Black	Slightly Damaged	0
SKK7519L	Car	MERCEDES BENZ	E 250CGI	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Driver			
Name	CHEAH AH CHYE	ID No.	S2563482I
Related Vehicle	SKK7519L (Car)	Contact No.	91853882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/6/2020 at 0900 hrs, I parked my car, namely SKK7519L, at the above mentioned location to buy groceries with my wife. When I returned to my car at 0915 hrs, I noticed that there were multiple dents and scratches to the right front of my car, with the right headlight also sustaining damages. I then found a note left on my windshield, in which the contents stated that he is a witness and that he had seen a collision occurring.

I then contacted the witness, namely Alvin HP:91391826, who informed that earlier on, he was waiting for his family at the vicinity when he saw a black colour car, likely to be a Toyota Vellfire, parking into the adjacent lot beside my car. The witness informed that the black Vellfire then collided into my front left bumper, causing the damage as a result. The witness also informed that the black Vellfire left in a hurry afterwards while also sustaining damages to his door. The witness could only remember the licence plate of the black car to be SGH3282.

I do not have any in-car camera installed in my car. I also wish to add that I went to enquire a workshop which managed to obtain the correct license plate of the black car from their system and it is SGH3282H.



**SINGAPORE
POLICE FORCE**



T/20200628/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20200628/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 SHOW XIN DA, DYLAN *[Signature]*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168 *[Stamp]*

Signature Of Informant:
[Signature]

Date/Time:
28/06/2020 13:14

Classification Of Case:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 8KKY519L MAKE/MODEL: NISSAN E250
DATE OF ACCIDENT: 28/06/2020 TIME: HR MIN AM/ PM
LOCATION OF ACCIDENT: 58. NIN UPPER CHANGI ROAD MARLEY C/PARK.
EXACT PURPOSE USE DURING ACCIDENT: PARKED

CAR OWNER

NAME OF CAR OWNER: CHAI YONG CHAI
CONTACT NO: 9742 7438
NRIC: S25634839
CLAIM TYPE: OD ☒ THIRD PARTY REPORTING ONLY
INSURANCE COMPANY: FWD
TYPE OF COVERAGE: ☒ COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT
POLICY NO:

ACCIDENT DRIVER

 AS ABOVE IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: CHAI AN CHYE
NRIC: S25634821 NO OF PASSENGER/S: 0
DATE OF BIRTH: 29-11-1956
OCCUPATION: OUTDOOR ☒ INDOOR
DATE OF DRIVING PASS: 23/04/1989
GENDER: MALE FEMALE
CONTACT NO: 91853830
ADDRESS: NO-8 HARVEY CLOSE (S) 489442

DRIVER OWN ANY VEHICLE: NO IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION: ☒ CLEAR RAINING OTHER:
ROAD SURFACE: ☒ DRY WET OTHER:

ANY INJURIES: NO IF YES- NAME:

CONTACT NO:

POLICE REPORT: NO IF YES- LOCATION:

VIDEO FOOTAGE: NO YES

3RD PARTY INFO

VEHICLE B NO: SGH3282H NO OF PASSENGER/S:
NAME:
CONTACT NO:
VEHICLE C NO: NO OF PASSENGER/S:
VEHICLE D NO: NO OF PASSENGER/S:
VEHICLE E NO: NO OF PASSENGER/S:
VEHICLE F NO: NO OF PASSENGER/S:
ANY WITNESS:
WITNESS CONTACT NO:



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: PNPV2018-00011336-01 (Comprehensive - Classic Plan)

Car plate number: SKK7519L

Your name (As the policyholder): CHAI YONG CHING

Coverage start date: 16/09/2019

Coverage end date: 15/09/2020

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: 13/08/2019

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.