

NATIONAL Assessment Centre Services.

part 1 Jan 2001

MEAS 20057685

Date In: 07/07/2020 15:50	Job description	Date & Time Completed	Done by
Ref No: NAB/PWD 20007075/Y	SAS e-filing		
Veh No: 8CW 20415	E-mail (to/for, A/C, etc)		
D.O.A: 07/07/2020 11:30	I-Motor Claims Form		
OID: 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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tell	Fax
TP Particulars:	Veh No: STX 4063A	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 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of reprior.

() Total Loss Case : to e-mail Insurer URGENTLY.

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

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

Injury: ()

Other: ()

Driver/Owner:	1) A/R: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Earned Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claimant's use only (INC Only, over 10 Jan 2001)	\$75
	6) TR: Re-inspection	\$160
	7) NI: 1 Day DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$10
	• TP: Post Repair Inspection	\$25
	• NI: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Res INC) against TRG	\$20
	9) NI: 1 Day 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	07/07/2020 15:50
Date Of Accident	07/07/2020 11:30
Exact Location Of Accident	OPEN CARPARK OF BLK 64 NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2041S
Insured/Policyholder	
Name Of Registered Owner	NG SIEW HUAT PAUL
NRIC No	SXXXX037F
Email Address	PAUL.SHNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96222718
Alternative Phone No	OTHERS-93375442

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	PNPV2018-00013596-01
Cover Note Number	

Driver

Name of Driver	NG JUN HONH, NICHOLAS
NRIC No	SXXXX659H
Date Of Birth	09/04/1997
Occupation	INDOOR
Date Of Driving Pass	18/04/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93375442
Fax Number	
Contact Number	OTHERS-96222718
Email Address	NIKNGJH@GMAIL.COM

Address	BLK 64 NEW UPPER CHANGI ROAD #10-1160
Postcode	460064
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : NG SIEW HUAT PAUL GENDER: : MALE

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 AND ATTACHMENT (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJN4063A
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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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:

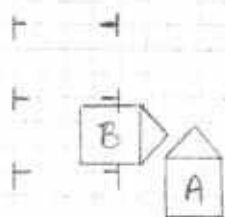
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 01/01/2020
NRIC/FIN No.:

SKETCH PLAN



A = SKW 2041S

B = SJN 4063A

Open carpark of BLK 64

New Upper Changi Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

On 07.07.2020 at about 11:30 hours at Open Carpark of BLK 64 New Upper Changi Road. I was travelling straight on my lane at the above mentioned location.

Suddenly vehicle (B) was coming out from a parking lot on my left without checking the traffic condition and collided onto front left hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKW 2041S

Vehicle (B): SJN 4063A

[Handwritten signature] *[Handwritten signature]*

[Handwritten signature] 07/07/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/07/2020 Time: 11:30		(hh:mm) 24 hr format
Location open carpark of Blk 64 New Upper Changi Road.		
Vehicle Number SKW20415		
Insured Name Ng Siew Huat Paul		
NRIC/FIN	S1820037F	Contact Number 9622 2718
Make	Mazda	Model 3
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company FWD		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number PNPV018-00013596-01.		
Name of Driver Ng Jun Hung, Nicholas		() Same as Insured
NRIC/FIN	S97116594	Contact Number 9337 5442
Date of Birth 09/04/1997		
Driving Pass Date 18/04/2019		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address NIKYJH@gmail.com / paul.singapore@gmail.com () NO EMAIL		
Address of Driver BLK 64 New Upper Changi Road		
#10-1160 Singapore 460664.		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling		
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 (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B	S1N 4063A	
Veh C		
Veh D		
Veh E		
Veh F		

passenger = Ng Siew Huat Paul (M)



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: PNPV2018-00013596-01 (Comprehensive - Classic Plan)

Car plate number: SKW2041S

Your name (As the policyholder): Ng Siew Huat Paul

Coverage start date: 21/10/2019

Coverage end date: 20/10/2020

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: 28/09/2019

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.