

NATIONAL Assessment Centre Services.

part 1 Jan 05

NA/20068833

Date In: 01/08/2020 17:58	Job description	Date & Time Completed	Done by
Ref No: NA/20007926/4	SAS e-filing		
Veh No: SUE 548H	E-mail (Update this, A/C this)		
D.O.A: 31/07/2020 01:30	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (White: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whose		

Preferred Wisp / INC Assign Wisp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SNA/5816C	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 repair.

() 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: _____

NA/2003986

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

PC Checked by (Engr-In-Charge): _____

NATIONAL ASSESSMENT CENTRE SERVICES	
1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (110)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$110
5) PT: Follow-Through Survey (Resurvey)	\$30
Particulars against INC Only (over 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: 1 day DA + 5MRT Survey	\$160
8) NIUC Additional Services	
ON:	
• NI: Casualty Car / Tpl Allowance	\$5
• NI: Repairs Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect License Coordination	\$5
TE (NI) / TP (INC) against 110	\$10
2) NI: 1 day DA + 5MRT Survey	\$160
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 GlA 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	01/08/2020 17:58
Date Of Accident	31/07/2020 01:30
Exact Location Of Accident	40 GREENRIDZE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5468H
Insured/Policyholder	
Name Of Registered Owner	CHU DE XIONG, DICKSON
NRIC No	SXXXX786I
Email Address	TOMMYCHU97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96204264
Alternative Phone No	OTHERS-93887525

Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00012482-01
Cover Note Number	

Driver

Name of Driver	TOMMY CHU DE WEI
NRIC No	SXXXX991F
Date Of Birth	13/01/1997
Occupation	INDOOR
Date Of Driving Pass	01/10/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96204264
Fax Number	
Contact Number	OTHERS-93887525
Email Address	TOMMYCHU97@GMAIL.COM

Address	BLK 334 UBI AVENUE 1 #02-801
Postcode	400334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	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	SMN5816C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WU ZHE KANG
NRIC/Passport Number	
Contact Number	82184979
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:

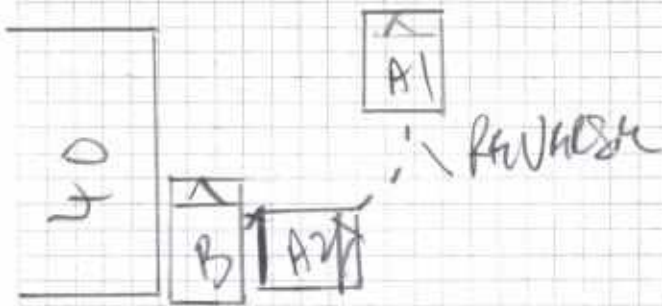
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1 AUG 2020

1137 AM

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

SKETCH PLAN

40 GREEN RIDGE CRESCENT



A) SLE 546814

B) SMN 5816C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing from parked position.

It was dark at night and I could not see the car behind me due to being parked at a steep upward sloping angle.

I reversed the ~~back~~ of ~~the~~ left back trunk of my car into the third-party's driver side door, causing a dent in the process that prevents the door from being opened.

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: 1 AUG 2010

11 37 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 07 / 2020 (DD/MM/YYYY), TIME: 01 : 30 (HH:MM)

LOCATION: 40 GREENRIDGE CRES

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE5468H
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: IMP V2019 - 00012482-01
 d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 2
 f) TYPE: (~~SALOON~~ / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: DICKSON CHU DE XIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S89187861 CONTACT: 96204264
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TOMMY CHU DE WEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9701971F CONTACT: 93887525
 c) ADDRESS: _____

* d) DATE OF BIRTH: (13 / 01 / 1999) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/10/19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN5816C MODEL: _____
 b) DRIVER'S NAME: WU ZHE KANG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 82184979

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = tommychu97@gmail.com

fax =

VIDEO =

RSRU@LKKAPU.com



YOUR THIRD PARTY CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00012482-01

About this policy

Premium paid : S\$1,211.17 Coverage start date : 26/07/2020
(Inclusive of GST) Coverage end date : 25/07/2021
Who is insured to drive: : You and any Authorised Driver
Plan Type : THIRD PARTY

About you (As the policyholder)

Your name : CHU DE XIONG, DICKSON
Address : 334 Ubi Avenue 1 #02-801 Singapore 400334
Email : dexiong1989@gmail.com
NRIC/FIN : S8918786I Date of birth : 25/05/1989
Marital status : Single Gender : Male
Current no claims discount : 0% Mobile Number : 96204264
Years of driving experience : Three or more Certificate of merit : No

About your car

Car make and model : MAZDA 2 SP
Year of first registration : 2016
Car plate number : SLE5468H

The following are maximum limits per Accident as defined in the contract.

Emergency assistance	Yes
Third party liability:	
Death or injury to a third party	No Limit
Damage to a third party's property	S\$5,000,000
Legal costs	S\$3,000

Issued on: : 20/07/2020

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.