

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MMA 120071836

Date In: 22/8/20 17:35	Job description	Date & Time Completed	Done by
Ref No: MAI FWD 2000 8841/h4	SAS e-filing		
Veh No: SMN 5513 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/8/20 10:50	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLZ 2766 G	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Amt (\$) Ist Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		220.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N:n INC) against INC \$20 *N12: Idac Mobile 30				
Invoice dated Invoice dated		Fee Charged 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	22/08/2020 17:35
Date Of Accident	22/08/2020 10:50
Exact Location Of Accident	AMK ST 31 & AMK AVE 8 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5513B
Insured/Policyholder	
Name Of Registered Owner	THAM KUAN WEI
NRIC No	SXXXX256A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98760354
Alternative Phone No	OFFICE-98760354

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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	PNPV2019-00015176
Cover Note Number	

Driver

Name of Driver	LIM SWEE CHOO (LIN RUIZHU)
NRIC No	SXXXX578E
Date Of Birth	19/05/1979
Occupation	INDOOR
Date Of Driving Pass	30/04/2004
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98760354
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 325 AMK AVE 3 #10-1910
Postcode	560325
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : LOUISA THAM KAI XUAN GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ2766G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP SOON HUAT
NRIC/Passport Number	SXXXX341C
Contact Number	96711800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM SWEE CHOO (LIN RUIZHU)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN5513B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LOUISA THAM KAI XUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN5513B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



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



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

A: SMN 5513 B
B: SLZ 2766 G

SKETCH PLAN



On 22 August 2020, at 10.51 am, I was driving my vehicle (Vehicle A: SMN 5513 B) along Ang Mo Kio Ave St 31 towards Ang Mo Kio Ave 8. As I made a stop before the stop line and Vehicle B (SLZ 2766 G) hit onto me.

After the accident, me and my daughter went to the clinic (Intemedical 24 Hr Clinic) and were given 3 days MC each.
Louisa Tham Kai Xuan, T1017082B, MC no. 00000 44723.
Lim Swee Choo, S7914578E, MC no. 00000 44722.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/ FIN 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: PNPV2019-00015176 (Comprehensive - Classic Plan)

Car plate number: SMN5513B

Your name (As the policyholder): Tham Kuan Wei

Coverage start date: 12/09/2019

Coverage end date: 11/09/2020

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.

Finance company: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 11/09/2019

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.

FWD Singapore Pte Ltd, 4 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038989. T: (65) 6820 8888. Company Registration No: 200501757M | www.fwd.com.sg
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YOUR CLASSIC 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 : PNPV2019-00015176

About this policy

Premium paid : S\$786.11
(inclusive of GST)

Coverage start date : 12/09/2019
Coverage end date : 11/09/2020

Who is insured to drive : You and any Authorised Driver

Policy Type : CLASSIC

About you (As the policyholder)

Your name : Tham Kuan Wei

Address : 325 Ang Mo Kio Avenue 3 10-1910 Ang Mo Kio 31 Singapore 560325

E-mail : tkw@bhatiaemail.com