

# NATIONAL Assessment Centre Services. (ver 1 Jan'02)

MA2004970

Date In: 18/09/2020 17:42	Job description	Date & Time Completed	Done by
Ref No: 238/FWD 200/0073/Y	SAS e-filing		
Veh No: 511 5839L	E-mail (24hrs, A/C 24hrs)		
Q.O.A: 17/09/2020 18:05	1-Motor Claims Forum		
QID: TP Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL32		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Manufacturer: ( )	Veh No: FR3 82L	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Ext Status (WO): N: 0-20%; P: 21-79%; F: 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 > \$3,000) ( )		

Injury: ( )

Date: ( )		

MA2004970

Driver/Owner:	1) Allt Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee	\$40.44
	4) PT: Follow-Through Survey	\$12
	5) PF: Follow-Through Survey (ReSurvey)	\$38
	6) TR: TR-Inspection	\$75
	7) NI: NI-DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	QID	
	• NI: Courtesy Car / Tpt Allowance	\$3
	• NI: Repair Coordination	\$19
	• NI: Post Repair Inspection	\$23
	• NI: DV / Collect Excess Coordination	\$3
	TP (NI) TP (Non INC) against LRG	\$30
	9) NI: NI-DA + EMRT	
	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	18/09/2020 17:42
Date Of Accident	17/09/2020 18:05
Exact Location Of Accident	ECP SLIP WAY TO JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5839L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM HAK CHEONG
NRIC No	SXXXX609B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90072648
Alternative Phone No	OTHERS-90072648

### Vehicle Particulars

Manufacturer	BMW
Model	520D SE 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	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	PNPV2018-00016196-01
Cover Note Number	

### Driver

Name of Driver	SIM HAK CHEONG
NRIC No	SXXXX609B
Date Of Birth	19/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1989
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90072648
Fax Number	
Contact Number	OTHERS-90072648
Email Address	NOEMAIL



Address	1 LEICESTER ROAD #10-11 ONE LEICESTER
Postcode	358828
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	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: : BARRY SIM WEI JUN 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 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	FBJ82L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## SKETCH PLAN

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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.

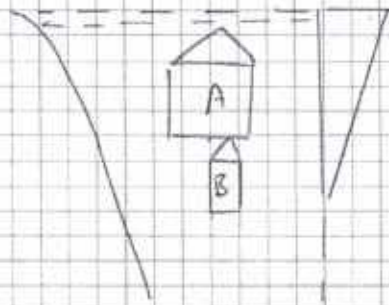
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

ECP Slipway To Jalan Bukit Merah



Ⓐ SLU 5839L

Ⓑ FBJ 82L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/09/2020 AT 1805HRS, I WAS ON THE ECP ALONG JALAN  
BUKIT MERAH EXIT. AS I STOPPED ON THE SLIP WAY, SUDDENLY  
VEHICLE B COLLIDED INTO MY VEHICLE REAR.

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.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 17-Sep-2020		ACCIDENT TIME: 180500	
LOCATION: ECP SLIP WAY TO JALAN BUKIT MERAH			
VEHICLE NUMBER: SLU5839L			
INSURED NAME: SIM HAK CHEONG			
NRIC / FIN: S1817609B		CONTACT: 90072648	
MAKE: B.M.W.		MODEL: 520D SE AUTO	
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 Only			
INSURANCE COMPANY: FWD			
TYPE OF POLICY: Comprehensive			
POLICY NUMBER: PNPV2018-00016196-01		EXPIRY DATE: 06-Dec-2020	
NAME DRIVER: SIM HAK CHEONG			
NRIC / FIN: S1817609B		CONTACT: 90072648	
DATE OF BIRTH: 19-Oct-1967		DRIVING PASS DATE: 17-Apr-1989	
OCCUPATION: Outdoor		GENDER: Male	
EMAIL ADDRESS:			
ADDRESS OF DRIVER: 1 LEICESTER ROAD #10-11 ONE LEICESTER SINGAPORE 358828			
Relationship Of The Driver With The Insured: Owner			
Number Of Passenger Include Driver: 1 Driver + 1 Passenger(s)			
NAME	NRIC/FIN/BC	GENDER	INJURED
SIM HAK CHEONG	S1817609B	Male	
BARRY SIM WEI JUN		Male	
INJURY DETAILS: 0 Passenger(s)			
Insurance Company Of Driver's Own Vehicle:			
Weather Conditions: Clear		Road Surface: Dry	
Was Any Foreign Vehicle Involved In This Accident?		No	
Convey By Ambulance:		No	
Was There Any Video Capture By Car Camera?		No	
Was There Accident Reported To The Police?		No	
Police Report Number:		NIL	
Details Of 3rd Party	Name	NRIC	Contact
			No.of Paxs(incl' driver)
Veh B FBJ82L			Not Sure

## 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: PNPV2018-00016196-01 (Comprehensive - Executive Plan)

Car plate number: SLU5839L

Your name (As the policyholder): Sim Hak Cheong

Coverage start date: 07/12/2019

Coverage end date: 06/12/2020

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: 06/10/2019



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