

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MAN 008256**

Date In: 21/9/12-11:20	Job description	Date & Time Completed	Done by
Ref No: NA/FA/10/10133/24	SAS e-filing		
Veh No: SKP94225	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/9/12-23:45	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKD601A	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:- (INC hotline: 6788 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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

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	22/09/2020 11:20
Date Of Accident	21/09/2020 23:15
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9422S
Insured/Policyholder	
Name Of Registered Owner	ALEX HONG XIJUN
NRIC No	SXXXX796F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81385281
Alternative Phone No	OFFICE-81385281

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001332
Cover Note Number	

Driver

Name of Driver	ALEX HONG XIJUN
NRIC No	SXXXX796F
Date Of Birth	05/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81385281
Fax Number	
Contact Number	OFFICE-81385281
Email Address	NOEMAIL

Address	BLK 162C RIVERVALE CRESCENT #04-232
Postcode	543162
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200922/7002.

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	SHD601A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALEX HONG XIJUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKP9422S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE


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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. 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.:

Vehicle A - SKP 9422 S

Vehicle B - SHD 601A

Heavy loading load.

The diagram shows a lane with two vehicles, A and B, and arrows indicating lane changes. Vehicle A is a rectangle labeled 'A' with a license plate 'SKP 9422 S'. Vehicle B is a rectangle labeled 'B' with a license plate 'SHD 601A'. Both vehicles are tilted upwards. Below the vehicles are four arrows pointing up, with the numbers 4, 3, 2, and 1 written below them respectively. The lane is bounded by vertical lines, and the text 'Heavy loading load.' is written vertically on the left side.

Straight

My vehicle A was travelling along Jeklang Road on the lane 3,
Suddenly this vehicle B from lane 2 cut into my lane 3 and bang
on to my front right portion of my vehicle A. Total there are
2 cars involved.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 09 / 2020) (DD/MM/YYYY), TIME: (23 : 15) (HH:MM)

LOCATION: Along Graylang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 9422-S
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNCV 2014-00001832
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 5
 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: Alex Hong Xian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81 277 96/F CONTACT: 8138 5281
 c) ADDRESS: BLK 162C, RIVERVALE CREST, # 04-282
 S543162

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (05 / 09 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

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: 10 US; AVE 3

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 601 A MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 01

* No of passenger
 (including driver)
 1

* No of passenger
 (including driver)
 1

* Email = ric060autoservices@gmail.com

fax = 6286 7060



SINGAPORE POLICE FORCE



T/20200922/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200922/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 10:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALEX HONG XIJUN			Address: 162C RIVERVALE CRESCENT #04-232 SINGAPORE 543162		
ID Type / ID No.: NRIC NO / S8127796F			Contact No.: Home/Office: Mobile: 81385281		
Nationality: SINGAPORE CITIZEN			Email: alex1910@gmail.com		
Sex: Male	Age: 39	Date of Birth: 05/09/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Bunker		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2020 23:15	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD601A	Car	RENAULT		Red	Slightly Damaged	0
SKP9422S	Car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	Silver	Seriously Damaged	0



SINGAPORE POLICE FORCE



T/20200922/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200922/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP9422S	FWD Singapore Pte. Ltd	PNCV2019-00001332	20/09/2019	22/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALEX HONG XIJUN		ID No. S8127796F
Related Vehicle	SKP9422S (Car)		Contact No. 81385281
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	22/09/2020		Date 22/09/2020
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

My vehicle(SKP9422S) was travelling straight in lane 3 along geylang Road, the vehicle(SHD601A) suddenly from lane 2 cut into my lane 3 abruptly without signal and bang onto my front right portion of my vehicle(SKP9422S). I felt unwell the next day after the accident so I went to galilee clinic to see the doctor and I was given 4 days Mc.



**SINGAPORE
POLICE FORCE**



T/20200922/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200922/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
22/09/2020 10:00

Classification Of Case:

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: PNCV2019-00001332

Car plate number : SKP9422S

Coverage start date: 20/09/2019

Coverage end date: 22/10/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Alex Hong XiJun

NRIC/FIN: S8127796F

Address: 162C Rivervale Crescent 04-232 Rivervale Delta Singapore 543162

Email: alexhxj1910@gmail.com

Mobile Number: 81385281

Date of Birth: 05/09/1981

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

About your car and policy

Car make and model: MAZDA 5 2.0

Year of first registration : 2014

Plan type: Comprehensive

Standard Excess: S\$3,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,661.16

Finance company: Maybank