

NATIONAL Assessment Centre Services. (part 1 of 100) MIA00082471

Date In: 29/10/2020 16:46	Job description	Date & Time Completed	Done by
Ref No: NBT/IND2001094914	SAS e-filing		
Veh No: SL8 9910Y	E-mail (by date time, A/C time)		
D.O.A: 28/10/2020 15:45	I-Motor Claims Form		
OD <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (With: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkip / INC Assgnt Wkip / QW: (Tolt	Fault
TP Handicrafts:	Veh No: SRH 9504G	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: (\$)	Landing: \$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: _____

Damage: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$0/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$125
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Post-Inspection	\$75
	7) NI: 1 day DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: 1 day DA	\$3
	10) NI: 1 day DA + TP Allowance	\$10
	11) NI: 1 day DA + TP Allowance	\$30
	12) NI: 1 day DA + TP Allowance	\$30
	13) NI: 1 day DA + TP Allowance	\$30
	14) NI: 1 day DA + TP Allowance	\$30
	15) NI: 1 day DA + TP Allowance	\$30
	16) NI: 1 day DA + TP Allowance	\$30
	17) NI: 1 day DA + TP Allowance	\$30
	18) NI: 1 day DA + TP Allowance	\$30
	19) NI: 1 day DA + TP Allowance	\$30
	20) NI: 1 day DA + TP Allowance	\$30

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	09/10/2020 16:46
Date Of Accident	08/10/2020 15:45
Exact Location Of Accident	BLK 825 YISHUN STREET 81 CARPARK LOT 89
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9910Y
Insured/Policyholder	
Name Of Registered Owner	JONATHAN CHIA ZIXIN
NRIC No	SXXXX769G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98790478
Alternative Phone No	OTHERS-98790478

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	PNPV2020-00004716
Cover Note Number	

Driver

Name of Driver	JONATHAN CHIA ZIXIN
NRIC No	SXXXX769G
Date Of Birth	14/04/1990
Occupation	INDOOR
Date Of Driving Pass	30/05/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98790478
Fax Number	
Contact Number	OTHERS-98790478
Email Address	NOEMAIL

Address	BLK 338C ANCHORVALE CRESCENT #12-47
Postcode	543338
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKH9504G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR CHING
NRIC/Passport Number	
Contact Number	96262185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

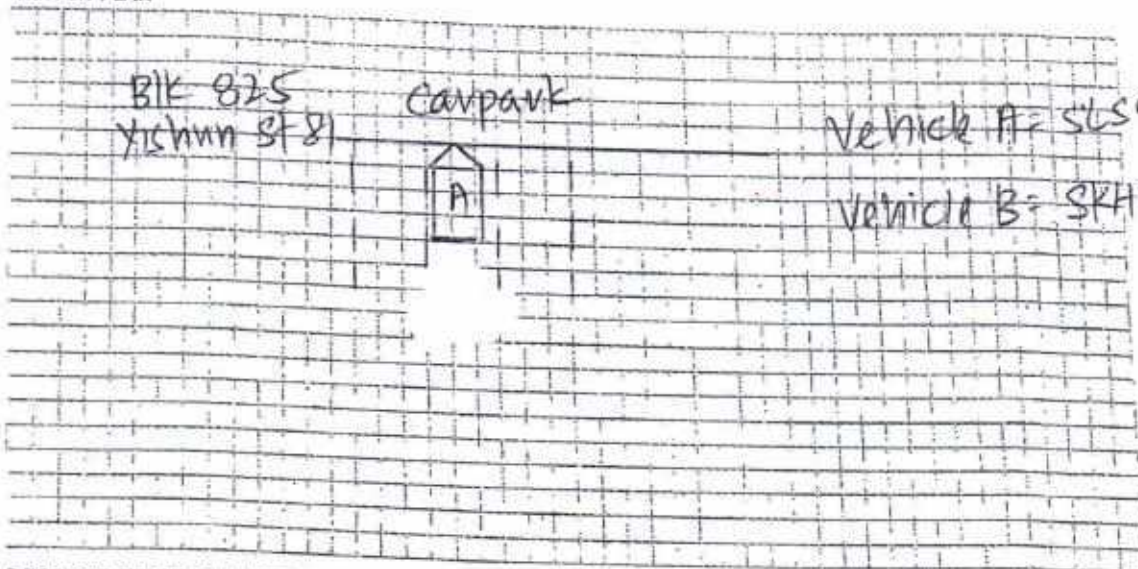
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I (Vehicle A) parked ~~my~~ my vehicle A ^{stationing} at lot 89. I did not notice that my vehicle was hit badly on the rear until traffic police called me. Vehicle B driver did leave down a note stating his car plate number & contact number on my windscreen.

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/PIN No:

09/10/2020
[Signature]

Date of Accident

8/10/2020

Accident Time:

1545

(24-HR-FORMAT)

Accident Place

BLK 825 Yishun St 81 carpark lot 89

Vehicle Reg. No (Car plate No.)

SLS9910Y

Vehicle Make/Model:

Mazda 3

Insurance Company

FWD

Policy No.

PNPV2020-0004716

Name of Registered Owner

Company / Individual

Jonathan Chia Zixin

ID of Registered Owner

Co Reg No:

-

Owner's NRIC No:

S903769G

Co Contact No:

-

Owner's Contact No:

98790478

DRIVER'S Name

As Above

DRIVER'S NRIC No:

S903769G

DRIVER'S Date of Birth

14/04/1990

DRIVER'S License Pass Date:

30/05/2009

Relationship bet. Owner & Driver

Spouse / Parents / Children / Sibling / Employee / Others: Owner

DRIVER'S Address

BLK 338C Anchorvale Crescent
#12-47 SE 543338

DRIVER'S Contact No. / Alt No.

1)

98790478

2)

DRIVER'S Occupation

INDOOR / OUTDOOR (eg. working inside or outside of office)

Email Address

Weather & Road Surface

CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type

Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver):

0

Passenger Name:

Gender: M/F

Was the accident reported to the police? YES / NO

Passenger Name:

Gender: M/F

Was there any video Captured by car camera: YES / NO

Any Injuries: YES / NO

Injured Name:

Injured Name:

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No:

SKH9504G

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Mr Ching

Name DRIVER:

ID No. DRIVER:

ID No. DRIVER:

DRIVER'S Contact & add:

96262185

DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

ID No. DRIVER:

ID No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:



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: PNPV2020-00004716 (Comprehensive - Classic Plan)

Car plate number: SL59910Y

Your name (As the policyholder): Jonathan Chia Zixin

Coverage start date: 12/04/2020

Coverage end date: 12/04/2021

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:

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

Issued on: 25/09/2020

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6322-8888**
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed