

# NATIONAL Assessment Centre Services. Just 1 Job Fee! MAY 2009/1133

Date In: 19/10/2020 11:02	Job description	Date & Time Completed	Done by
Ref No: N/A/AND20011335/4	SAS e-filing		
Veh No: EKS 16824	E-mail (Bjale 3hrs, AIC 3hrs)		
O.O.A: 16/10/2020 18:05	1-Motor Claims Form		
(1) (1) / Reporting Only	1-Motor W/O (With/Out OD 3hrs, TP 3hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Vch No: SJR 3950A 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 Recovery Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2005525	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damaged Portion:	4) PT: Follow-Through Survey \$30	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Re-survey) \$30	
	For claiming against INC Only (over 10 Jan 2009)	
	6) TR: Re-inspection \$160	
	7) NI: 1 Day DA + 5 Mins Survey	
	8) NIUC Additional Services	
	OR:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Repair Coordination \$10	
	* NI: Post Repair Inspection \$3	
	* NI: DV / Collect License Coordination \$3	
	TP (NI) / TP (INC) against INC	
	5) NI: 1 Day Mobile	
	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	19/10/2020 11:02
Date Of Accident	16/10/2020 18:05
Exact Location Of Accident	CTE TOWARDS ANG MO KIO AVE 1 AFTER BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1682U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO YEN LI(LU YANLI)
NRIC No	SXXXX181E
Email Address	JENLY78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90268001
Alternative Phone No	OFFICE-90268001

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	PNPV2018-00002941-02
Cover Note Number	

### Driver

Name of Driver	LOO YEN LI(LU YANLI)
NRIC No	SXXXX181E
Date Of Birth	10/08/1978
Occupation	INDOOR
Date Of Driving Pass	19/08/2005
Driving Experience	15 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90268001
Fax Number	
Contact Number	OFFICE_90268001

Address	BLK 173 BISHAN STREET 13 #16-103
Postcode	570173
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : LEAU CHENG YIN GENDER: : MALE
Passenger 2	NAME: : LEAU CHENG MIN 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	SJR3950A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFP8882M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 LOO YEN LI(LU YANLI)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SKS1682U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LEAU CHENG YIN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SKS1682U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name LEAU CHENG MIN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SKS1682U  
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 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:

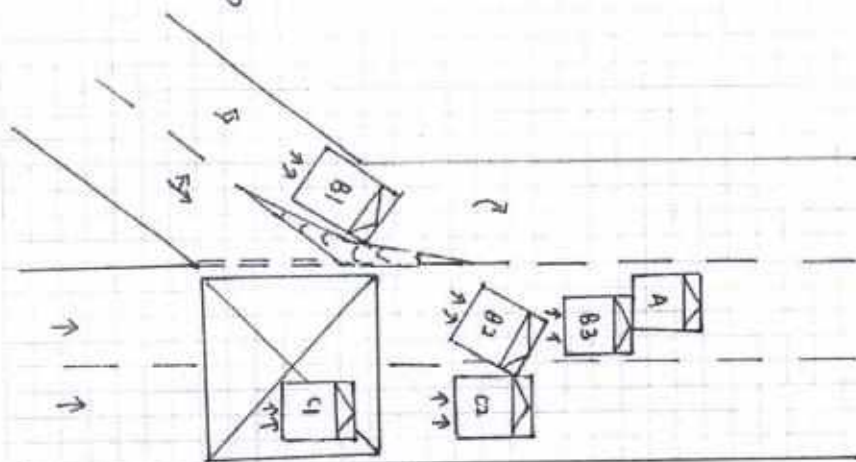
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

CTE TWDS Ang Mo Kio Ave 1 After Braddell Rd

Vehicle A - SKS1682U  
Vehicle B - SJR3950A  
Vehicle C - SFP8882M



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SKS1682U) was travelling along at the stated location on lane 2. Out of suddenly, I felt an impact from my rear portion. I aligned and realised that vehicle B (SJR3950A) collided onto vehicle C (SFP8882M), then collided onto the rear portion of my vehicle causing damages.

## 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.:



bilin

Date of Accident : 16 Oct 2020 Accident Time: 1805 (24-HR-FORMAT)

Accident Place : CYE TWDs Ang Mo Kio Ave 1 After Braddell Rd

Vehicle Reg. No (Car plate No.) : SKS 1682U Vehicle Make/Model: Nissan Sylphy

Insurance Company : FWD Policy No. PNPV2018-00002941-02

Name of Registered Owner : Company / Individual Loo Yen Li (Lu Yanli)

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7823181E  
Co Contact No: - Owner's Contact No: 9026 8001

DRIVER'S Name : LOO YEN LI (LU YANLI) DRIVER'S NRIC No: S7823181E

DRIVER'S Date of Birth : 10 Aug 1978 DRIVER'S License Pass Date: 19 Aug 2005

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Owner

DRIVER'S Address : APT BIK 173 Bishan Street 13 #16-103 Singapore 570173

DRIVER'S Contact No. / Alt No. : 1) 9026 8001 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address : jenlyl78@gmail.com

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): 03 Passenger Name: Leau Cheng Yin Gender: M/F

Was the accident reported to the police? YES (NO) Passenger Name: Leau Cheng Min Gender: M/F

Was there any video Captured by car camera: YES (NO) Any Injuries: YES / NO Injured Name: Loo Yen Li

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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SJR 3950A</u>	Vehicle Reg No: <u>SF P6882M</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	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: _____
IC No. DRIVER: _____	IC 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:** PNPV2018-00002941-02 (Comprehensive - Classic Plan)

**Car plate number:** SKS1682U

**Your name (As the policyholder):** Loo Yen Li

**Coverage start date:** 27/03/2020

**Coverage end date:** 26/03/2021

**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.

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

**Issued on:** 01/02/2020

**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.