

NATIONAL Assessment Centre Services

Wef 1 Jan 05 **NA 20104542**

Date In: 24/11/2015	Job description	Date & Time Completed	Done by
Ref No: NA/20104542	SAS e-filing		
Veh No: SVV 9870X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/11/2015	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: SVV 9870X	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

NA 20104542	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	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	24/11/2020 15:32
Date Of Accident	23/11/2020 17:50
Exact Location Of Accident	TPE TWDS PASIR RIS EXIT 3C
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV9810X
Insured/Policyholder	
Name Of Registered Owner	ZHANG WEI
Passport No/FIN	GXXXXX806K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81114347
Alternative Phone No	OFFICE-81114347

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J 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	PNPV2019-00018179
Cover Note Number	

Driver

Name of Driver	ZHANG WEI
Passport No/FIN	GXXXXX806K
Date Of Birth	24/06/1986
Occupation	INDOOR
Date Of Driving Pass	07/12/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81114347
Fax Number	
Contact Number	OFFICE-81114347
EMail Address	NOEMAIL

Address	BLK 87 TAMPINES AVENUE 1 #14-30
Postcode	528688
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?	
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU506B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96556098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

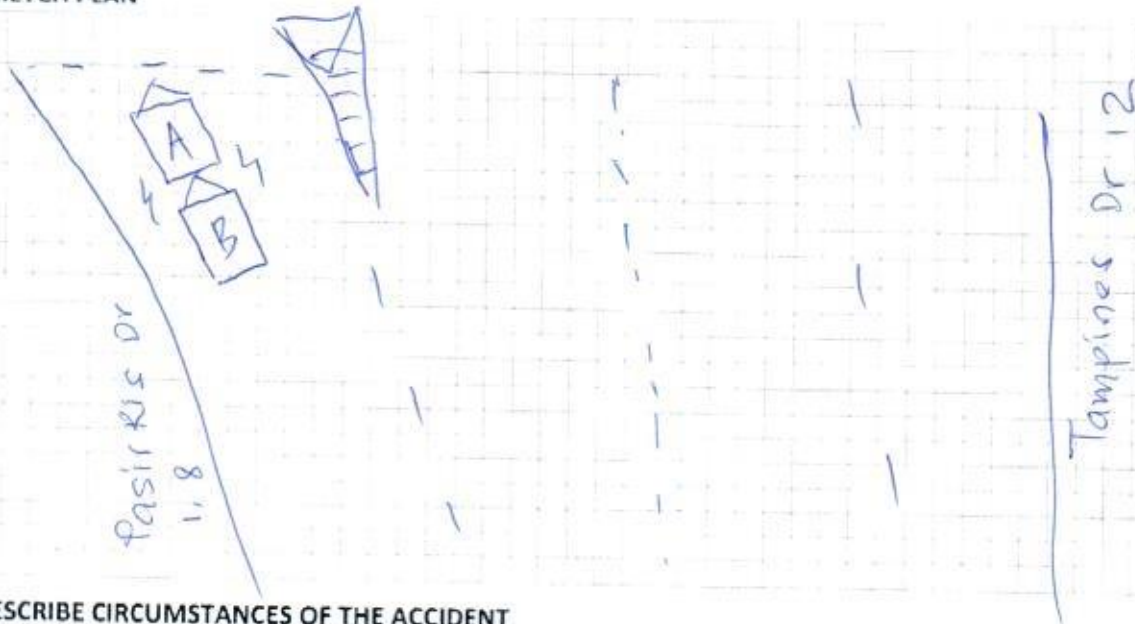
X

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The date 23/4/2020 time about 17.50 hrs
 I drive my car SUV 9810X from TPE Toward
 Pasir Ris Exit 3C when I heading toward Pasir
 Ris Dr 1.8, I stopped my vehicle at the stop
 line to waiting for the main Rd traffic clear.
 When Suddenly I felt a lough bang from my
 back portion, I stop and to check a vehicle
 'B' SFU 906B fault to stop and hit my car rear
 portion.

DECLARATION

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

2

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 NO: 86V 9810 X

MAKE & MODEL: Toyota Vios (AUTO) MANUAL

DATE OF ACCIDENT	23 / 11 / 20	*C.C:	1.5
TIME OF ACCIDENT	1750	AM (PM)	
LOCATION OF ACCIDENT	TPE Toward Pasir Ris Exit 3C		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE		
NAME OF OWNER	Zhang Wei		
TELP NO	H/P: 81114347	OFFICE:	HOME:
NRIC	G 6284806K		
EMAIL:	zhangwei.860624@yahoo.com.sg		
ADDRESS	87, Tampines Ave 1 #14-30 Waterview		
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY S'528688		
FLEET POLICY:	YES / (NO)		
INSURANCE CO.	PND		
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft		
POLICY NO.	PNP 2019-00018179		
NAME OF DRIVER	(AS ABOVE) / IF NO:		
NRIC	G 6284806K		
DATE OF BIRTH	24 / 06 / 1986		
ANY PASSENGER	YES / (NO)		
NAME OF PASSENGER	NIL		
GENDER OF PASSENGER	MALE / FEMALE NIL		
OCCUPATION	OUTDOOR / (INDOOR)		
DATE OF DRIVING PASS	07 / 12 / 2009		
GENDER	(MALE) / FEMALE		
CONTACT NO.	H/P: 81114347	OFFICE:	HOME:
EMAIL:	-		
ADDRESS	87, Tampines Ave 1 #4-30 Waterview		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:	NIL	INSURER: S'528688
RELATIONSHIP	Employee / If No:	NIL	
WEATHER CONDITION	(Clear) / Raining / Other :		
ROAD SURFACE	(Dry) / Wet / Other :		
ANY INJURIES	(No) / If yes : Who?		
NAME & CONTACT NO.	NIL		
NAME & CONTACT NO.	NIL		
POLICE REPORT	(No) / If yes : Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	No / If yes : Who?		
VEHICLE B NO.	SFU 506 B	Any Passenger :	0
NAME		Contact No. :	96556098 (Female)
VEHICLE C NO.		Any Passenger :	
VEHICLE D NO.		Any Passenger :	
VEHICLE E NO.		Any Passenger :	
VEHICLE F NO.		Any Passenger :	
VEHICLE G NO.		Any Passenger :	
WITNESS NAME		Contact No. :	
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
ACCIDENT PORTION	Rear portion		
PARTICULAR WORKSHOP	N-51 Automotive P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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: PNPV2019-00018179 (Comprehensive - Classic Plan)

Car plate number: SGV9810X

Your name (As the policyholder): Zhang Wei

Coverage start date: 29/12/2019

Coverage end date: 28/12/2020

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.

Finance company:

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

Issued on: 05/12/2019



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.