

# NATIONAL Assessment Centre Services. Part 1 Jan 03 SM0920CL0001

Date In: 21/12/20 09:11	Job description	Date & Time Completed	Done by
Ref No NA/PWD 200/14162/64	SAS e-filing		
Veh No SLK 160 X	E-mail (within 3hrs, A/C 2hrs)		
DTA 19/12/20 09:30	I-Motor Claim Form		
OT: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: YL 8472 J.	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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments: (INC/Non-INC/Other)	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	Action

NA2100728	Invoice/Insurance Checklist	Amount (\$)	Amount (\$)
Client's Particulars:	1) AK: Accident Reporting (\$30);		20
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Assessor's Comments:	For claimant against INC Only (wef 10 Jan 2005)		
Tel: 1:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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) NI2: Idao Mobile \$0		
	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 willful 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 Submission .....	21/12/2020 09:11 (SGT)
Date of Accident .....	19/12/2020 09:30 (SGT)
Exact Location of Accident .....	BKE, Singapore
Additional Location Information .....	TWDS PIE CHANGI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK160X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	STEPHANIE ANGEL LOW WAI LING
NRIC No .....	SXXXX133J
Email Address .....	JASONKCAPL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90289328
Alternative Phone No .....	+65-90289328

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180k
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	FWD
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	PNPV2019-00010705-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	STEPHANIE ANGEL LOW WAI LING
NRIC No .....	SXXXX133J

Date Of Driving Pass .....	07/12/2005
Driving experience .....	15 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-90289328
Alt. Phone Number .....	+65-90289328
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 10 BUKIT BATOK ST 41 #10-28
Address complement .....	-
Postcode .....	657977
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	YL8472J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... STEPHANIE ANGEL LOW WAI LING  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLK160X  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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 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.

#### 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SLK 160X  
B: YL 8472J

BKE twds PIE Changi

**Describe Circumstances of the Accident**

On 19.12.2020 at about 09:30 AM. I was travelling along BKE towards PIE Changi.

I was travelling straight. Suddenly, vehicle B (YL 8472J) encroached into my lane and hit on the rear left side my vehicle.

**Declaration**

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8324133J**

Name: **LOW WAI LING (LIU HUILING)**

Birth Date: **10 Aug 1983**

Issue Date: **07 Dec 2005**

001386716K



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8324133J**

Name: **STEPHANIE ANGEL LOW WAI LING**

Race: **CHINESE**

Date of birth: **10-08-1983**

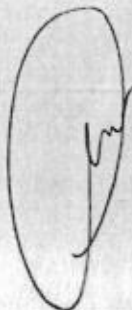
Country/Place of birth: **SINGAPORE**

Sex: **F**

S8324133J




For Insurance Reporting And  
Claim Purposes Only



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

ISSUE DATE: **07 Dec 2005**

NP 428A



Licence No: **S8324133J**

**5397752**

NRIC No: **S8324133J**

Date of issue: **05-12-2014**

**BLK 10 BUKIT BATOK STREET 41 #10-28**  
**SINGAPORE 657977**  
NRIC No: XXXXX133J Date of change: 24/11/2020



## 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: PNPV2019-00010705-01 (Comprehensive - Classic Plan)**

Car plate number: SLK160X

Car chassis number: WDD2040452A320289

Engine number: 27191031261471

Your name (As the policyholder): STEPHANIE ANGEL LOW WAI LING

Coverage start date: 01/10/2020

Coverage end date: 30/09/2021

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: 03/08/2020

**Khor Kee Eng**  
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.

Date of Accident : 19.12.2020 Accident Time: 09:30 AM (24-HR-Format)  
Accident Place : BKE towards PIE Changi  
Vehicle. No. (Car Plate No.) : SLK 160X Make/Model: Mercedes Benz C180K  
Insurance Company : FWD Policy No: PNPV2019-00010705-01  
Owner or Company Name /IC No. : Stephanie Angel low Wai Ling (S 8324133J)  
Owner or Company Contact No. : 9028 9328 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : As above  
DRIVER'S Date Of Birth : 10 Aug 1983 DRIVER'S License Pass Date 07 Dec 2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 10 Bukit Batok Street 41 # 10-28 Singapore 657977.  
DRIVER'S Contact No./ Alt No. : 1) 9028 9328 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : jasonkcp1@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): 1 Driver.  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: YL 8472J (vehicle B).

Vehicle. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

