

# NATIONAL Assessment Centre Services

Form 1-1-10

Date In: 21/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/PWD20014230/13	SAS e-filing		
Veh No: SMR836G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/12/20 1100	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: G261286	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 Phone: 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

NA2100381	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Clientant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp. 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: Idao Mobile \$0		
	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 Submission	21/12/2020 16:01 (SGT)
Date of Accident	20/12/2020 11:00 (SGT)
Exact Location of Accident	Jurong West Street 91, Singapore
Additional Location Information	JURONG WEST ST 91 BLK 959 COFFEESHOP BEHIND
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR836G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN HUI JIN
NRIC No	SXXXX892E
Email Address	shawn8605@hotmail.sg
Mobile Phone No	(Phone) +65-81891166
Alternative Phone No	+65-81891166

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR 1.2CVT
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	ThirdParty
Fleet Policy	No
Policy Number	PNPV2020-00011168
Cover Note Number	-

#### DRIVER

Name of Driver	CHIN WEI SIANG
NRIC No	SXXXX030B
Date Of Birth	15/04/1988
Occupation	Indoor

Date Of Driving Pass .....	19/04/2008
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83230999
Alt. Phone Number .....	-
Email Address .....	shawn8605@hotmail.sg
Address .....	BLK 260B ANG MO KIO ST 21
Address complement .....	#26-153
Postcode .....	562260
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Collided into Parked Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHING HWEE PING JUNE
Gender .....	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GZ6128G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHING HWEE PING JUNE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMR836G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHIN WEI SIANG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMR836G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN


### IMPORTANT NOTICE

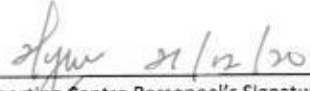
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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:

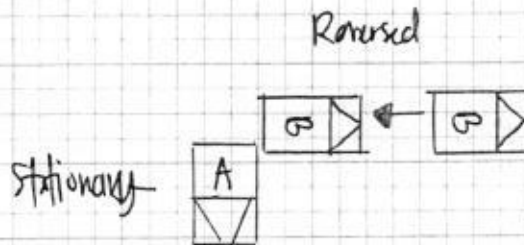
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

(A) SMR 8366

(B) 6Z 61286



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.12.2020 at about 11:00hrs, I was parking my vehicle at blk 959 coffee shop at Juncus West St at. My vehicle was on stationary and I was inside the vehicle. While waiting, all of a sudden, I felt an impact on my left rear side portion. I alighted and realised a lorry 6Z 61286 had collided onto my vehicle. That's all

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*sfy* 21/12/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Today 20122020 at 1100hrs, at Jurong West St 91 blk 959  
Coffee shop behind, I was stationary waiting a parking  
lot and suddenly, I felt a impact behind me, a lorry  
6Z 6128 G, he reversed and bang behind me. we will  
proceed to make insurance claim.

chu we) sing

5th 12.308

20122020

DASHAONG  
68794243R

20.12.2020

DASHAONG

Date of Accident : 20.12.2020 Accident Time: 11:00hrs (24-HR-Format)  
Accident Place : Junction West St 91 Bk 959 (Coffee shop Behind)  
Vehicle. No. (Car Plate No.) : SMR 9666 Make/Model: Mitsubishi Space Star 1.2 CVT  
Insurance Company : FWD Policy No: PNPV2020-00011168  
Owner or Company Name / IC No. : CHIN Hui JIN (S8437892E)  
Owner or Company Contact No. : 8189 1166 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHIN Wei JIAN (S8812030B)  
DRIVER'S Date Of Birth : (15.04.1998) DRIVER'S License Pass Date 19.04.2008  
Relationship of Owner & Driver : Spouse \ Parents \ Children ☒ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 260B Ang Mo Kio  
DRIVER'S Contact No./ Alt No. : 1) 83230999 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Shawn 8605 @ hotmail. Sg  
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): \_\_\_\_\_  
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): Both injured

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

Vehicle. No: 6Z 61286 (Lexus)	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:

① Ching hwee Ping June (Female)





## 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: PNPV2020-00011168 (Third Party)**

Car plate number: SMR836G

Your name (As the policyholder): Chin Hui Jin

Coverage start date: 20/10/2020

Coverage end date: 19/10/2021

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: 19/10/2020

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.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	892E

### Vehicle Details

Vehicle No.:	SMR836G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	SPACE STAR 1.2 CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	3A92UJK2855
Chassis No.:	MMBXTA03ALH000348
Maximum Power Output:	59.0 kW (79 bhp)
Open Market Value:	\$15,031.00
Original Registration Date:	18 Dec 2019
First Registration Date:	18 Dec 2019
Transfer Count:	1
Actual ARF Paid:	\$5,031.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2029
PARF Rebate Amount:	\$3,773.00

### Intended COE Rebate Details

COE Expiry Date:	17 Dec 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,000.00
COE Rebate Amount:	\$26,887.00
<b>Total Rebate Amount:</b>	<b>\$30,660.00</b>

The information contained herein is correct as at 21 Dec 2020

OK