

SN 0920CM0007

Date In: 22/12/20 10:45	Job description	Date & Time Completed	Done by
Ref No: NAI FWD 20014247/h4	SAS e-filing		
Veh No: SKW 437 Y	E-mail (within 2hrs, A/C 2hrs)		
IP: 21/12/20 15:30	I-Motor Claim Form		
(IP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax:	
IP Particulars:	Veh No: SLL 6082 T.	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 Ref No: 67086668)			
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 2100731			
Driver/Owner:		Invoice/Repairation Checklist	
Contact No:		1) AR: Accident Reporting (\$30);	
Damaged Portion:		2) DA: Damage Assessment (\$100); INC (\$50)	
Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/\$45	
		4) FT: Follow-Through Survey \$120	
		5) LT: Follow-Through Survey (Resurvey) \$30	
		For claim against INC Only (wef 10 Jan 2005)	
		6) TR: Re-Inspection \$75	
		7) NI: Idao DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		OD:	
		*NS: Courtesy Car / Tpt Allowance \$3	
		*NG: Repair Co-ordination \$10	
		*NY: Post Repair Inspection \$25	
		*NI: DV / Collect Excess Coordination \$3	
		*TE (NIL): TP (Non INC) against INC \$20	
		9) NI2: 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	22/12/2020 10:45 (SGT)
Date of Accident	21/12/2020 15:30 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW437Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA KOK TUCK
NRIC No	SXXXX113C
Email Address	jc3365@singnet.com.sg
Mobile Phone No	(Phone) +65-98762942
Alternative Phone No	+65-98762942

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
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	PNPV2019-00005747-01
Cover Note Number	-

DRIVER

Name of Driver	CHIA KOK TUCK
NRIC No	SXXXX113C
Date Of Birth	18/08/1969
Occupation	Outdoor

Date Of Driving Pass	10/03/1988
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98762942
Alt. Phone Number	+65-98762942
Email Address	jc3365@singnet.com.sg
Address	BLK 104A DEPOT RD #25-547
Address complement	-
Postcode	101104
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL6082T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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 = SKW 437Y
B = SL 6082T

Alexandra Rol

I was travelling along alexandra ~~the~~ road on the second lane from the left, while going straight, suddenly Veh B from the extreme left lane cut into my lane and hit onto my Veh left front portion. I wish to state, Veh B never checks the blind spot and abruptly cut into my lane

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



Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6928113C



Name

CHIA KOK TUCK

谢 国 德

Race

CHINESE

Date of birth

18-08-1969

Sex

M

Country of birth

SINGAPORE

S6928113C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6928113C

Name:

CHIA KOK TUCK

Birth Date: 18 Aug 1969

Issue Date: 26 Nov 2005



001382934A



3803032

NRIC No. S6928113C



Date of issue

11-11-2005

Address

APT BLK 104A DEPOT ROAD
#25-547
SINGAPORE 101104

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive 10 Mar 1988
of the driver; and other motor vehicles \leq 2500kg

NP 428A



Licence No: S6928113C



FWD Car Insura...



FWD

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: PNPV2019-00005747-01 (Comprehensive - Classic Plan)

Car plate number: SKN637Y

Your name (As the policyholder): CHIA KOK TUCK

Coverage start date: 14/04/2020

Coverage end date: 13/04/2021

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: Maybank Singapore

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

Issued on: 19/03/2020

Attestation by:
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6322-2072
or email us at claims@fwd.com.sg if any details
in this Certificate of Insurance need to be changed.

FWD Singapore Pte. Ltd. 4 Tembus Road, #18-01, Suntec Tower 4, Singapore 038966. T: 651 8820 8888. Company Registration No. 200505172M | www.fwd.com.sg
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FWD

YOUR CLASSIC CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 20) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: Alexandra Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 437Y
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda CX5, 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chia Kok Te Tuck (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98762942
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 52L 6082T. MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (Including driver)
(1)

*No of passenger
 (Including driver)
()

*No of passenger
 (Including driver)
()

Email = jc3365@sinnet.com.sg

fax =

VIDEO = Yes.