

NATIONAL Assessment Centre Services [Ref: J2102]

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 24/12/20 | Job description | Date & Time Completed | Done by |
| Ref No. NA/FWD20014486/2 | SAS e-filing | | |
| Veh No: SLX9056L | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 24/12/20 1315 | 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: 4P648B | 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% F: 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 |
|-----------|---------|
| | |
| | |
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| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| NA2100565 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant'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) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2/3: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpl 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 | 24/12/2020 17:58 (SGT) |
| Date of Accident | 24/12/2020 13:15 (SGT) |
| Exact Location of Accident | Farrer Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLX9056L |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | WEE GUAN XIAN |
| NRIC No | SXXXX397G |
| Email Address | skullfacebaby@yahoo.com.sg |
| Mobile Phone No | (Phone) +65-85936277 |
| Alternative Phone No | +65-85936277 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Fit |
| 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 | PNPV2019-00006033-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | WEE GUAN XIAN |
| NRIC No | SXXXX397G |
| Date Of Birth | 15/11/1985 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 28/07/2007 |
| Driving experience | 13 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85936277 |
| Alt. Phone Number | +65-85936277 |
| Email Address | skullfacebaby@yahoo.com.sg |
| Address | BLK 762 BEDOK RESERVOIR VIEW |
| Address complement | #18-307 |
| Postcode | 470762 |
| 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 - Head to Rear |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------|
| Name | TAN SI YIN |
| 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? | 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 | YP648B |
| 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) | - |


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:

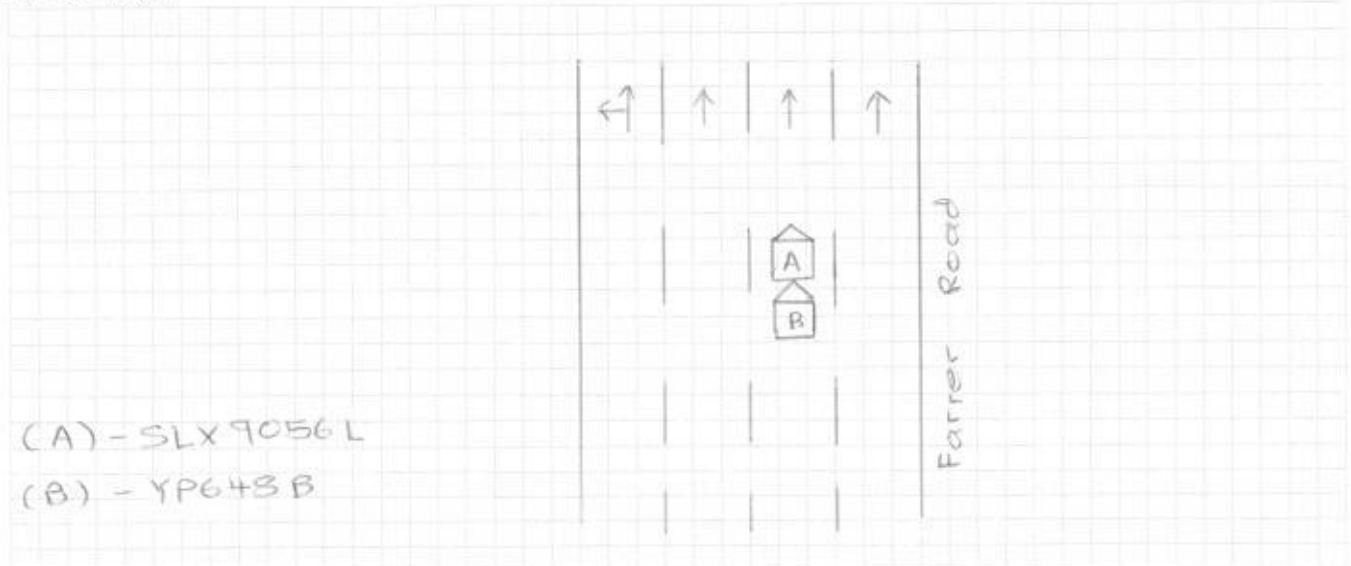
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

 24/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



(A) - SLX9056L


(B) - YP643B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24/12/2020 @ about 1315HRS, at along Farrer Road towards Queensway I was travelling on the Lane 2 of the above-mentioned road before exit to Holland Road. When my front vehicle slowed down and stopped due to heavy traffic, hence I followed suit. Suddenly, I felt impact from the rear, and when I alighted, I realised it was vehicle (B) who hit into the rear portion of my vehicle (A), causing damages to my vehicle. I have one other passenger in my vehicle.

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:

 24/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SLX9056L

MAKE & MODEL: Honda Fit

AUTO / MANUAL

| | | |
|---|---|----------------|
| DATE OF ACCIDENT | 24.12.2020 | *CC: 1300 |
| TIME OF ACCIDENT | 1.15 AM / PM | |
| LOCATION OF ACCIDENT | Farrer Road | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE | |
| NAME OF OWNER | Nee Guan Xian | |
| EMAIL: skullfacebaby@yahoo.com.sg | Office: | MOBILE: |
| NRIC | S8535397G | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / REPORTING ONLY | |
| FLEET POLICY | YES / <u>NO</u> ? | |
| INSURANCE CO. | FWD | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | PNPV2019-00006033-01 | |
| NAME OF DRIVER | <u>AS ABOVE</u> / IF NO, | |
| NRIC | | |
| DATE OF BIRTH | 15 / 11 / 1985 | |
| ANY PASSENGER | YES / NO: 1 | |
| NAME OF PASSENGER | TAN SI YIN | |
| GENDER OF PASSENGER | MALE / <u>FEMALE</u> | |
| OCCUPATION | Outdoor / <u>Indoor</u> | |
| DATE OF DRIVING PASS | 28/07/2007 | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO. | Mobile: 85936277 | Office: Home: |
| EMAIL | | |
| ADDRESS | 762 Bedok Reservoir View #18-307 S(470762) | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes, Reg No. | INSURER: |
| RELATIONSHIP | Employee / If No, Owner | |
| WEATHER CONDITION | Clear / Raining / Other: After rain | |
| ROAD SURFACE | Dry / <u>Wet</u> / Other: | |
| ANY INJURIES | <u>No</u> / If yes, Who? | |
| CONTACT NO. | | |
| POLICE REPORT | <u>No</u> / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <u>NO</u> / IF YES, WHO? | |
| VEHICLE B NO. | YP648B | Any Passenger: |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | Any Passenger: | |
| VEHICLE D NO. | Any Passenger: | |
| VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <u>NO</u> | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | <u>YES</u> / NO | |
| **WORKSHOP: | Advance Auto Garage | |
| Have you been approach by unknown person soliciting (s) / | | |
| offering accident claims assistance? | YES / <u>NO</u> | |



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: PNPV2019-00006033-01 (Comprehensive - Classic Plan)

Car plate number: SLX9056L

Your name (As the policyholder): Wee Guan Xian

Coverage start date: 16/04/2020

Coverage end date: 15/04/2021

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: 30/03/2020

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6870-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.