

NATIONAL Assessment Centre Services. part 1 Jan 2003 SM 0920 CT000E

Date In: 29/12/20 15:11	Job description	Date & Time Completed	Done by
Ref No NA1 FWD 200 14649/h4	SAS e-filing		
Veh No SLX 1475	E-mail (within 3hrs, A/C 2hrs)		
DDA 28/12/20 11:50	I-Motor Claim Form		
OT: <input checked="" type="radio"/> 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		

Produced Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SME 1495T..	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 repolar.

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

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

Remarks: (INC to QW: 6788 4616)	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: _____

Defecting Action	

NA2100820		Invoice Itemization Checklist	
Customer Particulars:		1) AR: Accident Reporting (\$30);	20
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:		3) TP: Towing Fee \$40/\$45	
Damaged Portion:		4) FT: Follow-Through Survey \$120	
QC Checked by (Bugr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30	
Wardens Comments:		For claiming assist INC Only (wef 10 Jan 2003)	
		6) TR: Re-inspection \$75	
		7) N1: Idao DA + EMRT Survey \$160	
		8) NTUC Additional Services:	
		OT:	
		*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) N12: 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 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	29/12/2020 15:11 (SGT)
Date of Accident	28/12/2020 11:50 (SGT)
Exact Location of Accident	Tampines Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX147S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PUAN YI WEI @ALEX PUAN
NRIC No	SXXXX508B
Email Address	NEVTBY@GMAIL.COM
Mobile Phone No	(Phone) +65-92220005
Alternative Phone No	+65-92220005

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Crossland
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	PNPV2019-00002976-01
Cover Note Number	-

DRIVER

Name of Driver	PUAN TEIK CHONG @ALAN PUAN
NRIC No	SXXXX595A
Date Of Birth	17/05/1941
Occupation	Indoor

Date Of Driving Pass	20/07/1970
Driving experience	50 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92220005
Alt. Phone Number	-
Email Address	NEVTBY@GMAIL.COM
Address	BLK 31 TAMPINES CENTRAL 7 #01-41
Address complement	-
Postcode	528613
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Cross Junction
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	PUAN GUAN YU JADON
Gender	Male

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	SME1495T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PUAN GUAN YU JADON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX147S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PUAN TEIK CHONG @ALAN PUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX147S
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 **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



Veh A : SLX 147S

Veh B : SME 1495T

On 28 december 2020 at 11.50 am I was driving SLX 147S along Tampines Avenue 9 towards Tampines Ave 10. As I was moving straight passing Tampines St 72, Veh B, SME 1495T, made a right turn and hit onto the front right portion of my car.

After the accident me and my grandson was not feeling well and visited Viva Medical Group, we were given 3 days MC each.

Puan Teik Chong, S20255954, 3 days, MC/39105

Puan Guan Yu Jadon, T0203410C, 3 days, MC/39106.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

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: PNPV2019-00002976-01 (Comprehensive - Classic Plan)

Car plate number: SLX147S

Your name (As the policyholder): PUAN YI WEI @ALEX PUAN

Coverage start date: 09/02/2020

Coverage end date: 08/02/2021

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.

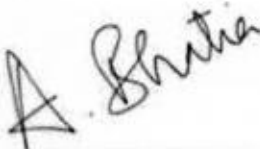
Important things to know:

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.

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

Issued on: 08/02/2020



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.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28 / 12 / 20 (dd/mm/yy) Time of Accident: 11 : 50 am (24-HR-FORMAT)
Vehicle No.: SLX 1478 Vehicle Make & Model: Opel CROSSLAND 1.2
Exact location of Accident: TAMPINES AVE 9 toward TAMPINES AVE 10.
Policyholder's Name/ IC No.: Puan Yi Wei (S73255088)
Driver's Name/ IC No.: Puan Teik Chong (S2025595A) (As Above) ☐
Driver's Contact No.: 92220005 Company Contact No.: _____
Driver's Address: BK 31 TAMPINES CENTRAL 7 #01-41 S(528612)
Insurance Company: FWD Email address (if any): nevtoy@gmail.com
PNPV2019-00002976-01

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Puan Guan Yu Jaden

Gender: _____

Passenger Name: _____

Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No

(If YES) Injured Person's Name: Puan Teik Chong, Puan Guan Yu

Injuries Sustain: _____ Injured Person's in which vehicle: SLX 1478

Police Report filed: ☐ Yes/ ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. SME 1495T
Driver's Contact No.: _____ Insurance Company (If any): _____
2. Driver's Name/ IC No.: _____ Vehicle No. _____
Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____