

# NATIONAL Assessment Centre Services. part 1 Jan 03 SM 092719000C

Date In: 9/11/21 15:31	Job description	Date & Time Completed	Done by
Ref No: MA/FWD 21000 395164	SAS e-filing		
Veh No: 522 9225 D	E-mail (within 3hrs, A/C 2hrs)		
DETA: 8/11/21 17:00	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: SH 3388 U.	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 repolier.
( )	Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( )	Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Channel: ( )	INC ( )	TP ( )	Done by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		

Injury: \_\_\_\_\_

Defective	Actions

NA2100893	
Driver/Owner:	Invoice: ( )
Contact No:	1) AR: Accident Reporting (\$30)
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)
QC Checked by (Engn-In-Charge):	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claim against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Coordination \$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 ..... 09/01/2021 15:31 (SGT)  
Date of Accident ..... 08/01/2021 17:00 (SGT)  
Exact Location of Accident ..... Woodlands Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL9225D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG KIAN HOCK  
NRIC No ..... SXXXX239A  
Email Address ..... ALFRED\_ONGKH@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-96546482  
Alternative Phone No ..... +65-96546482

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... PNPV2019-00004013-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NG SOK KIAN(HUANG SHUJUAN)  
NRIC No ..... SXXXX506J  
Date Of Birth ..... 01/07/1980  
Occupation ..... Indoor

Date Of Driving Pass .....	13/07/1999
Driving experience .....	21 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92980177
Alt. Phone Number .....	-
Email Address .....	SHELYN_NG@YAHOO.COM.SG
Address .....	BLK 177 LOMPANG RD #06-04
Address complement .....	-
Postcode .....	670177
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 RAINED
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? .....	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 .....	ALEX ONG
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH3388U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	NG SOK KIAN(HUANG SHUJUAN)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLL9225D
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.

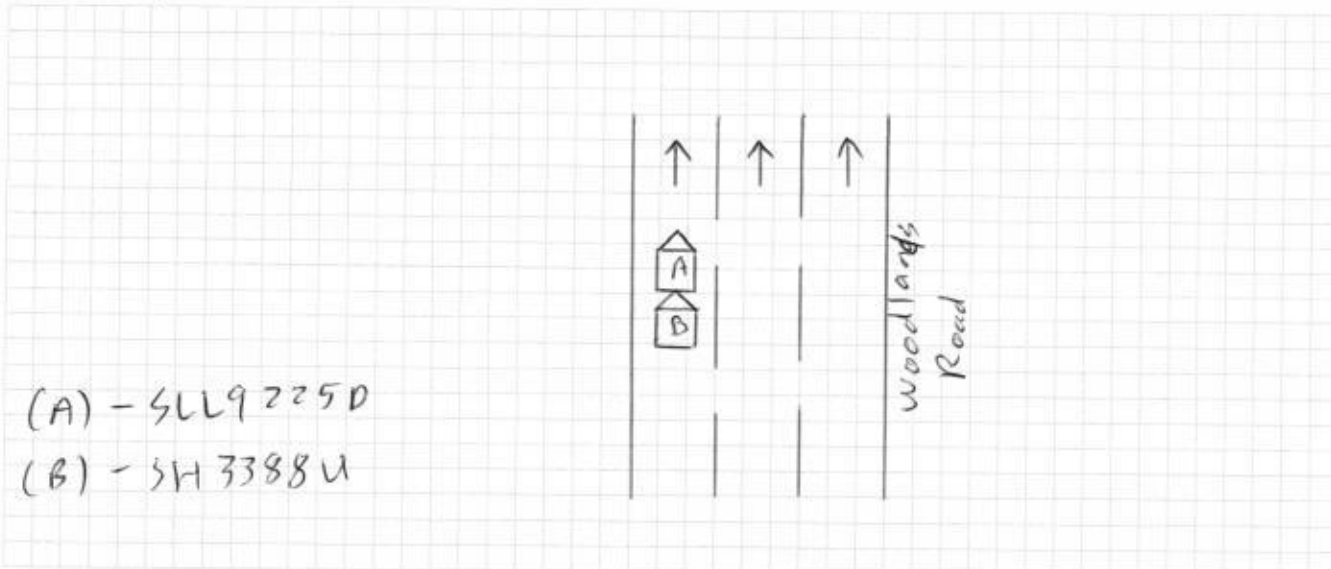
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



(A) - SLL9225D

(B) - SH3388U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 08/01/2021 @ about 1700HRS, along Woodlands Road towards Upper Bukit Timah Road. I was travelling along the above road on the extreme left lane before Senja Way. When my front vehicles slowed down and stopped, hence I followed suit. Suddenly, I felt a great 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 1 other passenger in my vehicle.

## DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature



## 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: PNPV2019-00004013-01 (Comprehensive - Classic Plan)**

Car plate number: SLL9225D

Your name (As the policyholder): Ong Kian Hock

Coverage start date: 15/03/2020

Coverage end date: 14/03/2021

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.

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

Issued on: 28/01/2020

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

VEHICLE NO: SLL92250

MAKE &amp; MODEL : Honda Jazz

AUTO / MANUAL

DATE OF ACCIDENT	08 10 / 12021	*CC. 1500
TIME OF ACCIDENT	5.00 AM / PM	
LOCATION OF ACCIDENT	Woodlands Road towards Upper Bukit Timah Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Ong Kian Hock	
EMAIL	alfred-ongkh@yahoo.com	Office: MOBILE: 9654 6482
NRIC	S7803239A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PNPV2019-00004013-01	
NAME OF DRIVER	AS ABOVE / IF NO. Ng Sok Kian (Huang Shujuan)	
NRIC	S8019506J	
DATE OF BIRTH	01 / 07 / 1980	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	Alex Ong	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	13 / 07 / 1999	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9298 0177 Office: Home:	
EMAIL	Shelyn-ng@yahoo.com.sg	
ADDRESS	Blk 177 Lompang Road #06-04 S(670177)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No, Spouse	
WEATHER CONDITION	Clear / Raining / Other, After Rain	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Shelyn Ng Sok Kian - neck & back	
CONTACT NO.	9298 0177	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SH3388U 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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Advance Auto Garage	