

| | | | |
|--|--|-----------------------|---------|
| Date In: 27/11/21 17:23 | Job description | Date & Time Completed | Done by |
| Ref No: NAI FWD 21001313/h4 | SAS e-filing | | |
| Veh No: SMH 729K | E-mail (within 2hrs, AIC 2hrs) | | |
| ICIA: 27/11/21 10:15 | I-Motor Claim Form | | |
| OT: <input checked="" type="checkbox"/> 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/Work | | |

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLM 8718 A** 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: ()

| Reasons (INC/Non-INC/OT/ICIA) | Done by |
|---|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

Injury: _____

Damage to: _____

| | | | |
|---------------------------------|---|-------------|------------|
| NA2101141 | Invoice Description | Amount | Added/Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | 20 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$10) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Ward/Clerk's Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Sal: _____ | For claiming against INC Only (w/c 10 Jan 2021) | | |
| _____ | 6) TR: Re-inspection \$75 | | |
| _____ | 7) NI: Idao DA + SMRT Survey \$160 | | |
| _____ | 8) NTUC Additional Services: | | |
| _____ | OD: | | |
| _____ | *NS: Courtesy Car / Tpt Allowance \$5 | | |
| _____ | *NG: Repair Co-ordination \$10 | | |
| _____ | *NF: Post Repair Inspection \$25 | | |
| _____ | *NB: 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 | 27/01/2021 17:23 (SGT) |
| Date of Accident | 27/01/2021 10:15 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SMH729K |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN GEE LEK ALFRED |
| NRIC No | SXXXX941B |
| Email Address | SPOON_VINS@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-97420103 |
| Alternative Phone No | +65-97420103 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| 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 | PNCV2020-00000064-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | TAN GEE LEK ALFRED |
| NRIC No | SXXXX941B |
| Date Of Birth | 18/01/1970 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 11/11/1989 |
| Driving experience | 31 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97420103 |
| Alt. Phone Number | +65-97420103 |
| Email Address | SPOON_VINS@HOTMAIL.COM |
| Address | BLK 18B HOLLAND DR #11-449 |
| Address complement | - |
| Postcode | 273018 |
| 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 | 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| 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

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 | SLM8718A |
| 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

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 willful 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 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

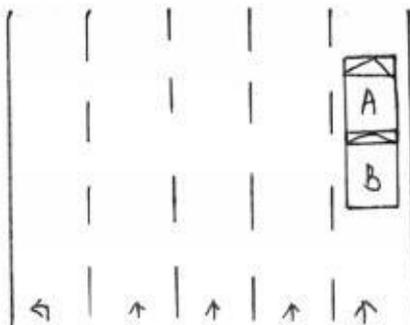


Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (Tuas) before KPE Exit

Vehicle A: SMH 729K
Vehicle B: SLMB718A



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMH729K) was travelling at the stated location on Lane 1. As in front vehicle slowed down and came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SLM0718A) collided onto the rear portion of my vehicle causing damages.

Declaration

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

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 or by the next working day of the incident regardless of whether it
will lead to a claim.

POLICY NUMBER: PNCV2020-0000064-01

Car plate number : SMH729K

Coverage start date: 10/01/2021

Coverage end date: 09/01/2022

Who is insured to drive: You

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tan Gee Lek Alfred

NRIC/FIN: S7000941B

Address: 18B Holland Drive 11-449 Buona Vista Court Singapore 273018

Email: alftan@outlook.sg

Mobile Number: 97420103

Date of Birth: 18/01/1970

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 20%

Years of driving experience: Three or more

About your car and policy

Car make and model: HONDA FREED 1.5

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,691.91

Finance company: Jacks Car

Date of Accident : 27/01/2021 Accident Time: 1015hrs (24-HR-FORMAT)
 Accident Place : PIE (Tuas) before KPE Exit
 Vehicle Reg. No (Car plate No.) : SMH729E Vehicle Make/Model: Honda Freed
 Insurance Company : FWD Policy No. PNCV2020-0000064-01
 Name of Registered Owner : Company / Individual Tan Gee Lek Alfred
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7000941B
 : Co Contact No: - Owner's Contact No: 9742 0103
 DRIVER'S Name : Tan Gee Lek Alfred DRIVER'S NRIC No: S7000941B
 DRIVER'S Date of Birth : 18 Jan 1970 DRIVER'S License Pass Date 11 Nov 1989
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other:
 DRIVER'S Address : APT 818 18B Holland Drive #11-449 Singapore 273018
 DRIVER'S Contact No./ Alt No. : 1) 9742 0103 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : spoon_vins@hotmail.com
 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): 02 Passenger Name: unknown Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|---------------------------------|-------------------------------|
| Vehicle Reg No: <u>SLM8718A</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____ | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |