

Date In: 1/2/21 15:48	Job description	Date & Time Completed	Done by
Ref No: NAI FWO 2100 1528/h4	SAS e-filing		
Veh No: SKE 7510 S	E-mail (within 2hrs, ATC 2hrs)		
DDA: 29/1/21 19:00	I-Motor Claim Form		
UJ: (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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SGE 7407 E 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 repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Damage: ()

NA 2101277	Invoice/Item Description	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	20
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TF: Towing Fee	\$40/\$45
QC Checked by (Engi-In-Charge):	4) FT: Follow-Through Survey	\$120
Warranty/Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30
Date 1:	For claiming against INC Only (wef 10 Jan 2005)	
Date 2:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NJ: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	*IP (N11): TP (Non INC) against INC	\$20
	9) N12: Idas 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 01/02/2021 15:48 (SGT)
Date of Accident 29/01/2021 19:00 (SGT)
Exact Location of Accident 266 Bukit Batok East Ave 4, Block 266, Singapore 650266
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE7510S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POH JING WEN ALYSSA
NRIC No SXXXX848A
Email Address CHRISDESAGON@GMAIL.COM
Mobile Phone No (Phone) +65-93852892
Alternative Phone No +65-93852892

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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 ThirdParty
Fleet Policy No
Policy Number PNPV2020-00011533
Cover Note Number -

DRIVER

Name of Driver POH JING WEN ALYSSA
NRIC No SXXXX848A
Date Of Birth 01/07/1996
Occupation Indoor

Date Of Driving Pass	04/09/2015
Driving experience	5 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93852892
Alt. Phone Number	+65-93852892
Email Address	CHRISDESAGON@GMAIL.COM
Address	BLK 266 BUKIT BATOK EAST AVE 4 #08-222
Address complement	-
Postcode	650266
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE7407E
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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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

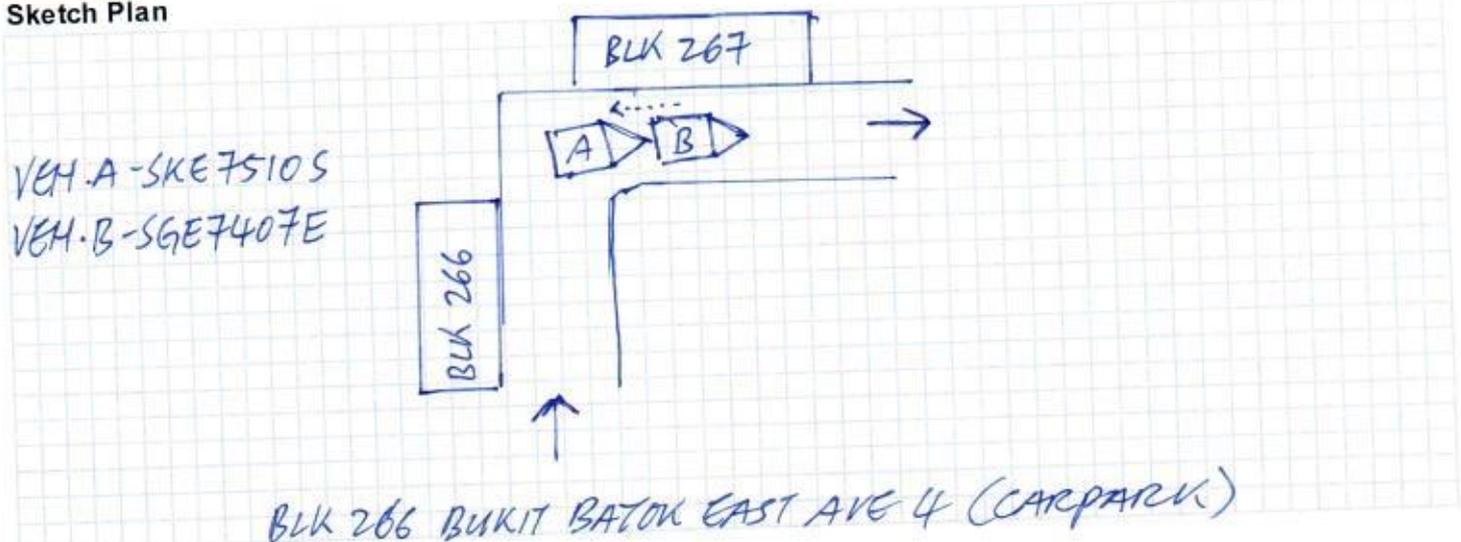
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A'
WAS STATIONARY AT THE STATED VENUE. SUDDENLY,
VEHICLE 'B' REVERSED AND BANG ONTO MY VEHICLE
FRONT PORTION.

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 of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2020-00011533 (Third Party)

Car plate number: SKE7510S

Your name (As the policyholder): Poh Jing Wen Alyssa

Coverage start date: 13/11/2020

Coverage end date: 12/11/2021

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:

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

Issued on: 11/11/2020

Khor Kee Eng
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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	848A
Vehicle Details	
Vehicle No.:	SKE75105
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	AUDI
Vehicle Model:	A5 2.0 QUATTRO A
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	CDN176251
Chassis No.:	WAUZZZ8T8BA053779
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$56,043.00
Original Registration Date:	29 Mar 2012
First Registration Date:	29 Mar 2012
Transfer Count:	3
Actual ARF Paid:	\$56,043.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2022
PARF Rebate Amount:	\$30,823.00
Intended COE Rebate Details	
COE Expiry Date:	28 Mar 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$65,801.00
COE Rebate Amount:	\$7,075.00
Total Rebate Amount:	\$37,898.00

The information contained herein is correct as at 30 Jan 2021

OK

Date of Accident : 29/01/2021 Accident Time: 1900 (24-HR-Format)

Accident Place : BLK 266 BUKIT BATOK EAST AVE 4 (CARPARK)

Vehicle No. (Car Plate No.) : SKE 7510 S Make/Model: AUDI A5 2.0T

Insurance Company : FWD Policy No: PNPV2020-00011533

Owner or Company Name /IC No. : POH JING WEN AYLSSA 59622848A

Owner or Company Contact No. : 93852892 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : SAME AS ABOVE

DRIVER'S Date Of Birth : 01/07/1996 DRIVER'S License Pass Date 04/09/2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : BLK 266 BUKIT BATOK EAST AVE 4 #08-222
5650266

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : CHRISDESAGION@GMAIL.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): 01

Was there any video Captured by car camera? NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: (B) SGE 7407E Vehicle No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name Driver: _____ Name Driver: _____

IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

AP