

NATIONAL Assessment Centre Services.

part 1 Jan 2021

SN0921250002

Date In: 05/02/2021 09:22	Job description	Date & Time Completed	Done by
Ref No NA/FWD 21001712/h4	SAS e-filing		
Veh No SLH 21884	E-mail (within 3hrs, AIC 2hrs)		
DDA: 04/02/2021 10:39	I-Motor Claim Form		
(11) (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Vch No: SLZ 9838L 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 repairer.

() 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: ()

Date/Time: ()

Location: ()

Witness: ()

Signature: ()

NA2101416	Invoice Itemization	Amount	Added
Driver/Owner:	1) AIR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claimant analysis INC Only (waif 10 Jan 2021)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$3	
	TP (NI) : TP (Non INC) against INC	\$20	
	9) NI: 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	05/02/2021 09:22 (SGT)
Date of Accident	04/02/2021 10:39 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2188U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GLORY WEALTH SUPPLIES
Company Reg No	5XXXX278X
Email Address	BENJAMIN_YEO80@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98384407
Alternative Phone No	+65-98384407

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2018-00000379-02
Cover Note Number	-

DRIVER

Name of Driver	YEO SUNG YI, BENJAMIN
NRIC No	SXXXX737B
Date Of Birth	21/09/1980
Occupation	Indoor

Date Of Driving Pass	05/10/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98278125
Alt. Phone Number	-
Email Address	BENJAMIN_YEO80@YAHOO.COM.SG
Address	BLK 31 TAMPINES STREET 86 #13-31
Address complement	-
Postcode	528572
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 - Change/cross lane
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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9838L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG LENG YEE
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' law yers/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;

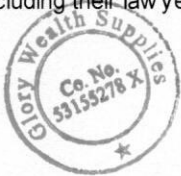
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

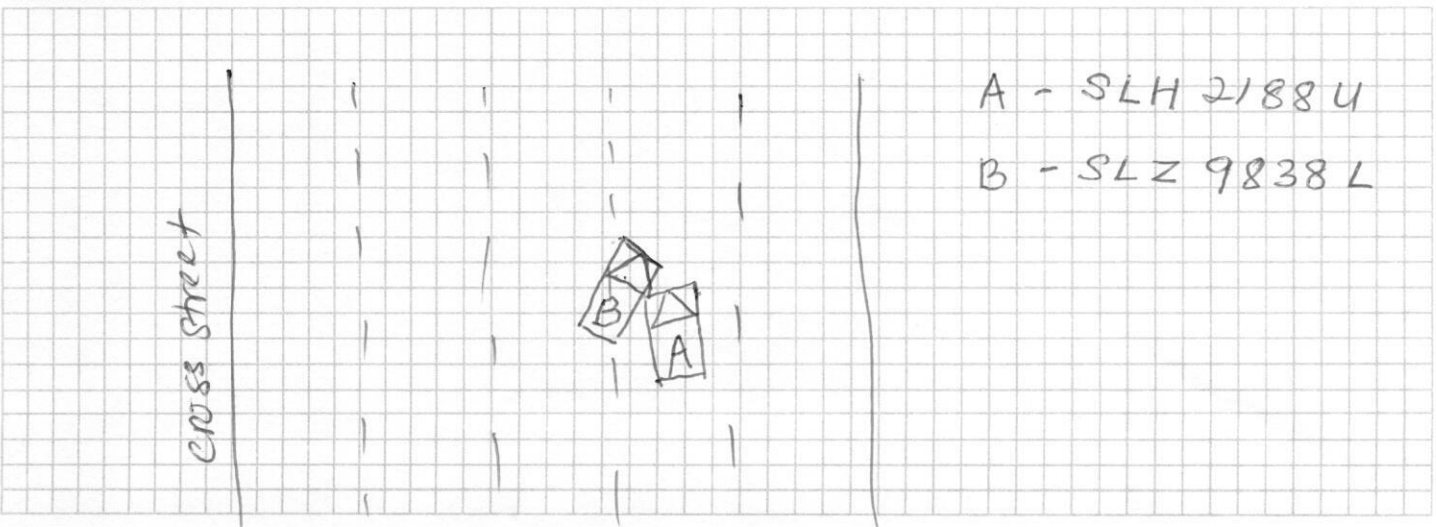


Policyholder's Signature, Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving toward cross street and I am in the second lane of the five lane road.

Suddenly, a vehicle SLZ 9838L filter into my lane and hit the front left of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ryan

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

AS

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: PNCV2018-00000379-02

Car plate number : SLH2188U

Coverage start date: 27/10/2020

Coverage end date: 26/10/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Goh Eng Cher Phoebe

NRIC/FIN: S8033979H

Address: 8 Flora Drive 01-03 Ferraria Park Condominium Singapore 506941

Email: benjamin_yeo80@yahoo.com.sg

Mobile Number : 98384407

Date of Birth: 28/10/1980

Gender : Female

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company Name: Glory Wealth Supplies

ACRA Number: 53155278X

About your car and policy

Car make and model: MITSUBISHI ATTRAGE 1.2

Year of first registration : 2016

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,537.18

Finance company: Goldbell Financial

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLH2188U		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI	Vehicle Model:	ATTRAGE 1.2 CVT
Chassis No.:	MMBSTA13AHH001813	Engine No.:	3A92UDH4044
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1193 cc	Power Rating:	-
Maximum Power Output:	57.0 kW (76 bhp)		
Unladen Weight:	940 kg	Maximum Laden Weight:	1335 kg
Primary Colour:	Blue	Secondary Colour:	-
First Registration Date:	27 Oct 2016	Original Registration Date:	27 Oct 2016
Manufacturing Year:	2016	Open Market Value:	\$14,909.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$14,909.00 (100%)
Actual ARF Paid:	\$5,000.00		

Owner Particulars

Owner Name:	GLORY WEALTH SUPPLIES
Owner ID Type:	Business
Owner ID:	53155278X
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	277
Registered Street Name:	BANGKIT ROAD
Registered Unit No.:	# 12 - 116
Registered Building Name:-	
Registered Postal Code:	670277
COE No. / Expiry Date:	2016100101000115M / 26 Oct 2026
COE Bid Category:	A - Car (up to 1600cc & 97kW (130bhp))
QP Paid:	\$51,506.00



Transaction Details

Business Transaction Ref. No.:	20161027084527982401
Business Transaction Date:	27 Oct 2016
Business Transaction Time:	08:45:27

Message

The above vehicle has been successfully registered.

Please note that \$46,899.00 will be deducted from your GIRO account.

VEHICLE NO: SLH 21884	MAKE & MODEL: Mit Atrage	AUTO / MANUAL
DATE OF ACCIDENT:	04/02/2021	CC: 1.5
TIME OF ACCIDENT:	1039 HRS	
LOCATION OF ACCIDENT:	Upper Cross Street	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE (PRIVATE HIRE)	
NAME OF OWNER:	Glory Wealth Supplies	
TEL NO:	H/P: 98384407	OFFICE: HOME:
NRIC: Roc	:53155278X	
ADDRESS:	B1K 31, Tampines St 86 #13-31 S528572	
EMAIL:	Benjamin-yeo80@yahoo.com.sg	
CLAIM TYPE:	OD (THIRD PARTY) REPORTING ONLY	
FLEET POLICY:	YES (NO?)	
INSURANCE COMPANY:	PWD	
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO:		
NAME OF DRIVER:	AS ABOVE / IF NO: Yeo Sung Yi Benjamin	
NRIC:	S8028737B	ANY PASSENGER: 0
DATE OF BIRTH:	21/09/1980	LICENCE PASSED DATE: 05/10/1999
OCCUPATION:	OUTDOOR (INDOOR)	
GENDER:	(MALE) / FEMALE	
CONTACT NO:	H/P: 98278125	OFFICE: HOME:
ADDRESS:	B1K 31, Tampines St 86 #13-31 S528572	
EMAIL:	engcher_goh@yahoo.co.uk	
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Wife	
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:	
ROAD SURFACE:	(DRY) / WET / OTHER:	
ANY INJURIES:	(NO) / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	(NO) / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?	
VEHICLE B REG NO:	SLZ 9838L	ANY PASSENGERS: 0
NAME OF DRIVER:	Wong Leng Yee	CONTACT NO:
VEHICLE C REG NO:	(Serena)	ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO	
ACCIDENT PORTION:	Front Left Portion.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive P/L	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:		
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	