

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

24092470001

Date In: 07/01/2001 11:21	Job description	Date & Time Completed	Done by
Ref No: N/A/PWD-1004484	SAS e-filing		
Veh No: SKK 49Y	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 06/01/2001 17:15	i-Motor Claim Form		
OD: TP 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: Vch No: GZ 5009A 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: ()

Remarks: (INC hotline: 6788 6616) 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:

Date/Time	Actions

X/A2102472	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Net Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	Ref. 1:	6) TR: Re-inspection \$75		
	Ref. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	ON:			
	*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		
	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	07/04/2021 11:21 (SGT)
Date of Accident	06/04/2021 17:15 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TOWARDS PASIR RIS DRIVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK49Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EUN TUCK WENG WINSTON
NRIC No	SXXXX763D
Email Address	zecure@yahoo.com
Mobile Phone No	(Phone) +65-91077688
Alternative Phone No	+65-91077688

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00001175-01
Cover Note Number	-

DRIVER

Name of Driver	EUN TUCK WENG WINSTON
NRIC No	SXXXX763D

Date Of Birth	26/12/1974
Occupation	Indoor
Date Of Driving Pass	15/11/1993
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91077688
Alt. Phone Number	+65-91077688
Email Address	zecure@yahoo.com
Address	26 FLORA DRIVE #05-47
Address complement	-
Postcode	506950
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	GZ5069A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	EUN TUCK WENG WINSTON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND LEFT SHOULDER PAIN
Injured person in which vehicle?	SKK49Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- Witnessed by Reporting Centre Personnel

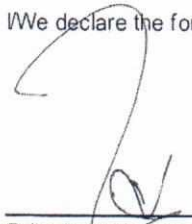
A = SKK 49Y
B = GZ 5069A
Tampines Avenue 10
towards Pasir Ris
Drive 12 (Before
Junction of Tampines
Avenue 1)

Describe Circumstances of the Accident

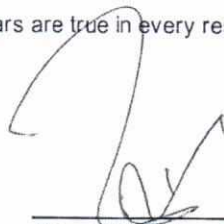
Refer to Attached

Declaration

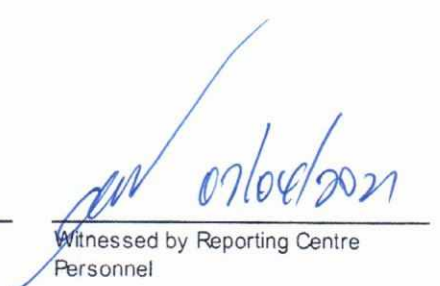
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

On 06.04.2021 at about 17:15 hours along Tampines Avenue 10 towards Pasir Ris Drive 12 (Before Junction of Tampines Avenue 1). I was stationary on lane 1 at the above mentioned location and suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SKK 49Y

Vehicle (B): GZ 5069A

A handwritten signature in black ink, consisting of a large, stylized 'Z' or '2' shape with a checkmark-like flourish at the bottom right.A handwritten signature in blue ink, followed by the date '02/04/2021' written in the same color.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 06/04/2021		Time: 17:15		(hh:mm) 24 hr format	
Location Tampines Avenue 10 towards Pasir Ris Drive 12 (Before Junction of Tampines Avenue 1)					
Vehicle Number SKK 494					
Insured Name Eun Tuck Weng Winston					
NRIC / FIN S7442763D		Contact Number 9107 7688			
Make Subaru		Model Impreza			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company FWD					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number PNPV2020-00001175-01					
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN		Contact Number			
Date of Birth 26/12/1974					
Driving Pass Date 15/11/1993					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address ZECURE@yahoo.com				() NO EMAIL	
Address of Driver 26 Flora Drive #05-47 Singapore 506950					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Eun Tuck Weng Winston - Neck & Left Shoulder Pain					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B GZ 5069 A					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only



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: PNPV2020-00001175-01 (Comprehensive - Executive Plan)

Car plate number: SKK49Y

Car chassis number: JF1GE3KS59G004666

Your name (As the policyholder): Eun Tuck Weng Winston

Coverage start date: 14/01/2021

Coverage end date: 13/01/2022

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: Speed Credit Pte Ltd

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

Issued on: 12/01/2021

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.