

# NATIONAL Assessment Centre Services

Date In: 02/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/FWD31006347/13	SAs e-filing		
Veh No: SKJ7098P	E-mail (within 5hrs. AD 2hrs)		
D.O.A: 01/06/21 1505	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:	Veh No: SLK9785J	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%; F: 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

1102103059

## Invoice Preparation Checklist

Am't (\$)  
1st Bill

Am't (\$)  
Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11) : TP (Non-INC) against INC \$20		
Cat 2 / 3:	9) N12: Idac Mobile \$10		
	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	02/06/2021 16:13 (SGT)
Date of Accident	01/06/2021 15:05 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	JUNC OF JURONG WEST AVE 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7098P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KONG POH WAI
NRIC No	SXXXX482A
Email Address	KONGPOHWAI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90261896
Alternative Phone No	+65-90261896

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2400

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00011056
Cover Note Number	-

### DRIVER

Name of Driver	KONG POH WAI
NRIC No	SXXXX482A

Date Of Birth	05/05/1980
Occupation	Indoor
Date Of Driving Pass	30/11/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90261896
Alt. Phone Number	+65-90261896
Email Address	KONGPOHWAI@HOTMAIL.COM
Address	100 WESTWOOD AVENUE
Address complement	-
Postcode	648420
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9785J
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KONG POH WAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKJ7098P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop  
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd  
via email / fax.

## SKETCH PLAN

### IMPORTANT NOTICE

Signature: \_\_\_\_\_

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 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' 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

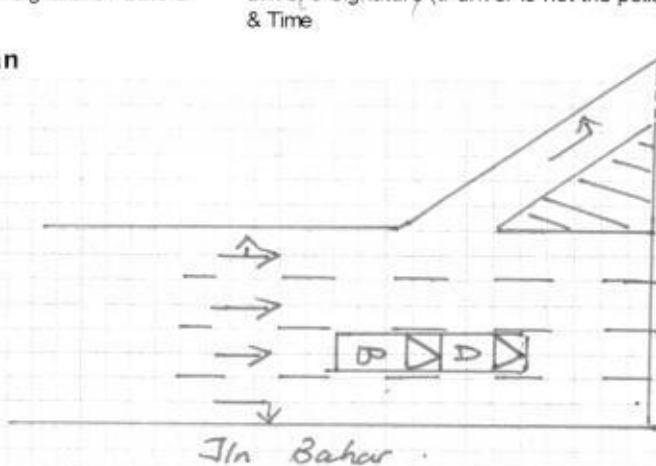
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) SKJ 7098P.

(B) SLK 9785J


### Describe Circumstances of the Accident


On the above mentioned date and time, I was driving my vehicle (SKJ 7098P) along Jln Bahar heading towards the direction of AYE. While approaching the junction of Jurong West Ave 2, the traffic lights turn red and I slow down and stopped my vehicle on the 2nd lane from the right. Suddenly, a car (SLK 9785J) from behind collided onto the rear portion of my vehicle.

### 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

 22/06/21  
Witnessed by Reporting Centre Personnel



VEHICLE NO: SKJ7098P

MAKE &amp; MODEL : Toyota Vellfire

AUTO / MANUAL

DATE OF ACCIDENT	01 / 06 / 2021	*C.C: 2.4
TIME OF ACCIDENT	1.505 AM / PM	
LOCATION OF ACCIDENT	Jalan Bahar junction Juncy West Ave 4.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	(PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	KONG Poh Wai	
EMAIL:	kongpohwai@hotmail.com	Office: MOBILE: 9026 1896
NRIC	S 8012482 A	
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.	PNN2020-00011056	
NAME OF DRIVER	(AS ABOVE) / IF NO:	
NRIC		
DATE OF BIRTH	05 / 05 / 1980	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	30 / 11 / 2001	
GENDER	(Male) / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL:		
ADDRESS	100 Westwood Ave (S) 648420	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:	(INSURER:
RELATIONSHIP	Employee / If No:	Owner
WEATHER CONDITION	(Clear) / Raining / Other :	
ROAD SURFACE	(Dry) / Wet / Other :	
ANY INJURIES	No / If yes : Who?	KONG Poh Wai H/P: 9026 1896
CONTACT NO.		
POLICE REPORT	(No) / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES: WHO?	
VEHICLE B NO.	SLK9785J	Any Passenger : 01 (CF)
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	N.A.	
WITNESS CONTACT NO.	N.A.	
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO	
WAS THERE ANY AUDIO RECORDED?	(YES) / NO	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO	
**WORKSHOP:	N-51 Automotive	
Contact no: 68420051	Rear Pontoon	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)	



## 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: PNPV2020-00011056 (Comprehensive - Classic Plan)**

Car plate number: SKJ7098P

Your name (As the policyholder): Kong Poh Wai

Coverage start date: 05/11/2020

Coverage end date: 04/11/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive : You

### 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: Hong Leong Bank

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

Issued on: 12/10/2020

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