

# NATIONAL Assessment Centre Services

Date In: 16/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/FWD21006763/13	SAS e-filing		
Veh No: SJZ 6707A	E-mail (within 2hrs, AP: 2hrs)		
DOA: 08/06/21 1800	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: SLZ 4273Z	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

NA2103171	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	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:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	16/06/2021 16:52 (SGT)
Date of Accident	08/06/2021 18:00 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	TOWARDS TPE/SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6707A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BRYAN LIM MING KAI
NRIC No	SXXXX900I
Email Address	ERA.BRYANLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-91269995
Alternative Phone No	+65-91269995

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNCV2020-00000620
Cover Note Number	-

#### DRIVER

Name of Driver	LIEW YI XIAN
NRIC No	SXXXX576F

Date Of Birth	26/01/1991
Occupation	Outdoor
Date Of Driving Pass	31/05/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88988900
Alt. Phone Number	-
Email Address	LIEWANGELEEN@GMAIL.COM
Address	BLK 450A SENGKANG WEST WAY
Address complement	#09-333
Postcode	791450
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 - 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	BRYAN LIM MING KAI
Gender	Male

#### PASSENGER 2

Name	CAELIUS LIM PERUI
Gender	Male

#### 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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ4273Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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 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

LOHANG AVE

↑  
TOWARDS

TP/SLA A = SJZ 6707A

B = SLZ 4273Z

A  
X  
B


**Describe Circumstances of the Accident**

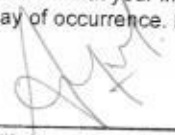
ON THE STATED TIME AND DATE. I WAS ON THE MOST RIGHT LANE  
WAITING TO TURN INTO THE/SL. SUDDENLY I FELT AN IMPACT ON THE  
REAR, I CAME DOWN AND SAW VEHICLE B BANG INTO MY REAR PORTION.


**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date &  
Time

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

 16/06/21  
Witnessed by Reporting Centre  
Personnel



**POLICE REPORT (NP322)**

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Report No. F/20210609/7029

### Brief details.

Hi. I have misplaced my Singapore driving license. I would like to make a police report to file for the lost

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2021 14:13
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch MUHAMMAD SYAZWAN BIN MOHAMAD YASIN Contact No.: 62180000	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE  
POLICE FORCE**



F/20210609/7029

2 of 2

**POLICE REPORT (NP322)**

**CONTINUATION OF REPORT**

Report No. F/20210609/7029

1	Licence	Lost	Qualified Driving Licence			1		Singapore driving license card
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

F / Ang Mo Kio Police Divisional Investigation Branch  
MUHAMMAD SYAZWAN BIN MOHAMAD YASIN  
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:

09/06/2021 14:13

Classification Of Case:

FUPO hotline number: 68429645

Date of Accident : 08/06/21 Accident Time: 1800 HRS (24-HR-FORMAT)  
 Accident Place : ALONG LOYANG AVE TOWARDS TPE/SLE.  
 Vehicle Reg. No (Car plate No.) : SJZ 6707A Vehicle Make/Model: HYUNDAI AVANTE.  
 Insurance Company : FWD Policy No. PNCV 2020 - 00000620  
 Name of Registered Owner : Company / Individual BRYAN LIM MINT KAI  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S9038900I  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 91269995  
 DRIVER'S Name : LIEW YI XIAN DRIVER'S NRIC No: S9103576F  
 DRIVER'S Date of Birth : 26/01/1991 DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : BLK 450A SENGKANG WEST WAY, #09-333  
 DRIVER'S Contact No./ Alt No. : 1) 88988900 2) 31/35/2010  
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : era.bryanlim@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): 3 Name & Gender: BRYAN LIM MINT KAI (M)  
 Was the accident reported to the police? YES NO CAELIUS LIM PERUI  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any injuries, if yes (name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SLZ 4273Z</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: _____



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

POLICY NUMBER: PNCV2020-00000620

Car plate number: SJZ5707A

Coverage start date: 17/12/2020

Coverage end date: 16/12/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Bryan Lim Ming Kai

NRIC/FIN: 590389001

Address: 450A Sengkang West Way 09-333 Fernvale Crest Singapore 791450

Email: Bryan.kai@hotmail.com

Mobile Number: 91269995

Date of Birth: 11/10/1990

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: HYUNDAI AVANTE 1.6

Year of first registration: 2010

Plan type: THIRD PARTY

Standard Excess: Not Applicable

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,154.58



## CERTIFICATE OF INSURANCE

