

NATIONAL Assessment Centre Services

SN09217N0002

Date In: 23/7/21 16:04	Job description	Date & Time Completed	Done by
Ref No: NA/FWD21007883/V	SAS e-filing		
Veh No: SLC48635	E-mail (within 5hrs, Aft. 2hrs)		
D.O.A: 22/7/21 1700	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OI: 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: GBK4681B	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

NAZ103420	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OI*		
	*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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	23/07/2021 16:04 (SGT)
Date of Accident	22/07/2021 17:00 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	TOWARDS SENGKANG EAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4863S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOO MUN LING SAMANTHA
NRIC No	SXXXX862D
Email Address	FOOSAMANTHA@GMAIL.COM
Mobile Phone No	(Phone) +65-98807789
Alternative Phone No	+65-98807789

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00007174-02
Cover Note Number	-

DRIVER

Name of Driver	FOO MUN LING SAMANTHA
NRIC No	SXXXX862D



Date Of Birth	14/03/1988
Occupation	Indoor
Date Of Driving Pass	26/11/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98807789
Alt. Phone Number	+65-98807789
Email Address	FOOSAMANTHA@GMAIL.COM
Address	217B COMPASSVALE DRIVE #05-600
Address complement	-
Postcode	542217
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 - 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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	GBK4681B
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)	-

Date of Accident : 22/07/2021 Accident Time: 1700 (24-HR-Format)
 Accident Place : Punggol Way towards Sengkang East Road
 Vehicle No. (Car Plate No.) : SLC 48635 Make/Model: Honda VTEC
 Insurance Company : FWD Policy No: PNPV2019-00007174-02
 Owner or Company Name / IC No. : Foo Mun Ling Samantha / S8807862D
 Owner or Company Contact No. : 9880 7789 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 14/03/1988 DRIVER'S License Pass Date 26/11/2008
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
 DRIVER'S Address : 217B Compassvale Drive #05-600
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Foo Samantha @ 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): 02
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: <u>GBK 4681B</u>	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:**

Jia Yi (Female)

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Describe Circumstances of the Accident

On the stated time and date I was driving along Punggol way towards Sengkang East road on my way home.

I was driving on lane 3 out of 4 lanes. As I was driving, I felt an impact on the rear right of my vehicle (SLC48635). I alighted and realised that vehicle (GBK46818) hit the rear right of my car while changing lanes. To avoid congesting the traffic, we exchanged particulars and left the scene.

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: PNPV2019-00007174-02 (Comprehensive - Classic Plan)

Car plate number: SLC4863S

Your name (As the policyholder): Foo Mun Ling, Samantha

Coverage start date: 30/05/2021

Coverage end date: 29/05/2022

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: DBS Bank Ltd

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

Issued on: 08/04/2021



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.