

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

20092170000B

Date In: 26/01/2011 18:11	Job description	Date & Time Completed	Done by
Ref No: NBS/MD210079444	SAS e-filing		
Veh No: 567 9425B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/01/2011 02:00	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: 2F5300C

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

Invoice Preparation Checklist

Am (\$)

Am (\$)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

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 (N11) INC against INC \$20

9) N12: Idao Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Plaintiff's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:

U. 1:

U. 2 / 3:

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 26/07/2021 18:11 (SGT)
Date of Accident 25/07/2021 02:00 (SGT)
Exact Location of Accident 747A Pasir Ris Street 71, Singapore 511747
Additional Location Information #4A MULTISTOREY CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT9425B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KA SHING NIGEL
NRIC No SXXXX792G
Email Address nigellee_billabong@hotmail.com
Mobile Phone No (Phone) +65-88202028
Alternative Phone No +65-88202028

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1390

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2021-00000664
Cover Note Number -

DRIVER

Name of Driver LEE KA SHING NIGEL
NRIC No SXXXX792G

Date Of Birth	23/07/1990
Occupation	Indoor
Date Of Driving Pass	16/11/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88202028
Alt. Phone Number	+65-88202028
Email Address	nigellee_billabong@hotmail.com
Address	BLK 752 PASIR RIS STREET 71 #11-86
Address complement	-
Postcode	510752
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20210725/7048

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5300C
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)	-

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 firms/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 firms/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 firms/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

747A PASIR RIS ST 71 #4A MSCP.

Vehicle A: SLT9425B
Vehicle B: SLF5300C




Describe Circumstances of the Accident


On the stated date and time, 1 vehicle A was parked stationary in parking lot 239 on the stated venue. When I came to retrieve my vehicle at about 3pm. I notice that the left rear portion of my vehicle was already damaged. I wish to state that I have video footage of the incident.

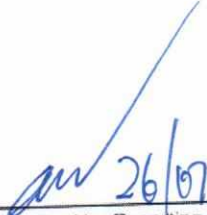
POLICE REPORT 4/20210725/2048

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

 26/07/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 25/07/2021 Accident Time: 0200 (24-HR-Format)

Accident Place : 747A Pasir Ris Street 71 #4A multi-story carpark

Vehicle. No. (Car Plate No.) : SLT9425B Make/Model: VolksWagen Golf

Insurance Company : FWD Policy No: PNPV2021-00000664

Owner or Company Name /IC No. : Leeka Shing Nigel (S 90257926)

Owner or Company Contact No. : 8820 2028 Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : — same as above —

DRIVER'S Date Of Birth : 23/07/1990 DRIVER'S License Pass Date 16/11/2009

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —

DRIVER'S Address : 752 Pasir Ris Street 71 #11-86 S1510752

DRIVER'S Contact No./ Alt No. : 1) — 2) —

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : nigellee_billabong@hotmail.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): 0

Was the accident reported to the police? YES \ NO

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 Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle. No: SLF 5300C

Vehicle Make\Model: —

Name Driver: —

IC No. Driver/Contact: —

Vehicle. No: —

Vehicle Make\Model: —

Name Driver: —

IC No. Driver/Contact: —

*** NEW - Passenger's name & gender:**



SINGAPORE POLICE FORCE



G/20210725/7048

1 of 2

POLICE REPORT (NP299)

Report No. G/20210725/7048

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 25/07/2021 22:47	Vide Report No.	Station Diary No.
Name Of Informant LEE KA SHING, NIGEL	Address 752 PASIR RIS STREET 71 #11-86 SINGAPORE 510752	
ID Type / ID No. NRIC NO / S9025792G	Contact No. Home/Office:	Mobile: 88202028
Nationality SINGAPORE CITIZEN	Email Address NIGELLEEE BILLABONG@HOTMAIL.COM	
Occupation Aeronautical engineering technician	Sex Male	Age 31
Institution/School Name	Language English	Date of Birth 23/07/1990
Date/Time Of Incident 25/07/2021 02:00 - 25/07/2021 03:30	Race Chinese	
	Location Of Incident 747A PASIR RIS STREET 71 #4A SINGAPORE 511747	

Brief details.

On 25 July 2021, about 3pm when I went to my car (car plate number, SLT9425B) at the multistory carpark deck 4A, I saw a dent on my rear left portion of the car. I later reviewed my dash cam footage and saw the incident. It happened around 25 Jul 2021 2am (estimated).

It showed a couple driving the Black Honda Vezel from car rental company - Shariot (carplate number SLF5300C). At one point in the video, there was some commotion (perhaps the couple was quarreling, I also noticed the female driver holding what looks like a beer bottle). Then the man in the video opened his car door, and it hit hard onto my car, this can be seen/heard from the video.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.Date/Time:
25/07/2021 22:47

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210725/7048

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210725/7048

Should you need the video evidence, please contact me.

Thank you very much for working on this case.

Subjects Involved			
Victim			
Person Name	LEE KA SHING, NIGEL		
ID Type	NRIC NO	ID No	S9025792G
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Aeronautical engineering technician	Address	752 PASIR RIS STREET 71 #11-86 SINGAPORE 510752
Mobile No	88202028	Is Informant A Victim?	Yes
Person Name	LEE KA SHING, NIGEL (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

25/07/2021 22:47

Classification Of Case:

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: PNPV2021-00000664 (Comprehensive - Executive Plan)

Car plate number: SLT9425B

Your name (As the policyholder): Lee Ka Shing Nigel

Coverage start date: 12/01/2021

Coverage end date: 12/01/2022

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: DBS Bank Ltd

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

Issued on: 06/07/2021



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.