

NATIONAL Assessment Centre Services. [with 1 Jan 2015] 2015/19/000A

Date In: <u>20/09/2015</u> <u>15:30</u> Ref No: <u>X/100/100210098401</u> Vch No: <u>SPU 1050R</u> O.O.A: <u>ROSTON</u> <u>1730</u>	Job description SAS e-Milling E-mail (by phone, 10/10/15) I-Motor Claim Verin I-Motor W/O (Winder 00 sheet, TP 4hrs) I-Photo Uploaded Assessment/Survey Report Asset Report by Fax/Hand to Owner/VV/Ins	Date & Time Completed Done by	
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(1) TP / Reporting Only

TP Insurer:

Preferred Wksp / INO Assgn Wksp / QW: ()		Tel: () Fax: ()	
TP Brand/Policy: ()	Vch No: <u>SPU 1050R</u>	INC () / Non-INC ()	
Owner/Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: () Time: ()	
Insured/Driver Liability: ()	% (Note: Est Status (WO): NI 0-20%, PI 21-79%, P 80-100%) Year of Registration: () Warranty: YES () / NO () Licence (\$) Loading: \$1,000 () / \$2,000 ()		

() Walk-In Customer / Customers information strictly Confidential & strictly NO Referral of reputation

() Total Loss Case / to e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$9000) ()

Invoice:

NA2103919

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

1) All Accident Work ()	INO ()
2) DA Survey Allowance (\$100)	\$100
3) PT Towing Fee	\$120
4) PT Follow Through Survey	\$30
5) PT Follow Through Survey (Resurvey)	\$30
6) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$75
7) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
8) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
9) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
10) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
11) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
12) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
13) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
14) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
15) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
16) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
17) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
18) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
19) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160
20) PT Follow Through Survey (Resurvey) (with 10/10/15)	\$160

Fax Client
Tel Client

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	20/09/2021 15:50 (SGT)
Date of Accident	18/09/2021 17:30 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1050R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI YOKE CHING
NRIC No	SXXXX524E
Email Address	rogerktm525@yahoo.com.sg
Mobile Phone No	(Phone) +65-96913889
Alternative Phone No	+65-96913889

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00010627-02
Cover Note Number	-

DRIVER

Name of Driver	LAI YOKE CHING
NRIC No	SXXXX524E



Date Of Birth	01/04/1971
Occupation	Indoor
Date Of Driving Pass	10/01/1989
Driving experience	32 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96913889
Alt. Phone Number	+65-96913889
Email Address	rogerktm525@yahoo.com.sg
Address	BLK 785 YISHUN AVENUE 2 #07-1509
Address complement	-
Postcode	760785
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	SISTER
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

PLEASE REFER TO SKETCH PLAN

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	SJQ7631A
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	M. PRESANTH
NRIC No	SXXXX325H
Contact Number	(Phone) +65-96516042
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

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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.

26/9/2021 11:15am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

18 Sep 2021, 1730hrs.

Was ~~the~~ driving along Lenton Ave on Lane 1, suddenly a car on the 2nd lane swerved to my lane. It hit my left side mirror (shattered) and the 3 panels on the left (~~for~~ including the 2 left doors).

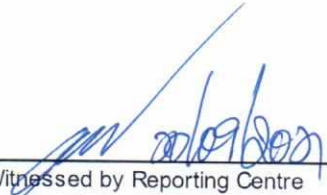
Declaration

We declare the foregoing particulars are true in every respect.


20/9/2021, 11.15am

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 9 / 2021) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: LENTOR AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDU 1050 R
 b) INSURANCE COMPANY: FWD INSURANCE
 c) POLICY NUMBER: PNPV2019-00010627-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MB A180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LAI YOK CHING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7110524E CONTACT: 96913889
 c) ADDRESS: 785 YISHUN AVE 2
#07-1509 S(760785)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: LAI YOK CHING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7110524E CONTACT: 96913889
 c) ADDRESS: 785 YISHUN AVE 2
#07-1509 S(760785)

*d) DATE OF BIRTH: (01 / 04 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 JAN 1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJQ 7631A MODEL: KIA FORTE
 b) DRIVER'S NAME: M. PRESANTH
 c) NRIC/FIN/PASSPORT: S9914325H CONTACT: 96516042

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email = Roger
 VIDEO the wmt outlet

SISTER

* No of passengers
 (including driver)
 (2)

* No of passengers
 (including driver)
 (4)

* No of passengers
 (including driver)
 ()

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: PNPV2019-00010627-02 (Comprehensive - Executive Plan)

Car plate number: SDU1050R

Your name (As the policyholder): Lai Yoke Ching

Coverage start date: 01/07/2021

Coverage end date: 30/06/2022

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: 30/05/2021



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.