

NATIONAL Assessment Centre Services

with 1/1/2021

2009290007

Date In: 20/01/2021 14:47	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD210098424	SAS e-illing		
Veh No: 50027921	E-mail (by phone, A/C, etc)		
D.O.A: 17/01/2021 09:30	1-Motor Claim Verin		
	1-Motor W/O (Winder 00 line, TP 100%)		
	1-Photo Uploaded		
	Assessment Survey Report		
	Asset Report by Fax / Hand to Owner/VV/Ins		

(1) TP Reporting Only

TP Insurer:

Preferred Wreck / NO Assgn Wreck / OW:

TP Brand/Type:

Veh No:

500 2081m

INC () / Non-INC ()

Tel:

Fax:

Owner / Driver:

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 ()

Process:

Loading: \$1,000 () / \$2,000 ()

() Will-In Customer: Customer's Information strictly Confidential & strictly NO Refor of reputation

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

Drive-In () / Towed-In () : Invoice: VNS () / NO () : Towage Co: ()

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

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3,000)

Injury:

NA2103920

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engin-Churgo):

1) All Accident Workline (50%)	INC (H)
2) DA Survey Assessment (\$100)	\$100
3) TP Filing Fee	\$100
4) PT Follow through Survey	\$20
5) PT Follow through Survey (Resurvey)	\$20
6) PT Follow through Survey (W/O 100%)	\$20
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100) PT Follow through Survey (W/O 100%)	\$20

For Client
Per 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 14:47 (SGT)
Date of Accident	17/09/2021 09:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2792H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE BOON YONG
NRIC No	SXXXX032G
Email Address	yong3112000@yahoo.com
Mobile Phone No	(Phone) +65-92703387
Alternative Phone No	+65-92703387

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2020-00000291
Cover Note Number	-

DRIVER

Name of Driver	CHEE BOON YONG
NRIC No	SXXXX032G

Date Of Birth	11/03/1979
Occupation	Outdoor
Date Of Driving Pass	26/09/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-92703387
Alt. Phone Number	+65-92703387
Email Address	yong3112000@yahoo.com
Address	BLK 368 CORPORATION ROAD #08-463
Address complement	-
Postcode	618368
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	HARPREET KAUR
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD2081M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV3168J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNB7268Y
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	CHEE BOON YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD2792H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HARPREET KAUR
Gender	Female



Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD2792H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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5. Any false reporting may be referred to the Police for investigation.
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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

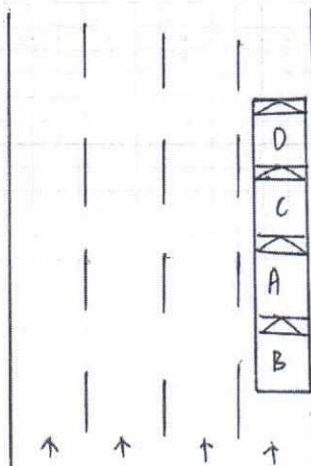
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(TE(city) before PIE(Tuas))
Exit BA




Vehicle A: SKB 279PH
Vehicle B: SJD 2081M
Vehicle C: SKV 316BJ
Vehicle D: SNB 726BY


Describe Circumstances of the Accident


On the stated date & time, I, vehicle A (SKB 3792H) was travelling straight at the stated location on Lane 1. As the front vehicle slowed down and came to a stop, I followed suit. Second later, I felt a huge impact from the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (SKV316BJ). I alighted and realised vehicle B (SJD2081M) collided on the rear portion of my vehicle. I alighted & realised I was involved in a chain collision consisting of 4 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

 10/09/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 17/9/2021 Accident Time: 0930hrs (24-HR-FORMAT)
Accident Place : CTE (City) before PIE (Tuas) Exit 8A
Vehicle Reg. No (Car plate No.) : SKD 2792H Vehicle Make/Model: Hyundai Elantra
Insurance Company : FWD Policy No. PN CV 2020-00000291
Name of Registered Owner : Company / Individual Chee Boon Yong
ID of Registered Owner : Co Reg No: - Owner's NRIC No: 179720326

Co Contact No: - Owner's Contact No: 92703387
DRIVER'S Name : Chee Boon Yong DRIVER'S NRIC No: 179720326

DRIVER'S Date of Birth : 11 Mar 1979 DRIVER'S License Pass Date: 26 Sep 2009

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : Apt B1E 368 Corporation Drive #08-463 Singapore 618368

DRIVER'S Contact No. / Alt No. : 1) 92703387 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)

Email Address : yong3112000@yahoo.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 Passenger Name: Harpreet Kaur Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Chee Boon Yong

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose Injured Name: Harpreet Kaur

Other Party Driver's Particulars (if any)

Vehicle Reg No: SJD 2081M

Vehicle Reg No: SKV 3168J

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

ID No. DRIVER:

ID No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No: SNB 7268Y

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

ID No. DRIVER:

ID 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 incident regardless of whether it will lead to a claim.

Policy number: PNCV2020-00000291

Car plate number : SKD2792H

Coverage start date: 16/05/2020

Coverage end date: 15/11/2021

Who is insured to drive: You and any Authorised Driver

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: CHEE BOON YONG

NRIC/FIN: S7973032G

Address: 368 Corporation Drive 08-463 Singapore 610368

Email: yong3112000@yahoo.com

Mobile number : 92703387

Date of birth: 11/03/1979

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

About your car and policy

Car make and model: HYUNDAI ELANTRA 1.6

Year of first registration : 2011

Plan type: Comprehensive

Standard excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas booster: Not Applicable

Premium paid (inclusive of GST): S\$4,960.97

Finance company: Kenso Leasing Pte Ltd