

NATIONAL ASSESSMENT WITH COMPLETE SERVICES

Date In: 02/12/21 15:37
 Ref No: NPA FWD 210122427
 SMU 70695
 01/12/21 17:30

NOV 16 2021

(1) Reporting Only

| | |
|--|---------|
| Job Description | Done by |
| SA & Billing | |
| Estimate (Quote) (Invoice) | |
| Motor Claim Admin | |
| Motor W/O (Within 30 days of start) | |
| Photo Uploaded | |
| Assessment Survey Report | |
| Final Report by Fax/Email to Owner/Agent | |

TP Insured

Preferred Wksp / HO Address Wksp / QW /

TP Identification / Yes / No SLA 6234 F, INC, / Non-INC

Owner / Driver /

Policy No / Period / Cover Type /

Continued by / Date /

Insured / Driver Liability / % (New Est 66% (WO) NIO 20% PI 21.79% PI 80.100%)

Year of Registration / Warrant YES / NO

Access / Loadings \$1,000 / \$2,000

() Walk-In Customer / Customer Information always confidential & strictly NO for o / report

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

Driver-In / Powered-In / Involves YES / NO / Towing Cost

1) Apply for / Items / Allowance / Courtesy Car

2) QO Check / Pay / Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$5,000)

Invoice

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 | 02/12/2021 15:37 (SGT) |
| Date of Accident | 01/12/2021 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | AYE TOWARDS CITY AFTER 15B EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMU7069S |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | ENG WEI SIANG |
| NRIC No | SXXXX225J |
| Email Address | REPORTING@MYCAR.SG |
| Mobile Phone No | (Phone) +65-90675647 |
| Alternative Phone No | (Office) +65-90675647 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | A200 |
| 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 | 1332 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNPV2021-00003418 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | ENG WEI SIANG |
| NRIC No | SXXXX225J |

| | |
|--|---------------------------------|
| Date Of Birth | 11/11/1988 |
| Occupation | Indoor |
| Date Of Driving Pass | 20/11/2007 |
| Driving experience | 14 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-90675647 |
| Alt. Phone Number | (Office) +65-90675647 |
| Email Address | REPORTING@MYCAR.SG |
| Address | BLK 441B BUKIT BATOK WEST AVE 8 |
| Address complement | #14-911 |
| Postcode | 652441 |
| 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 - 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? | 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 | CHNG ZHI GUANG |
| 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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLA6234E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|---------------------------|
| Name of Driver | NUR SHAHIDAH BINTE SINWAN |
| NRIC No | SXXXX252J |
| Contact Number | (Phone) +65-91902139 |
| 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 | ENG WEI SIANG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND SHOULDER |
| Injured person in which vehicle? | SMU7069S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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' 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

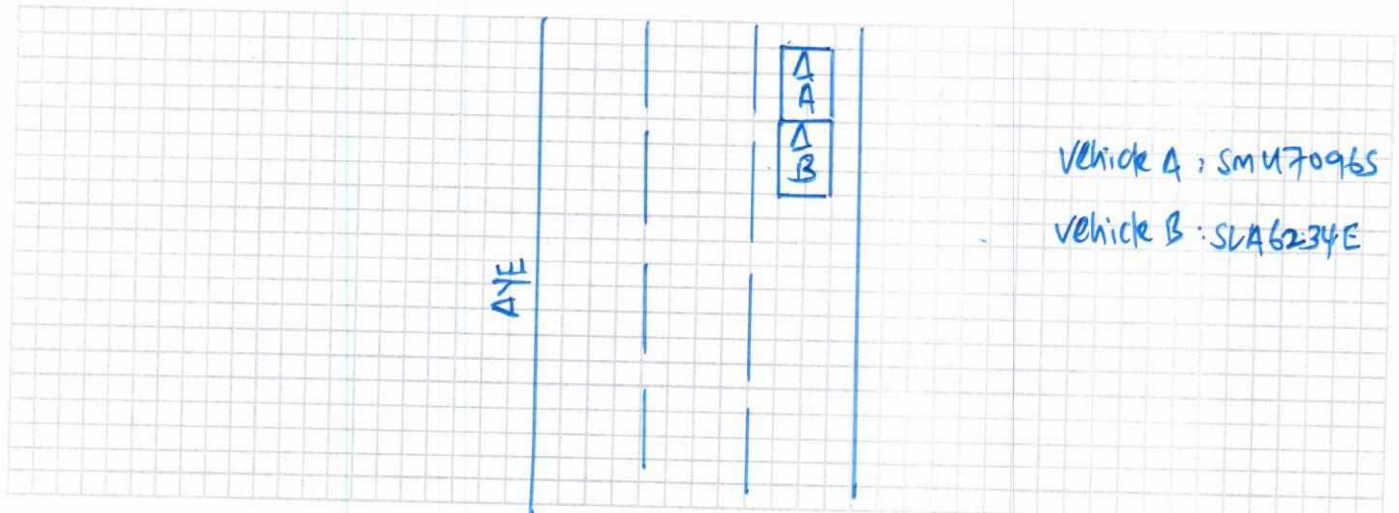
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

by 02-Dec-21 12:21hs
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

I WAS TRAVELLING ALONG AYE ON EXTREME RIGHT LANE. FRONT VEHICLE HAS STOPPED. I FOLLOW SUIT. OUT OF SUDDEN,


I FELT AN IMPACT OF MY VEHICLE AND REALISED THAT MY VEHICLE WAS REAR ENDED BY VEHICLE B (SLA6234E) .

Declaration

I/We declare the foregoing particulars are true in every respect.

 02-Dec-21 12:21 hrs
Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 12 / 2021 (dd/mm/yy) Time of Accident: 17 : 30 (24-HR-FORMAT)

Vehicle No.: SMU7069S Vehicle Make & Model: MERCEDES A200

*Transmission : ☐ Manual ☒ Auto *C.c : 1332

Exact location of Accident: AYE TOWARDS CITY AFTER 15B EXIT

Policyholder's Name: ENG WEI SIANG NRIC/FIN/REG No.: S8849225J

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: ENG WEI SIANG NRIC/FIN/REG No.: S8849225J

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 90675647 Company Contact No (If any): _____

Date of birth: 11/11/1988 Driving Pass Date: 20/11/2007

Driver's Address: BLK 441B BUKIT BATOK WEST AVENUE 8, #14-911, SINGAPORE (652441)

Insurance Company: FWD

Policy No.: PNPV2021-00003418 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver): 2

*Passenger Name: CHNG ZHI GUANG

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: ENG WEI SIANG

Injuries Sustain : NECK & SHOULDER

Injured Person in Which Vehicle: SMU7069S

Police Report field: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: NUR SHAHIDAH BINTE SINWAN S9219252J Vehicle No: SLA6234E

Driver's Contact No: 91902139 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: AUTO SPRINT PTE LTD Contact No: 83447681

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: PNPV2021-00003418 (Comprehensive - Executive Plan)

Car plate number: SMU7069S

Your name (As the policyholder): Eng Wei Siang

Coverage start date: 26/08/2021

Coverage end date: 25/08/2022

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: Maybank Singapore

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

Issued on: 10/08/2021



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.