

# NATIONAL Assessment Centre Services

Date In: 13/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/FWD22000473/13	SAs e-filing		
Veh No: SKW 68864	E-mail (within 5hrs. A/C 2hrs)		
D.O.A: 13/01/22 0710	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: SLV339R 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

NA2200126

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) RT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OT:		
*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 (Non 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 willful 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	13/01/2022 12:29 (SGT)
Date of Accident	13/01/2022 07:10 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6886U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEE KIAN
Company Reg No	5XXXX002E
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-96640990
Alternative Phone No	+65-96640990

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2021-00000250
Cover Note Number	-

### DRIVER

Name of Driver	LEE KIAN
NRIC No	SXXXX013G

Date Of Birth	26/07/1962
Occupation	Outdoor
Date Of Driving Pass	23/02/1981
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96640990
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	27 EWE BOON ROAD
Address complement	#09-01
Postcode	259330
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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	PASSENGER
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

PLS REFER TO THE ATTACHED 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	SLV339R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NG SOK HWEE
NRIC No	SXXXX222F
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' 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

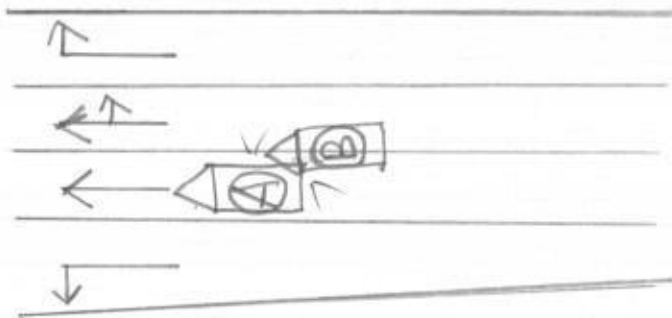
Sketch Plan



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

 13/01/22  
Witnessed by Reporting Centre Personnel

(A)



BEDOK NORTH TWDS UPP CHANGI RD

(A) SKW 6886U

(B) SLV 339R

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG BEDOK NORTH AVE 3 TOWARDS  
NEW UPPER CHANGI RD WITH A PASSENGER IN A SLOW TRAFFIC.  
SUDDENLY, VEHICLE B HIT ON TO MY REAR SIDE OF MY VEHICLE.

**Declaration**

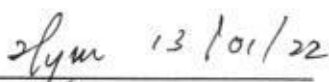
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

 13/01/22  
Witnessed by Reporting Centre Personnel



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespi@gmail.com

VEHICLE NO: 8KW 6886U MAKE/MODEL: TOYOTA PRIUS.

DATE OF ACCIDENT 13/01/2021 TIME 7 HR 10 MIN AM

LOCATION OF ACCIDENT BEFORE NORTH AVE 3

EXACT PURPOSE USE DURING ACCIDENT WORKING

## CAR OWNER

NAME OF CAR OWNER LEE KIAN

CONTACT NO 96640990 seiphk38@gmail.com

NRIC ROC 53366002E

CLAIM TYPE ☐ OD ☐ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY FWD.

TYPE OF COVERAGE ☒ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO PNCV2021-00000250

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER LEE KIAN

NRIC S1595013 G NO OF PASSENGER/S 1 MALE

DATE OF BIRTH 26.7.1962

OCCUPATION DRIVER ☐ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 23/02/81

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 96640990

ADDRESS 27 EWE BOON ROAD (S) 277330 #01-01

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: \_\_\_\_\_

ROAD SURFACE ☒ DRY ☐ WET OTHER: \_\_\_\_\_

ANY INJURIES ☒ NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO \_\_\_\_\_

POLICE REPORT ☒ NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE ☐ NO/ YES

## 3RD PARTY INFO

VEHICLE B NO 8LV339R NO OF PASSENGER/S 1 MALE

NAME NG SOK HWEE 87826222F

CONTACT NO \_\_\_\_\_

VEHICLE C NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE D NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE E NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE F NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

ANY WITNESS \_\_\_\_\_

WITNESS CONTACT NO \_\_\_\_\_



## 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 or by the next working day of the incident regardless of whether it will lead to a claim.

**Policy number:** PNCV2021-00000250

**Car plate number :** SKW6886U

**Coverage start date:** 25/12/2021

**Coverage end date:** 24/12/2022

**Who is insured to drive:** You

**Covered geographical area:** Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

**Name:** Lee Kian

**NRIC/FIN:** S1595013G

**Address:** 660 Jalan Tenaga 03-136 Eunos Damai Ville Singapore 410660

**Email:** leekian62@Gmail.com

**Mobile number :** 96640990

**Date of birth:** 26/07/1962

**Gender :** Male

**Marital status:** Married

**Certificate of merit:** No

**Current no claims discount:** 50%

**Years of driving experience:** Three or more

**About your car and policy**

**Car make and model:** TOYOTA PRIUS PLUS 1.8

**Year of first registration :** 2018

**Plan type:** Comprehensive

**Standard excess:** S\$5,000

**NCD protector:** Not Applicable

**Your preferred workshop:** Not Applicable

**Authorised family members to drive your car:** No

**Overseas booster:** Not Applicable

**Premium paid (inclusive of GST):** S\$1,799.58