

NATION'S Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/01/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FWD22000773/13 | SAs e-filing | | |
| Veh No: SLX1299E | E-mail (within 3hrs: 3P: 2hrs) | | |
| D.O.A: 20/01/22 2030 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within 4P: 2hrs; 1P: 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: SNA63620 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2200203

Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

| | | | |
|---------------------------------|---|--|--|
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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 + SMRI Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| Cat. 1: | TP (N11): TP (Non INC) against INC \$20 | | |
| Cat. 2 / 3: | 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 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 | 21/01/2022 14:44 (SGT) |
| Date of Accident | 20/01/2022 20:30 (SGT) |
| Exact Location of Accident | ECP, Singapore |
| Additional Location Information | (CHANGI)B4 EXIT 1 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX1299E |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | PEK HWEE LEE |
| NRIC No | SXXXX489Z |
| Email Address | pekenneth@yahoo.com |
| Mobile Phone No | (Phone) +65-97456700 |
| Alternative Phone No | +65-97456700 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 1498 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNPV2019-00003364-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | PEK HWEE LEE |
| NRIC No | SXXXX489Z |

| | |
|--|------------------------|
| Date Of Birth | 07/12/1976 |
| Occupation | Indoor |
| Date Of Driving Pass | 14/07/2006 |
| Driving experience | 15 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97456700 |
| Alt. Phone Number | +65-97456700 |
| Email Address | pekenneth@yahoo.com |
| Address | BLK 46 MARINE CRESCENT |
| Address complement | #10-46 |
| Postcode | 440046 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 1 |
| 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? | 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 | SND6362D |
| Vehicle Manufacturer | Porsche |
| Vehicle Model | Panamera |
| 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 | PEK HWEE LEE |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SLX1299E |
| 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.
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 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;

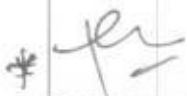
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

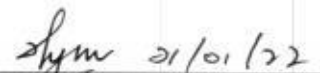
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



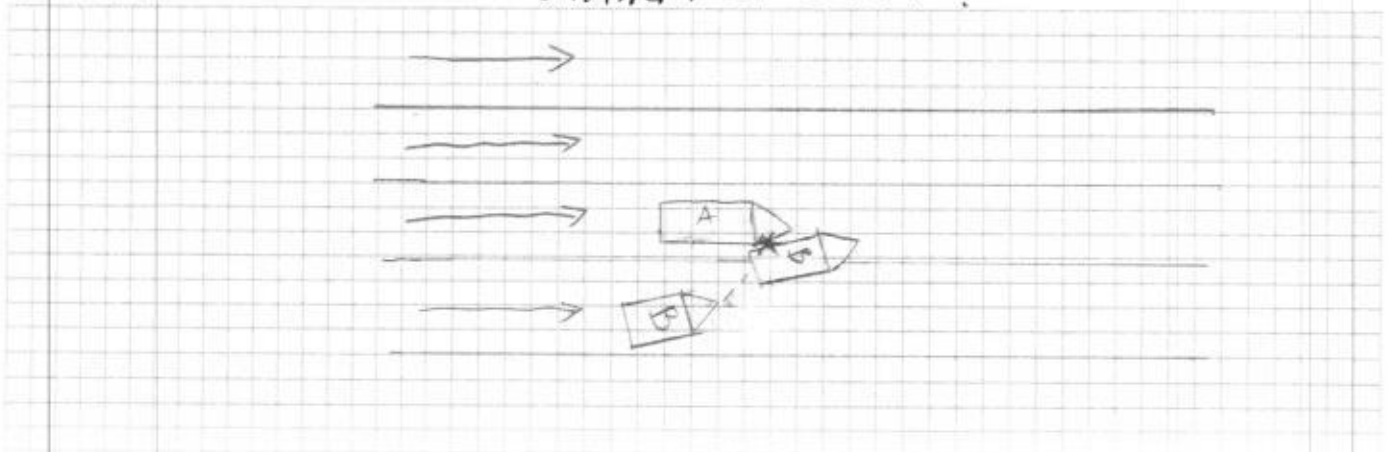
Driver's Signature (If driver is not the policyholder) / Date & Time

 21/01/22

Witnessed by Reporting Centre Personnel

Sketch Plan

ECP (CHANGI) BY EXIT 1



ECP BEFORE EXIT 1

VEH A : SLX1299E

VEH B : SND 6362D

Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I WAS TRAVELLING ON MY RIGHTFUL
LANE ON ECP CHANGI. I WAS TRAVELLING STRAIGHT ON THE STATED
VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE
PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK & REALISED
THAT IT WAS VEHICLE B WHO HAD COLLIDED ONTO MY VEHICLE DUE
TO WET ROAD CONDITION.

Declaration

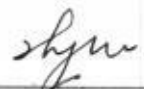
We declare the foregoing particulars are true in every respect.

* 

Policyholder's Signature / Date &
Time



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

 21/01/22

Witnessed by Reporting Centre
Personnel

Date of Accident : 20/01/22 Accident Time: 20:30 (24-HR-Format)
Accident Place : ELP (CHANGI) BEFORE EXIT 1
Vehicle. No. (Car Plate No.) : SLX 1299E Make/Model: HONDA VEZEL
Insurance Company : FWD Policy No: PNPV 2019-00003369-02
Owner or Company Name / IC No. : PEK HWEE LEE (BAI HUI LI)
Owner or Company Contact No. : 97456700 Owner's Hp — Company Tel
DRIVER'S Name / IC No. : PEK HWEE LEE (BAI HUI LI) 576394892
DRIVER'S Date Of Birth : 07/12/1976 DRIVER'S License Pass Date 14/07/2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : APT B1K 46 MARINE CRESCENT #10-46
DRIVER'S Contact No./ Alt No. : 1) 97456700 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : pekenneth@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): 1
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): DRIVER.

Other Party Driver's Particular (if any)

| | |
|--|------------------------------|
| Vehicle. No: <u>SD 6362D</u> | Vehicle. No: _____ |
| Vehicle Make/Model: <u>PORCHE PANAMERA</u> | Vehicle Make/Model: _____ |
| Name Driver: <u>HO YEW TENG SHERMAN</u> | Name Driver: _____ |
| IC No. Driver/Contact: <u>59406522D</u> | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:



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: PNPV2019-00003364-02 (Comprehensive - Prestige Plan)

Car plate number: SLX1299E

Your name (As the policyholder): Pek Hwee Lee

Coverage start date: 16/03/2021

Coverage end date: 15/03/2022

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.

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

Issued on: 31/01/2021

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.