

NATIONAL Assessment Centre Services SAL0922270001

Date In: 7/2/22 18:23	Job Description: SAS e-illing
Ref No: NGA FWD 22 00 1146/T	Date & Time Completed: ✓
Veh No: SKP 5348A	Done by:
DOA: 7/2/22 14:20	E-mail (within 3hrs. Ab. 2hrs):
OD: TP Reporting Only	I-Motor Claim Form:
TP Insurer:	I-Motor W/O (within 10: 3hrs. 10: 4hrs):
	I-Photo Uploaded:
	Assessment/Survey Report:
	Ass't Report by Fax / Hand to Owner (Wkst):

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FBR 9472T	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

<p>NA2200400</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>CALL:</p> <p>Cal. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> * N1: Courtesy Car / Trip Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td> * N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> * N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td> * N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idue Mobile</td> <td>\$30</td> <td></td> </tr> </tbody> </table> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100); INC (\$30)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-inspection \$75			7) NI: Idue DA + SMRT Survey \$160			8) NTUC Additional Services:-			* N1: Courtesy Car / Trip Allowance	\$5		* N6: Repair Coordination	\$10		* N7: Post Repair Inspection	\$25		* N8: DV / Collect Excess Coordination	\$5		TP (N11): TP (Non INC) against INC	\$20		9) N12: Idue Mobile	\$30	
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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	07/02/2022 18:23 (SGT)
Date of Accident	07/02/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD OCBC DRIVE-THRU BANK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5348A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW CHIN JOON
NRIC No	SXXXX857F
Email Address	CHRISNSEE@YAHOO.COM
Mobile Phone No	(Phone) +65-90285179
Alternative Phone No	(Home) +65-90285179

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2021-00000196
Cover Note Number	-

DRIVER

Name of Driver	LOW CHIN JOON
NRIC No	SXXXX857F

Date Of Birth	22/04/1978
Occupation	Indoor
Date Of Driving Pass	23/09/2000
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90285179
Alt. Phone Number	(Home) +65-90285179
Email Address	CHRISNSEE@YAHOO.COM
Address	BLK 274D PUNGGOL PLACE
Address complement	#11-848
Postcode	824274
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	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)	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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	FBR9472T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

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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' 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

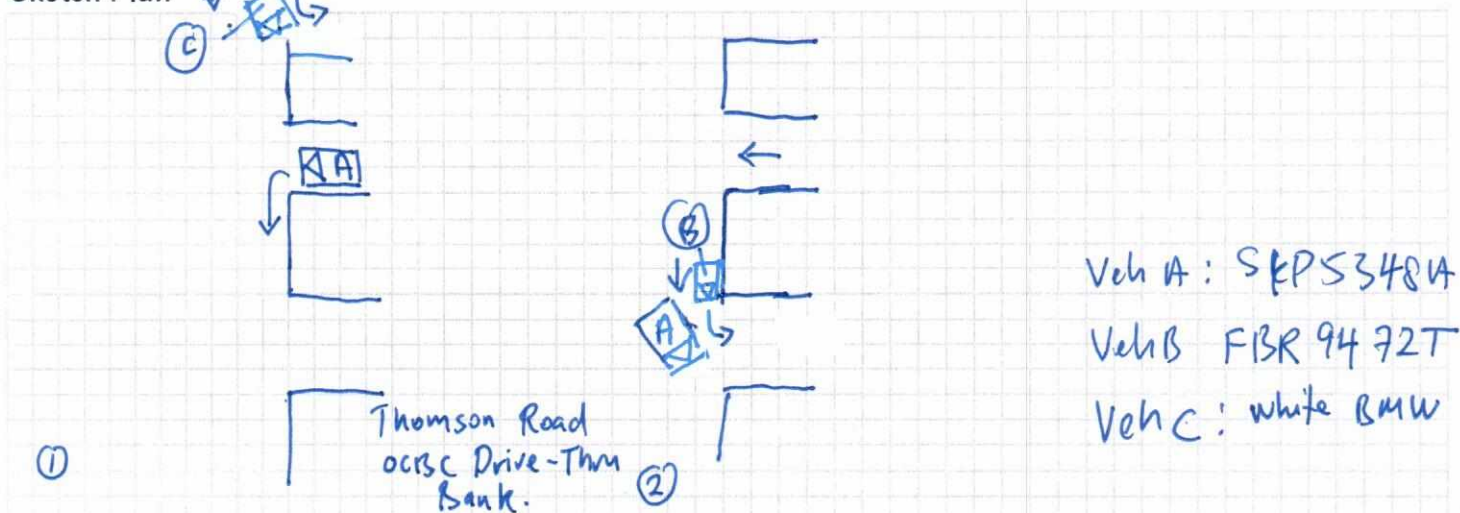
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was exiting from the OCBC Drive Thru and saw Veh C, white BMW, turning left up ahead on the right, and I turned left along Thomson Road and signal left to turned into the entrance of the OCBC Drive Thru, while turning, I heard ~~and~~ an impact on my left side of my vehicle. I came out and realised that Veh B had hit onto my vehicle left side portion.

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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 2 / 2022) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Thomson Road OCBC Drive-thru bank

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP5348A
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNCV 2021 - 00000 / 96
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Low Chin Joon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 28 10852 F CONTACT: 90285179
 c) ADDRESS: BLK 274D Punggol Place #11-848
S(824274)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (22 / 4 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

25 / sep / 2000

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

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: FBR 9472T MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

email = chrisnee@yahoo.com
 VIDEO = with owner

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: PNCV2021-00000196

Car plate number : SKP5348A

Coverage start date: 20/08/2021

Coverage end date: 19/08/2022

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Low Chin Joon

NRIC/FIN: S7810857F

Address: 274D Punggol Place 11-848 Punggol Regalia Singapore 824274

Email: chrisnsee@yahoo.com

Mobile number : 90285179

Date of birth: 22/04/1978

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 20%

Years of driving experience: Three or more

About your car and policy

Car make and model: MAZDA 3 1.5

Year of first registration : 2014

Plan type: Comprehensive

Standard excess: S\$1,500

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\$2,315.54