

**NATIONAL Assessment Centre Services** [Stamp: 1 Jan 2022]

|                            |  |                        |          |
|----------------------------|--|------------------------|----------|
| Date In: 08/02/2022 12:08  | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/FWD 22001182/m4 | E-mail (within 8hrs, AIC 2hrs):          |                        |          |
| Veh No: SMG 8331B          | i-Motor Claim Form                       |                        |          |
| D.O.A: 30/01/2022 11:30    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| OD: TP: Reporting Only     | 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: SLC 1007S        | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA 2200337                      | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |                      |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| at 1:                           | 6) TR: Re-inspection \$75                       |                      |                      |
| at 2/3:                         | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD*   |                      |                      |
|                                 | *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 \$0                         |                      |                      |
|                                 | Invoice date 1                                  | 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              | 08/02/2022 12:08 (SGT) |
| Date of Accident                | 30/01/2022 11:30 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | ALONG TAMPINES AVE 1   |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMG8331B               |
| INSURED/POLICYHOLDER        |                        |
| Is company?                 | No                     |
| Name Of Registered Owner    | NG CHUN LENG           |
| NRIC No                     | SXXXX598A              |
| Email Address               | ngchunleng@hotmail.com |
| Mobile Phone No             | (Phone) +65-92338799   |
| Alternative Phone No        | +65-92338799           |

#### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | BMW         |
| Model  | 520i        |
| 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? | Yes         |
| Vehicle Category   | Private car |
| Transmission   | Auto        |
| CC   | 1998        |

#### INSURANCE COMPANY

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | PNPV2019-00017902-02    |
| Cover Note Number         | -                       |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | NG CHUN LENG |
| NRIC No        | SXXXX598A    |

|  |                              |
|--|------------------------------|
| Date Of Birth  | 07/01/1977                   |
| Occupation   | Indoor                       |
| Date Of Driving Pass   | 17/02/1997                   |
| Driving experience   | 24 YEARS AND 11 MONTHS       |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-92338799         |
| Alt. Phone Number  | +65-92338799                 |
| Email Address  | ngchunleng@hotmail.com       |
| Address  | BLK 760 BEDOK RESERVOIR ROAD |
| Address complement   | #03-05                       |
| Postcode   | 479245                       |
| 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

PLS REFER TO THE ATTACHED STATEMENT

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 | HAVEN'T RETRIEVE |
| Was there any audio recorded?                     | No               |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLC1007S             |
| Vehicle Manufacturer        | Nissan               |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | LOOI KOK YANG        |
| Contact Number              | (Phone) +65-98710015 |
| Address                     | -                    |

**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**.
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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.

*Long 8/2/22 Long 8/2/22*

*R 08/2/2022*

Policyholder's Signature / Date & Time

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

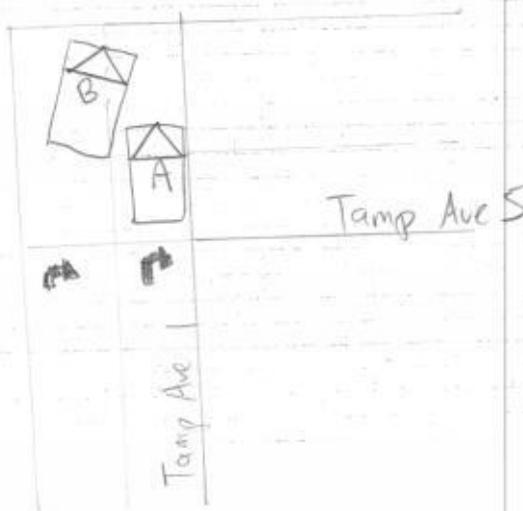
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = SMG 8331B

B = SLC 1007S

Along Tampines Ave 1.



**Describe Circumstances of the Accident**

On 30 Jan around 1130am, vehicle (BMW) SMG 8331B was moving on the most right lane along Tampines Ave 1 with another vehicle SLC10075 (Nissan) moving parallel on the left. At the junction of Tampines Ave 1 & Tampines Ave 5, my vehicle failed to turn right promptly and as such, its front left headlight bumped onto vehicle B right passenger door panel. Both vehicle quickly moved to the roadside of Tampines Ave 5 to exchanged details and move on.

**Declaration**

We declare the foregoing particulars are true in every respect.

leny 8/12/22  
Policyholder's Signature / Date & Time

leny 8/12/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

Re 08/2/2022  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 01 / 2022 (DD/MM/YYYY), TIME: 11 : 30 (HH:MM)

LOCATION: Along Tampines Ave 1.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 8331B  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNPV2019-00017902-02.  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Bmw - 520i Auto (1998cc)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: private use.  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO) own damage!  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Ng Chun Leng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7701598A CONTACT: 9233 8799  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Ng Chun Leng (Huang Junlong) (AS ABOVE) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7701598A CONTACT: 9233 8799  
c) ADDRESS: Blk 760 Bedok Reservoir Road #03-05 (S) 479245.

\* d) DATE OF BIRTH: 07 / 01 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17/2/1997

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: SLC 1007S MODEL: Nissan

b) DRIVER'S NAME: Looi Kok Yang

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9871 0015

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = ngchunleng@hotmail.com

fax = \_\_\_\_\_

video = Yes. (Haven't retrieve)

## 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: PNPV2019-00017902-02 (Comprehensive - Prestige Plan)

Car plate number: SMG8331B

Your name (As the policyholder): Ng Chun Leng

Coverage start date: 31/12/2021

Coverage end date: 30/12/2022

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: DBS Bank Ltd

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

Issued on: 20/11/2021



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**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.