

NATIONAL Assessment Centre Services SM09224E0003

Date In: 14/04/2022 12:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/FND 220034567	E-mail (within 2hrs. After 2hrs):		
Veh No: SKM 221 R	i-Motor Claim Form		
DDA: 13/04/2022 22:46	i-Motor W/O (within 2hrs. After 2hrs):		
DD: (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: SHD 7207J	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

N/A2201009 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		Am1 (\$)	Am1 (\$)
	1) AR: Accident Reporting (\$30),		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100), INC (\$30)			
	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:-			
Q1: *N5: Courtesy Car / Tpt 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: Idac Mobile \$10				
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	14/04/2022 12:59 (SGT)
Date of Accident	13/04/2022 22:46 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2211R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MEMPHIS LEASING
Company Reg No	5XXXX867M
Email Address	terence.grootint@gmail.com
Mobile Phone No	(Phone) +65-93878032
Alternative Phone No	+65-93878032

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Ds5
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	Commercial vehicle
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2022-00000007
Cover Note Number	-

DRIVER

Name of Driver	TERENCE HENG FOOK NING (XING FUNING)
NRIC No	SXXXX056A

Date Of Birth	29/11/1972
Occupation	Indoor
Date Of Driving Pass	04/06/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93878032
Alt. Phone Number	-
Email Address	terence.grootint@gmail.com
Address	BLK 7 KING GEORGE'S AVENUE #12-114
Address complement	-
Postcode	201007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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 SKETCH PLAN

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	SHD7207J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
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.

MEMPHIS LEASING
CO. NO: 53292867M

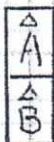
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

ANK MO KIO AVENUE 5



A: SKN 2211R

B: SHD 7207J

On 13.04.2022 at about 22:46 PM. I was travelling along Ang Mo Kio Avenue 5.

The traffic light just turn green, I moved off. Suddenly, vehicle B hit my rear portion.

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

①
Date of Accident : 13.04.2022 Accident Time : 22:46 PM (24-HR-Format)
Accident Place : Ang Mo Kio Avenue 5
Vehicle No (Car Plate No) : SKN 2211R Make/Model: Citroen DS5 1.6
Insurance Company : FWD Policy No: PNCV2022-00000007
Fleet Policy : YES ~~NO~~
Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No : Memphis Leasing (53292867M)
Owner Contact No : _____ Owner's Hp _____ Company Tel _____
Driver Name / IC No : Terence Heng Fook Ning (Xing Fu Ning) S7246056A
Driver's Date of Birth : 29.11.1972 Driver's License Pass Date: 04.06.2007
Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Friend.
Driver's Address : Blk 7 King George's Avenue #12-114 S (201007)
Driver's Contact No : 1) 9387 8032 2) _____
Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : terence.grootint@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver) : 1 Driver
Was there any video footage? : YES / NO
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose
Any injury (If Yes, Pls State) : No

Other Party Driver's Particular (if any)

Vehicle B No : SHD7207J (AXA)	Name & Contact No: _____
Vehicle C No : _____	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:

thp

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: PNCV2022-00000007

Car plate number : SKN2211R

Coverage start date: 07/01/2022

Coverage end date: 06/01/2023

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Chan Cheng Hoe

NRIC/FIN: S2750930D

Address: 468B Admiralty Drive 11-29 Singapore 752468

Email: intec8@hotmail.com

Mobile number : 92255329

Date of birth: 20/10/1960

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

Company name: Memphis Leasing

ACRA number: 53292867M

About your car and policy

Car make and model: CITROEN DS5 1.6

Year of first registration : 2017

Plan type: Comprehensive

Standard excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas booster: Yes

Premium paid (inclusive of GST): S\$4,796.94

Finance company: Goldbell Financial

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

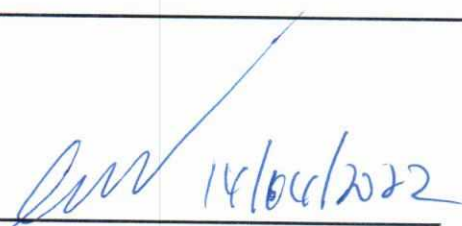
Original Report No: SM09224E0003 Vehicle Registration No: SKN2211R
Name (as shown in NRIC): TERANCA HEALY FOOK NRIC/FIN/Passport No: 5XXXX056A
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93818032
Email Address: _____
Date of Accident: 13/04/2022 Time of Accident: 22:46
Place of Accident: ANK MD KIO AVK 5
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO MEMPHIS LAZIANH

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: