

Date In: 26/04/2022 10/12	Job description	Date & Time Completed	Done by
Ref No: N/A/PND220038434	SAS e-filing		
Veh No: SM 6668Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/04/2022 21:30	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: 800 5252L

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

NA2201103 / NA2201104

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

t. 1:

t. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Inc Bill

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) FT: 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:

OD*

*N3: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TE (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 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	26/04/2022 10:12 (SGT)
Date of Accident	21/04/2022 21:30 (SGT)
Exact Location of Accident	415A Fernvale Link, Singapore 791415
Additional Location Information	SHELTERED CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6668Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW CHIEW FANG
NRIC No	SXXXX425A
Email Address	liljunior1414@gmail.com
Mobile Phone No	(Phone) +65-98366432
Alternative Phone No	+65-82987373

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1332

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00004869
Cover Note Number	-

DRIVER

Name of Driver	CHOW WEI LI
NRIC No	SXXXX520H

Date Of Birth	01/11/1984
Occupation	Indoor
Date Of Driving Pass	06/05/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82987373
Alt. Phone Number	-
Email Address	liljunior1414@gmail.com
Address	BLK 25 SIN ING WALK #09-16
Address complement	-
Postcode	573917
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ5252L
Vehicle Manufacturer	-
Vehicle Model	-
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) -

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 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. 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

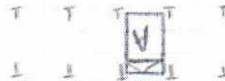
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VehicleA: 81M6668Z

VehicleB: SK05252L

BK 415A Fernvale Link
Sheltered Carpark

Describe Circumstances of the Accident


on 21/04/2022 around 2130hrs, I parked my vehicle A (SLM66682) at the stated location. At around 0135hrs, my friend informed me that my vehicle was being hit by another vehicle, as vehicle B (SKQ5252L) driver - send it in the community group which was in the group.

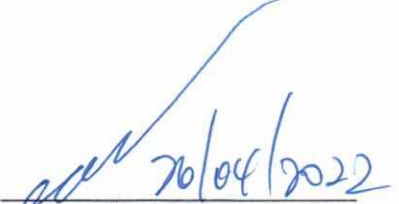
my friend I immediately contact the owner and went down to the carpark to have a check on my vehicle and vehicle B (SKQ5252L) driver told me that when she reversed into the lot beside me and collided onto the front left portion of my vehicle causing damages.

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

Date of Accident : 21/04/2022 Accident Time: 2130hrs (24-HR-FORMAT)

Accident Place : BK 415A Fernvale Link Sheltered Carpark

Vehicle Reg. No (Car plate No.) : SLM6668Z Vehicle Make/Model: M/B CLA180

Insurance Company : FWD Policy No. PNPV2021-00004869

Name of Registered Owner : Company / Individual Liew Chiew Fang

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8477425A
 : Co Contact No: - Owner's Contact No: 98366432

DRIVER'S Name : Chow Wei Li DRIVER'S NRIC No: S8435520H

DRIVER'S Date of Birth : 01 NOV 1984 DRIVER'S License Pass Date 06 May 2011

Relationship bet. Owner & Driver : Spouse Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address : BK 25 Sin ming Walk #09-16 S (573917)

DRIVER'S Contact No./ Alt No. : 1) 82987373 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)

Email Address : liljunior1414@gmail.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): 0 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: -
 Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ ~~Work purpose~~

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKQ5252L</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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: PNPV2021-00004869 (Comprehensive - Executive Plan)

Car plate number: SLM6668Z

Your name (As the policyholder): Liew Chiew Fang

Coverage start date: 30/12/2021

Coverage end date: 29/12/2022

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: Century Tokyo Leasing (Singapore) Pte Ltd

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

Issued on: 19/12/2021



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.