

NATION W. Assessment Centre Services

Date In: 15/08/22	Job description:	Date & Time Completed:	Done by:
Ref No: NM/AWD00007768/013	SAs e-filing		
Veh No: SKV58804	E-mail (within 24hrs, MP 2hrs)		
D.O.A: 14/08/22 0050	i-Motor Claim Form		
OD: (11) 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: SLZ3976K	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
	MOBILE REPORTING (BRYAN)
	BETHLEHEM AUTO
	5035 ANG MO KIO IND PARK 2
	#01-371
	569538

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	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 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 Actual 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	15/08/2022 18:27 (SGT)
Reported by	Driver
Date of Accident	14/08/2022 00:50 (SGT)
Exact Location of Accident	658 Yishun Ave 4, Block 658, Singapore 760658
Additional Location Information	OPENSOURCE CARPARK LOT 228
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5880Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KOK HUA
NRIC No	SXXXX280I
Email Address	merry_lzl@yahoo.com
Mobile Phone No	(Phone) +65-98382989
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00014357-02

DRIVER

Name of Driver	MERRY LIM
NRIC No	SXXXX864F
Date Of Birth	28/04/1977
Occupation	Indoor

Date Of Driving Pass	12/11/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98382989
Alt. Phone Number	-
Email Address	merry_lzl@yahoo.com
Address	BLK 660 YISHUN AVE 4
Address complement	#06-319
Postcode	760660
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	6
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3976K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH8462B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH8497L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJD4628Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SCJ9188U
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

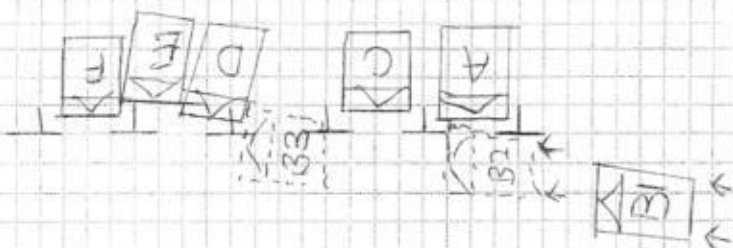
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 15/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A: 92V5880Y	
Vehicle B: 9223776K	
Vehicle C: 5MH8462B	
Vehicle D: 55H8497L	
Vehicle E: 9JD4628Z	
Vehicle F: 9CJ9188U	

Yishun Ave 4 BIK 658 Open Space Carpark
Lot 228


Describe Circumstance of the Accident

On the stated date & time, my vehicle A (SKU5880Y) was parked at the stated location. I heard a loud sound from my house and went down to check what happen. When I was at the carpark, I realised that vehicle B (GU3976K) has collided onto my vehicle causing damages.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 15/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

5035 AMIC IND PARK 2

H01-371

569538

MOBICE REPORTING

BRYAN

\$35

ACCIDENT STATEMENT

ACCIDENT DATE: 14/08/2017 (DD/MM/YYYY), TIME: 00:50 (HH:MM)

LOCATION: Yishun Ave 4 Blk 658 Open Space Carpark Lot 228

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV5880Y
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda 6 AUTO / MANUAL
f) TYPE: (SEDAN / 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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ONG Kok Hui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S75152801 CONTACT: 9685 4420
c) ADDRESS: BLK 660 Yishun Ave 4 H06-319 S(760660)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Merry Lim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S776784E CONTACT: 9838 2989
c) ADDRESS: BLK 660 Yishun Ave 4 H06-319 S(760660)

* d) DATE OF BIRTH: 28/04/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: 92 3976K MODEL: Honda Vezel
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH 8462B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Vehicle Number: SSH 8497L

Vehicle Number: SSD 4628Z

Vehicle Number: SLJ 9188 U

Email: merry_lz@yahoo.com

fax =

video =

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: PNPV2019-00014357-02 (Comprehensive - Classic Plan)

Car plate number: SKV5880Y

Your name (As the policyholder): Ong Kok Hua

Coverage start date: 24/09/2021

Coverage end date: 23/09/2022

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: Hong Leong Finance Limited

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

Issued on: 07/09/2021


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.