

Service Centre Services: (Print Name)

19/09/2022 18:03
NA2202565
9/11/2022 18:00

Job description: SAS e-filing
E-mail (within 2hrs, ATG 3hrs)
1-Motor Claim Form
1-Motor W/O (VIN/ID, 2hrs, TP 4hrs)
1-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed: Done by:

Insurer:

Created Wksp / INC Assg'n Wksp / QW1:

Particulars: Yeh No: "SLC #2565" INC () / Non-INC ()

Owner / Driver: Tel: Fax:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Est. Status (WO): N/O-20% P: 21-79% F: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: \$ Loading: \$1,000 () / \$2,000 ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: ()

Date of Incident: ()

Location: ()

NA2202565

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engr-In-Charge): ()

Invoice Production Checklist:

1) AP: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$100
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Post Survey)	\$30
6) TR: Re-inspection	\$75
7) NI: (Inc DA + SMRT Survey)	\$160
8) NTUC Additional Services	
9) NI: (Inc DA + SMRT Survey)	
10) NI: (Inc DA + SMRT Survey)	
11) NI: (Inc DA + SMRT Survey)	
12) NI: (Inc DA + SMRT Survey)	
13) NI: (Inc DA + SMRT Survey)	
14) NI: (Inc DA + SMRT Survey)	
15) NI: (Inc DA + SMRT Survey)	
16) NI: (Inc DA + SMRT Survey)	
17) NI: (Inc DA + SMRT Survey)	
18) NI: (Inc DA + SMRT Survey)	
19) NI: (Inc DA + SMRT Survey)	
20) NI: (Inc DA + SMRT Survey)	

Invoice dated: () Per Charged: ()

Invoice dated: () Per 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	19/09/2022 18:03 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 18:00 (SGT)
Exact Location of Accident	903 Jurong West Street 91, Singapore 640903
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2758G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH SEACH JOO
NRIC No	SXXXX821A
Email Address	tjmummy@gmail.com
Mobile Phone No	(Phone) +65-92319318
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2018-00003424-04

DRIVER

Name of Driver	CHEW CHIA YIN ANNA
NRIC No	SXXXX308Z
Date Of Birth	02/02/1977
Occupation	Indoor

Date Of Driving Pass	15/03/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92319318
Alt. Phone Number	-
Email Address	tjmummy@gmail.com
Address	12 TAO CHING ROAD #11-30
Address complement	-
Postcode	618726
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	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)	5
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	-

PASSENGER 1

Name	GRACE CHEW
Gender	Female

PASSENGER 2

Name	ELIAS
Gender	Male

PASSENGER 3

Name	EVA
Gender	Female

PASSENGER 4

Name	EDEN
Gender	Male

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?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC8255H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KANNAN S/O RAJENDRAN
NRIC No	SXXXX583I
Contact Number	(Phone) +65-92389022
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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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.

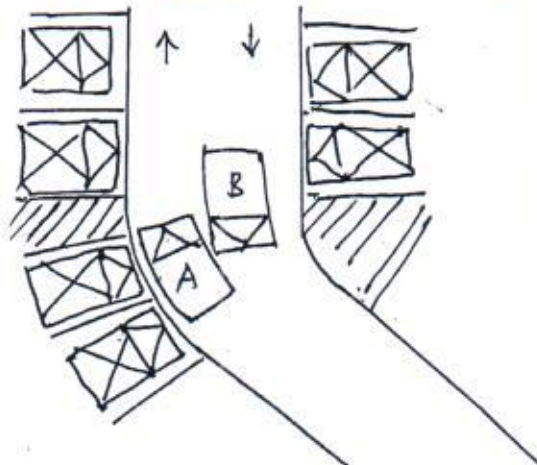
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B/K 903 JURONG WAH 57 92 OPEN GARAGE



A = SLB 2758 G

B = SKC8255 H


Describe Circumstances of the Accident


ON THE STATED DATE AND TIME, I WAS DRIVING OUT
FROM THE CARPARK. WHEN I REACHED AT THE BEND, AN ONCOMING
VEHICLE COLLIDED WITH MY VEHICLE A (SLB2758G) AT THE SIDE.
THE SAID VEHICLE (B) WAS DRIVING NEAR THE CENTRE OF THE ROAD.

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: 16 / 09 / 2021 (dd/mm/yy)

Time of Accident: 18 : 00 (24-HR-FORMAT)

Vehicle No.: SLB 27 S8G Vehicle Make & Model / Engine (cc): NISSAN SYLPHY Private Hire: (Y) (N) (N)

Exact location of Accident: BLK 903 JURONG WEST ST 91 OPEN CARPARK

Policyholder's Name / IC No.: GOH SEACH JOO (S7526821A) ROC/UEN (Company):

Driver's Name / IC No.: CHEW CHIA VIN ANNA S77153087 (As Above) ☐

Driver's Contact No.: 9231 9318 Company Contact No / Owner Contact No:

Driver's Address: 12 TAO CHING ROAD # 11-30 SINGAPORE 618726

Owner Email address: TJMUMMY@GMAIL.COM Insurance Company: FWD

Driver Email address: 02621977 156811997

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver):

*Passenger Name: GRACE CHEW (FRONT PASSENGER) Gender: Male (Female) x ()

*Passenger Name: ① ELIAS ② EVA ③ EDEN Gender: Male / Female x ()

(BOY) (GAL) (BOY)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No.: KANNAN S/O RAJENDRAN (S90225831) Vehicle No.: SKC 8255H

Driver's Contact No.: 9238 9022 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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: PNPV2018-00003424-04 (Comprehensive - Classic Plan)

Car plate number: SLB2758G

Your name (As the policyholder): Goh Seach Joo

Coverage start date: 31/03/2022

Coverage end date: 30/03/2023

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: HL Bank

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

Issued on: 29/03/2022



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.