

**TOTAL Assessment Centre Services** Unit 1, Jashari **220922780006**

Ref No: **27/09/2022 15:10** Job description: **SAS e-filing** Date & Time Completed: Done by:

Case No: **X1581/INO22095871** E-mail (with sub, if any):

Sub Case: **SMG 6395** I-Motor Claim Form

Case: **27/09/2022 17:50** I-Motor W/O (VMI/MS/OD, 2hrs, TP 4hrs)

Reporting Only I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Box / Hand to Owner/WKSP

Referred WKSP / INC Ass'n WKSP / QWI ( )

P Particulars: Yeh No: **SMA 63431** INC ( ) / Non-INC ( )

Owner / Driver ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confined by: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N/O-20% P; 21-79% P; 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 ( ) Invoiced: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( )

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

2) QC Check/ Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Vehicle Action: ( )

**NA2202675**

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

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

W/for: \_\_\_\_\_

L1: \_\_\_\_\_

L2/3: \_\_\_\_\_

Invoiced Pre-Rep Allow Checks	
1) AR: Accident Report Log (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$100
3) TP: Towing Fee	\$150
4) FT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Pre-survey)	\$30
6) TR: Repair Inspection	\$75
7) NI: Pass DA + SMRT Survey	\$150
8) NTIC: Additional Services	
9) NI: 1st Mile	\$5
10) NI: 2nd Mile	\$5
11) NI: 3rd Mile	\$5
12) NI: 4th Mile	\$5
13) NI: 5th Mile	\$5
14) NI: 6th Mile	\$5
15) NI: 7th Mile	\$5
16) NI: 8th Mile	\$5
17) NI: 9th Mile	\$5
18) NI: 10th Mile	\$5
19) NI: 11th Mile	\$5
20) NI: 12th Mile	\$5
21) NI: 13th Mile	\$5
22) NI: 14th Mile	\$5
23) NI: 15th Mile	\$5
24) NI: 16th Mile	\$5
25) NI: 17th Mile	\$5
26) NI: 18th Mile	\$5
27) NI: 19th Mile	\$5
28) NI: 20th Mile	\$5
29) NI: 21st Mile	\$5
30) NI: 22nd Mile	\$5
31) NI: 23rd Mile	\$5
32) NI: 24th Mile	\$5
33) NI: 25th Mile	\$5
34) NI: 26th Mile	\$5
35) NI: 27th Mile	\$5
36) NI: 28th Mile	\$5
37) NI: 29th Mile	\$5
38) NI: 30th Mile	\$5
39) NI: 31st Mile	\$5
40) NI: 32nd Mile	\$5
41) NI: 33rd Mile	\$5
42) NI: 34th Mile	\$5
43) NI: 35th Mile	\$5
44) NI: 36th Mile	\$5
45) NI: 37th Mile	\$5
46) NI: 38th Mile	\$5
47) NI: 39th Mile	\$5
48) NI: 40th Mile	\$5
49) NI: 41st Mile	\$5
50) NI: 42nd Mile	\$5
51) NI: 43rd Mile	\$5
52) NI: 44th Mile	\$5
53) NI: 45th Mile	\$5
54) NI: 46th Mile	\$5
55) NI: 47th Mile	\$5
56) NI: 48th Mile	\$5
57) NI: 49th Mile	\$5
58) NI: 50th Mile	\$5
59) NI: 51st Mile	\$5
60) NI: 52nd Mile	\$5
61) NI: 53rd Mile	\$5
62) NI: 54th Mile	\$5
63) NI: 55th Mile	\$5
64) NI: 56th Mile	\$5
65) NI: 57th Mile	\$5
66) NI: 58th Mile	\$5
67) NI: 59th Mile	\$5
68) NI: 60th Mile	\$5
69) NI: 61st Mile	\$5
70) NI: 62nd Mile	\$5
71) NI: 63rd Mile	\$5
72) NI: 64th Mile	\$5
73) NI: 65th Mile	\$5
74) NI: 66th Mile	\$5
75) NI: 67th Mile	\$5
76) NI: 68th Mile	\$5
77) NI: 69th Mile	\$5
78) NI: 70th Mile	\$5
79) NI: 71st Mile	\$5
80) NI: 72nd Mile	\$5
81) NI: 73rd Mile	\$5
82) NI: 74th Mile	\$5
83) NI: 75th Mile	\$5
84) NI: 76th Mile	\$5
85) NI: 77th Mile	\$5
86) NI: 78th Mile	\$5
87) NI: 79th Mile	\$5
88) NI: 80th Mile	\$5
89) NI: 81st Mile	\$5
90) NI: 82nd Mile	\$5
91) NI: 83rd Mile	\$5
92) NI: 84th Mile	\$5
93) NI: 85th Mile	\$5
94) NI: 86th Mile	\$5
95) NI: 87th Mile	\$5
96) NI: 88th Mile	\$5
97) NI: 89th Mile	\$5
98) NI: 90th Mile	\$5
99) NI: 91st Mile	\$5
100) NI: 92nd Mile	\$5
101) NI: 93rd Mile	\$5
102) NI: 94th Mile	\$5
103) NI: 95th Mile	\$5
104) NI: 96th Mile	\$5
105) NI: 97th Mile	\$5
106) NI: 98th Mile	\$5
107) NI: 99th Mile	\$5
108) NI: 100th Mile	\$5

Per Charged  
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	28/09/2022 15:10 (SGT)
Reported by	Both
Date of Accident	27/09/2022 17:50 (SGT)
Exact Location of Accident	705 Tampines Street 71, Block 705, Singapore 520705
Additional Location Information	MULTIY STOREY CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG639S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG POH CHIN
NRIC No	SXXXX066H
Email Address	ong_wilson3@hotmail.com
Mobile Phone No	(Phone) +65-81386626
Alternative Phone No	-

#### 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?	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	PNPV2022-00001482

#### DRIVER

Name of Driver	ONG CHONG CHENG
NRIC No	SXXXX994E
Date Of Birth	18/03/1978
Occupation	Indoor

Date Of Driving Pass	28/06/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88383318
Alt. Phone Number	-
Email Address	ong_wilson3@hotmail.com
Address	BLK 90B TELOK BLANGAH STREET 31 #21-231
Address complement	-
Postcode	102090
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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
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

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMA6343L
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) ..... -

**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.

10

*[Signature]*

*[Signature]* 28/09/2022

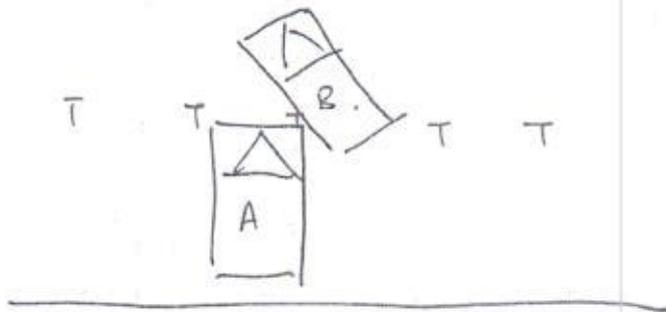
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Carpark Deck 1B of Tampines S+ 7



Veh A: SMG 639S -  
veh B: SMA 6343L

Describe Circumstances of the Accident

My car was parked at the multi-storey carpark of BIK 705A Tampines St 71.

At about 6 pm, I was informed that my car was damaged while parked at the lot.

I went to retrieve the in-car recording and found that vehicle B (SMA 6343 L) had collided into the front right hand portion of my parked vehicle.

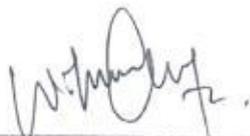
I went around the carpark and found the car (SMA 6343 L) with scratches and markings of my vehicle's colour at the rear hand portion and wheel of the vehicle.

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

 28/09/2022

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SM6 639S		MAKE & MODEL:	BMW 520		AUTO / MANUAL	<input checked="" type="radio"/> AUTO
DATE OF ACCIDENT	27 / 09 / 2022		*C.C.	<input checked="" type="radio"/> M			
TIME OF ACCIDENT	5.50 AM		<input checked="" type="radio"/> PM				
LOCATION OF ACCIDENT	Carpark multi-storey of Blk 705 Tampine St 71						
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE		<input checked="" type="radio"/> PRIVATE HIRE				
NAME OF OWNER	ONG POH CHIN		(S 7704066H)				
EMAIL:	Irene0602@hotmail.com		Office:	8138 6626 MOBILE.			
NRIC	S 7704066H						
CLAIM TYPE	OD / THIRD PARTY		<input checked="" type="radio"/> REPORTING ONLY				
FLEET POLICY:	YES / <input checked="" type="radio"/> NO?						
INSURANCE CO	FWD Insurance						
TYPE OF COVERAGE	Comprehensive		/ Third Party / Third Party Fire & Theft				
POLICY NO.	PNPV 2022 - 0000 1482.						
NAME OF DRIVER	AS ABOVE / IF NO:		ONG CHONG CHENG				
NRIC	S7806994E.						
DATE OF BIRTH	18 / 03 / 1978.						
ANY PASSENGER	YES / <input checked="" type="radio"/> NO?						
NAME OF PASSENGER	-						
GENDER OF PASSENGER	MALE / FEMALE		NIL.				
OCCUPATION	Outdoor / Indoor		<input checked="" type="radio"/>				
DATE OF DRIVING PASS	28 / 06 / 2011						
GENDER	Male / Female		<input checked="" type="radio"/>				
CONTACT NO.	Mobile:		88383318		Office:	Home:	
EMAIL:	ong_wilson3@hotmail.com.						
ADDRESS	Blk 90B Telok Blangah St 31 #21-231 S(102090).						
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:		INSURER:				
RELATIONSHIP	Employee / If No:		Sibling.				
WEATHER CONDITION	Clear / Raining / Other:		<input checked="" type="radio"/>				
ROAD SURFACE	Dry / Wet / Other:		<input checked="" type="radio"/>				
ANY INJURIES	No / If yes: Who? NIL.						
CONTACT NO.							
POLICE REPORT	No / If yes: Where?						
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?						
VEHICLE B NO.	SMA 6343L		Any Passenger.				
NAME							
CONTACT NO.							
VEHICLE C NO.	Any Passenger.						
VEHICLE D NO.	Any Passenger.						
VEHICLE E NO.	Any Passenger.						
VEHICLE F NO.	Any Passenger.						
ANY WITNESS							
WITNESS CONTACT NO.							
WAS THERE ANY VIDEO CAPTURE?	YES / NO						
WAS THERE ANY AUDIO RECORDED?	YES / NO						
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO						
<b>**WORKSHOP:</b>							
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> 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: PNPV2022-00001482 (Comprehensive - Executive Plan)

Car plate number: SMG639S

Car chassis number: WBAJA12000WE60504

Engine number: 21085401B48B20A

Your name (As the policyholder): Ong Poh Chin

Coverage start date: 27/04/2022

Coverage end date: 26/04/2023

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: Standard Chartered Bank (Singapore) Limited

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

Issued on: 26/04/2022



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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.