

NATIONAL Assessment Centre Services

Date In: 03/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/FWD02009678/13	SAS e-filing		
Veh No: SJ283804	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 07/09/22 1730	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: SMM3669D	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

NA2202763	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*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	03/10/2022 16:57 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 1 ZEBRA CROSSING INFRT OF STARHUB BLDG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8380U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAREEN ANG KAI LIN
NRIC No	SXXXX847I
Email Address	keway@singnet.com.sg
Mobile Phone No	(Phone) +65-96534384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00001692-02

DRIVER

Name of Driver	ANG BENG CHENG
NRIC No	SXXXX330G
Date Of Birth	17/02/1965
Occupation	Indoor

Date Of Driving Pass	20/04/1989
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97825052
Alt. Phone Number	-
Email Address	keway@singnet.com.sg
Address	34 JALAN KELEMPONG
Address complement	-
Postcode	509542
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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
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

I WAS OTW TO CHANGI BIZ PARK AREA ON 27/09/22 AROUND 5.30PM.MY VEH WAS SLOW DOWN ALONG UBI AVE A @ ZEBRA CROSSING INFRT OF STARHUB BLDG.VEH B INFRT OF ME STOPPED SUDDENLY AND THIS RESULT MY VEH HAD A SLIGHT BUMP ON VEH B REAR MIDDLE BUMPER.I BERVED MY FRT BUMPER SHOW NO SCRATCH/DAMAGED BUT VEH B HAD SLIGHT SCRATCH.HENCE I SUGGESTED HIM TO EITHER GO TO MY WORKSHOP OR HIS AND I WILL SETTLED THE COSTS. THE DRIVER NEVER REJECT AND WE EXCHANGE HP NO THAN HE TOOK A PHOTO OF MY VEH PLATE NO AND LEFT THE SCENE COZ HE'S BUSY.AS IT WAS NJUST A VERY SLIGHT BUMP,I DIDN'T REALLY LOOK AT HIS VEH CONDITION. AND LET HIM DROVE OFF.I TOOK A PICTURE OF HIS REAR AND WATSAPP TO MY WORKSHOP...MY WORKSHOP ALERT ME THAT BHIS REAR DOOR SEEN GOT HIT BEFORE AND HIS RIGHT CORNER BUMPER HAD SCRATCHES.WITH THAT INFO I TRY TO CONTACT THE VEH B DRIVER TO CONFIRM THIS ISSUE BUT I CAN'T REACHED HIM TILL NOW.AS MY CAR BUMP ON HIS MIDDLE OF HIS REAR AND I WONDER WHY THERE IS DAMAGES ON RIGHT SIDE.I HOPE INSURANCE AGENT WILL HELP TO VERIFY THIS,IT WILL BE GOOD FOR ME TO VISIT HIS WORKSHOP TO CONFIRM.I REALLY WISH THIS MATTER WILL SETTLED IN A FAIR WAY FOR BOTH PARTIES.

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	SMM3669D
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

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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

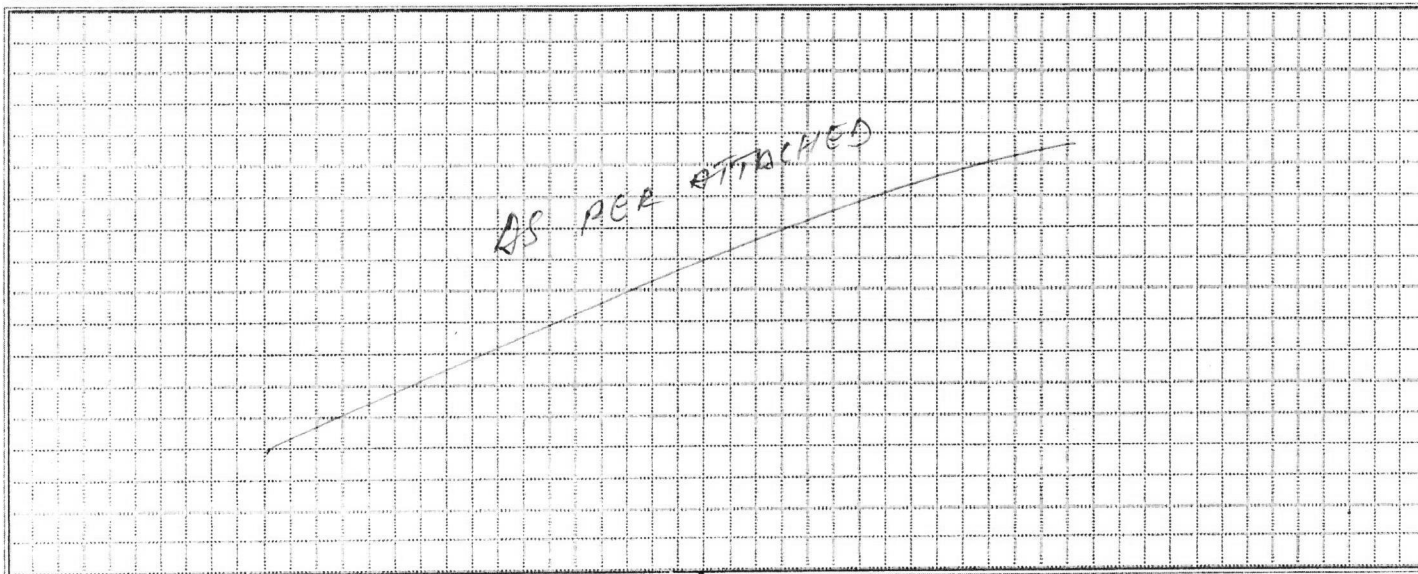
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Google Maps 67 Ubi Ave 1

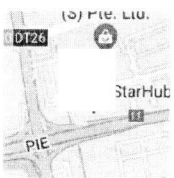


Image capture: Aug 2022 © 2022 Google

Singapore

Google

Street View - Aug 2022



A - SJZ83804
B - SMM3669D

UBI AVE 1 AT ZEBRA CROSSING
INFRONT OF STARHUB BLDG

Describe Circumstance of the Accident

- I was OTW to Changi Biz Park area on 27th Sep 22 around 530pm. My car was slow down along Ubi ave 1 @ zebra crossing in front of StarHub building. A vehicle in front of me ^{had a slight} stopped suddenly and this result my car ^{had a slight} bump on his rear middle bumper...

I observed my front bumper ^{show} no scratch/damaged but front vehicle had a light scratch. Hence, I suggested him to either go my workshop or his and I will settled the costs...

The driver never reject I gave exchange handphone then he took my ^{picture of my} car plate no. & left in reason that he's busy.

As it was just a very slight bump, I didn't really look @ his car condition & let him drive off. I took a picture of his rear & whatsapp to my workshop... my workshop alert me that his rear door ~~got minor~~ ^{seems got hit} before & his right corner bumper had scratches...

With that info I try to contact the car owner to confirm this issue, but I can't reached him till now... As my car bump on middle of his rear, wonder why there is damages on right side... I hope insurance agent will help to verify this, it will be good for me to visit his workshop to confirm... I really wish this matter will settled in a fair way for both parties...

- end -

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/09/22) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: UBI AVE 1 INFR OF STARHUB
ZEBRA CROSSING

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ8380U
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MINI COOPER 1.5 AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S95208477 CONTACT: 96534384
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG BENQ CHENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17263306 CONTACT: 97825052
c) ADDRESS: 34 JALAN KELEMPONG 509542

* d) DATE OF BIRTH: (17/02/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/04/1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PARENT

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: SMM36690 MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

30/09/22
CI statement

Email = keway@singnet.com.sg
Fax =
VIDEO = NO

Your Classic Car Insurance Summary

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 the next working day of the incident
regardless of whether it will lead to a claim.

Policy number : PNPV2020-00001692-02

About this policy

Premium paid : S\$1,053.43
(Inclusive of GST)

Coverage start date : 21/01/2022
Coverage end date : 20/01/2023

Who is insured to drive: : You
Plan type : Classic

About you (As the policyholder)

Your name : Shareen Ang Kai Lin
Address : 34 Jalan Kelempong 34 Bukit Loyang Estate Singapore 509542
Email : shareen_akl@hotmail.com
NRIC/FIN : S9520847I
Date of birth : 09/06/1995
Marital status : Single
Gender : Female
Current no claims discount : 50%
Mobile number : 96534384
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : MINI COOPER 1.6
Year of first registration : 2010
Car plate number : SJZ8380U
Issued on: : 25/11/2021



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.