

NATIONAL Assessment Centre Services

(Tel: 1-800-387-2222)

NA0922AC0008

Date In: 12/10/2022 16:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/FWD2201008471			
Veh No: NB 919TE	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 12/10/2022 01:45	i-Motor Claim Form		
QD (TP) Reporting Only	i-Motor W/O (within 24 hrs, A/C 1hr)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Arrears:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Vch No: 30AK 8345R INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured Driver Liability: () (Note: List Status (WO): 11-0-2011, P: 21-79%, P: 80-11014)		
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: (IN'S Hotline: 67NS-6616) Date & Time Completed: Done by:

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

2) QO Check / Post Repair Inspection ()

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

Injury: ()

Date: Time: Actions:

NA2202835	Invoice Preparation Checklist	AMT: \$100.00
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000) INC (\$50)		
3) TF: Towing Fee \$100/\$40		
4) PT: Follow-Through Survey \$100		
5) PT: Follow-Through Survey (Resurvey) \$50		
6) TR: Re-inspection \$75		
7) NI: NI/DA + SMPT Survey \$140		
8) NTUC Additional Term: \$10		
9) NI: NI/DA + SMPT Survey \$140		
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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	12/10/2022 16:50 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 01:45 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	TOWARDS SIMS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9197E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KIM HWA
NRIC No	SXXXX828I
Email Address	huishi408@gmail.com
Mobile Phone No	(Phone) +65-81393774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
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	2497

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00001857

DRIVER

Name of Driver	WONG HUI SEE
NRIC No	SXXXX220G
Date Of Birth	05/06/1996
Occupation	Indoor

Date Of Driving Pass	24/04/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88990951
Alt. Phone Number	-
Email Address	huishi408@gmail.com
Address	52 CASSIA CRESCENT #05-171
Address complement	-
Postcode	390052
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO SKETCH PLAN

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	SMK8345R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG HUI SEE
Gender	Female
Phone No	(Phone) +65-88990951
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNB9197E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

IMPORTANT NOTICE

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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 rescind 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in the 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/also 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

Along GUILLEMARDE TOWARD

Sing AVEENUE



Describe Circumstances of the Accident

I was driving straight along Guillemard. Vehicle B suddenly cut into my lane and hit onto my front portion of my vehicle. Vehicle B wanted to turn left into SIM AVE.

Declaration

TWA declares 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

12/10/2022

VEHICLE NO: SMB 9197E

MAKE & MODEL: BMW 24

AUTO MANUAL

DATE OF ACCIDENT	12 / 10 / 2020	C.C. 2497
TIME OF ACCIDENT	0145 AM / PM	
LOCATION OF ACCIDENT	ALONG GUILLEMERD TOWARDS SIMS AVE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	WONG KIM HWA	
EMAIL	HUI SHI 408 @ GMAIL . COM	Office. MOBILE 81393774
NRIC	S9236828I	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	<u>Comprehensive</u> Third Party / Third Party Fire & Theft	
POLICY NO.	PNPV2022-00001857	
NAME OF DRIVER	AS ABOVE / IF NO: WONG HUI SEE	
NRIC	S96192206	
DATE OF BIRTH	05 / 06 / 1996	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	24 / 04 / 2017	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile. 88990951	Office. Home.
EMAIL	HUI SHI 408 @ GMAIL . COM	
ADDRESS	52 CASSIA CRESCENT #05-171 S(390052)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER
RELATIONSHIP	Employee / If No. BROTHER & SISTER	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / <u>Yes</u> . Who? WONG HUI SEE	
CONTACT NO.	88990951	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SME8345R	Any Passenger, 0
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / <u>NO</u>		

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: PNPV2022-00001857 (Comprehensive - Executive Plan)

Car plate number: SNB9197E

Your name (As the policyholder): Wong Kim Hwa

Coverage start date: 06/06/2022

Coverage end date: 05/06/2023

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: Maybank Singapore

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

Issued on: 06/06/2022



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.