

NATIONAL Assessment Centre Services

(M11-12-2011)

SA0922A10003

Date In: 18/10/2022 17:01	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/FWD220103391	L-molt (within three A/C days)		
Veh No: SLB 27586	L-Motor Claim Form		
D.O.A: 17/10/2022 17:44	L-Motor W/O (within 30 days of loss)		
QC (TP) Reporting Only	L-Photo Uploaded		
TP Incident:	Assessment/Survey Report		
	Asst Report by Fax: Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Vch No: SCQ 7661P	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured Driver Liability: ()	% (Note: Use Status (WO): 10-0-2011, 2-01-7991, 3-00-1001)	
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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Cost:

Remarks: (INC'S Toll-free: 0788-0016)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Int. Tunn. Actions:

Invoice Preparation Checklist	Ass. Bk
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$55)	
3) TP: Towing Fee \$10/\$40	
4) PT: Follow-Through Survey \$150	
5) PT: Follow-Through Survey (Resurvey) \$20	
6) TR: Repair Coordination \$15	
7) NI: New DA / SMPT Survey \$140	
8) STUC: Additional Term-1234	
9) DP	
*NI: Courtesy Car / Transport Allowance \$5	
*NI: Repair Coordination \$10	
*NI: Post Repair Inspection \$20	
*NI: DV / Follow-Through Coordination \$5	
*TP: TP (Inc. TP) INC: 1234567890	
*TP: 1234567890	
Invoice Date:	Fee Charged:
Invoice No:	Invoice No:

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	18/10/2022 17:01 (SGT)
Reported by	Both
Date of Accident	17/10/2022 17:44 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	RIGHT TURN JUNCTION TO CORPORATION ROAD
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) +65-92319317
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	GOH SEACH JOO
NRIC No	SXXXX821A
Date Of Birth	07/09/1975
Occupation	Indoor

Date Of Driving Pass	13/02/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92319317
Alt. Phone Number	-
Email Address	tjmummy@gmail.com
Address	12 TAO CHING ROAD #11-30
Address complement	-
Postcode	618726
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	3
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	ANNA (SPOUSE)
Gender	Female

PASSENGER 2

Name	ESTHER GOH (DAUGHTER)
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7661P
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CASSIDY WAN KAIXUN
NRIC No	SXXXX968I
Contact Number	(Phone) +65-98254360
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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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 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:

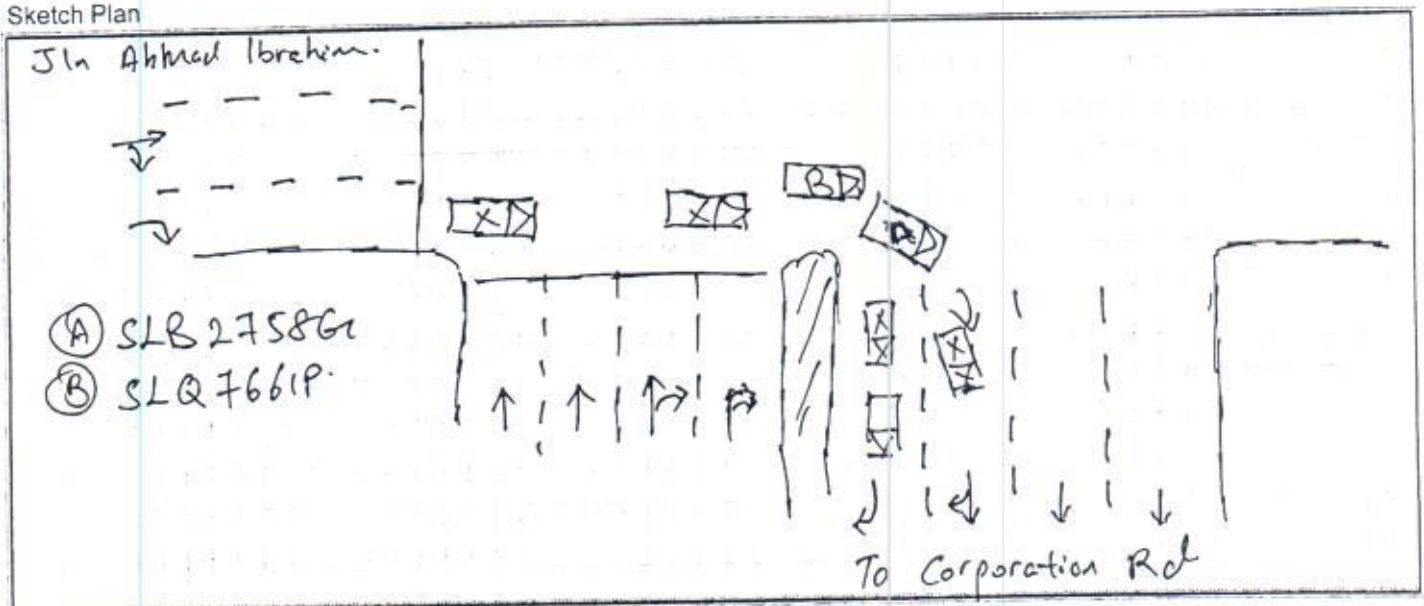
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan




Describe Circumstance of the Accident

on mentioned date and time, I was travelling along the said road. Making a right turn into Corporation Rd. when the front vehicle filter into my lane, I slow down to give way. suddenly I feel a relatively great impact from the rear. The whole incident was capture by my dashcam front and rear view. During my journey, my wife and my daughter was the passenger in my vehicle. After the accident impact, I feel pain on my shoulder. when I wake up this morning, I feel my neck also pain when I went to consult doctor and I was given 2 days of m/c for the pain I suffered.

Declaration

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

x 
Policyholder's Signature / Date & Time

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

 18/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 17/10/2022 (dd/mm/yy) Time of Accident: 17:44 (24-HR-FORMAT)

Vehicle No.: SLB27586 Vehicle Make & Model / Engine (cc): Nissan Sylphy Private Hire: (Y/N) (N)

Exact location of Accident: Jln Ahmad Ibrahim Right turn Junction to Corporation Rd.

Policyholder's Name / IC No.: Goh Seach Joo ROC/UEN (Company) S7526821A

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 92819317 Company Contact No / Owner Contact No: _____

Driver's Address: 12 Tao Ching Rd #11-30 S (818726)

Owner Email address: tjmummy@gmail.com Insurance Company: _____

Driver Email address: _____

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): 3

*Passenger Name: Anna (spouse) Gender: Male / Female x()

*Passenger Name: Esther Goh (daughter) Gender: Male / Female x()

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: Cassidy Wan Kai Yuen / 59831968I Vehicle No: SLQ7661P

Driver's Contact No: 98254360 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.