

NATIONAL Assessment Centre Services (Int'l 1-202-222-1111) **NA2037006**

Date In: 11/11/2022 18:01 Job description: SAS e-tiling

Ref No: 1138/11/2022/164714 E-mail (within 3hrs, A/C 2hrs)

Veh No: SECT 164714 I-Motor Claim Form

D.O.A: 17/11/2022 17:55 I-Motor W/O (within: QD 2hrs, TP 4hrs)

OO: TP / Reporting Only i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

TP Insurer: Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Veh No: SDD 80282 INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: ()

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 repair.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC hotline: 6788-6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

NA203715

Customer's Particulars:

Owner/Driver: ()

Contact No: ()

Damaged Portion: ()

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

All tot's Comments: ()

LR/3

Invoice Preparation Checklist		AMT	Adm Bm
1) AR: Accident Reporting (\$30)	INC (\$50)		
2) DA: Damage Assessment (\$100)	\$40/\$40		
3) TP: Towing Fee	\$150		
4) PT: Follow-Through Survey	\$30		
5) FT: Follow-Through Survey (Resurvey)	\$30		
Resurveying within 1500 Miles Only (over 1500 Jan 2023)			
6) TR: Re-inspection	\$140		
7) NI: Idea DA + SMART Survey			
8) NTUC Additional Services:			
QW:	\$5		
*NI: Courtesy Car / Tot Allowance	\$10		
*NI: Repair Coordination	\$25		
*NI: Post Repair Inspection	\$1		
*NI: DV / Collect Excess Coordination	\$30		
TP (Nil): TP (In INC) against INC	10		
55 Nils: 1600 Miles			
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	18/11/2022 18:01 (SGT)
Reported by	Both
Date of Accident	17/11/2022 17:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1647L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIEN LIP JIA
NRIC No	SXXXX807J
Email Address	liplien@gmail.com
Mobile Phone No	(Phone) +65-82995658
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00009105-03

DRIVER

Name of Driver	LIEN LIP JIA
NRIC No	SXXXX807J
Date Of Birth	31/05/1980
Occupation	Indoor

Date Of Driving Pass	24/04/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82995658
Alt. Phone Number	-
Email Address	liplien@gmail.com
Address	BLK 263 TOA PAYOH EAST #09-20
Address complement	-
Postcode	310263
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)	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	SDD8028L
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR FOO
Contact Number	(Phone) +65-90623108


Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

I was travelling along PIE going home. Car ~~A~~ B suddenly janned his brakes.
I couldn't stop in time, resulting in this accident.


Declaration

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


Policyholder's Signature / Date & Time

18/11/2022

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: (17 / 11 / 2022) (DD/MM/YYYY), TIME: (17:55) (HH:MM)

LOCATION: Ple Toros City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 1647L
 b) INSURANCE COMPANY: PNV 2019 - 00009108-03
 c) POLICY NUMBER: PNV 2019 - 00009108-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA HEV
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport
 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: LIAN LIO JIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8048517 CONTACT: 82295618
 c) ADDRESS: BLK 263 F08-20 F02 Bldg 151 5/10217

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: (21 / 05 / 1980) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: _____
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 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: _____

No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: S008028L MODEL: RAV4
 b) DRIVER'S NAME: Mr Foo
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90623108

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: liplien@gmail.com
 VIDEO

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 : **PNPV2019-00009105-03**

About this policy

Premium paid : S\$1,292.71
(Inclusive of GST)
Who is insured to drive: : You and any Authorised Driver
Plan type : Classic

Coverage start date : 01/07/2022
Coverage end date : 30/06/2023

About you (As the policyholder)

Your name : Lien Lip Jia
Address : 263 Toa Payoh East #09-20 Toa Payoh Apex Singapore 310263
Email : liplien@gmail.com
NRIC/FIN : S8014807J
Date of birth : 31/05/1980
Marital status : Married
Gender : Male
Current no claims discount : 30%
Mobile number : 82995658
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : HONDA HR-V 1.5
Year of first registration : 2014
Car plate number : SKU1647L
Issued on: : 28/05/2022



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.