

NATIONAL Assessment Center Services

20/11/2022 13:02
 NBB/FWD22011681
 SLA 96/3C
 18/11/2022 17:35

810922810003

Vehicle Description: SAS e-Bike
 E-mail (provide within 24 hr)
 Motor Claim Form
 Motor W/O (where applicable)
 Photo Uploaded
 Assessment/Survey Report
 Asst Report by EAM: [Name]
 Date: [Date]

Vehicle No: SMK 733G

Period: [Date] to [Date]

Year of Reg: 2020

Engine: [Number]

Warranty: YES () / NO ()

Loading: \$1,000 () / \$2,000 ()

Total Loss Cost: [Amount] to e-mail Insurer URGENTLY.

Invoice: YES () / NO ()

Apply for Transport Allowance () / Courtesy Car ()

Check/Fuel Repair Inspection

Speed Recovery Photo (Repair Cost > \$3000)

NA2203279

Invoice Preparation Checklist

1. AR - Accident Report	100%
2. AR - Damage Assessment	100%
3. AR - Police Report	100%
4. AR - Witness Statement	100%
5. AR - Medical Report	100%
6. AR - Other Documents	100%
7. AR - Total	100%
8. AR - Total	100%
9. AR - Total	100%
10. AR - Total	100%
11. AR - Total	100%
12. AR - Total	100%
13. AR - Total	100%
14. AR - Total	100%
15. AR - Total	100%
16. AR - Total	100%
17. AR - Total	100%
18. AR - Total	100%
19. AR - Total	100%
20. AR - Total	100%

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	21/11/2022 13:02 (SGT)
Reported by	Both
Date of Accident	18/11/2022 17:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) BEFORE BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9612C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HENG KA (LIN XINGJIA)
NRIC No	SXXXX946B
Email Address	kelvin@imcarpenter.com.sg
Mobile Phone No	(Phone) +65-96733289
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00004484-03

DRIVER

Name of Driver	LIM HENG KA (LIN XINGJIA)
NRIC No	SXXXX946B
Date Of Birth	30/08/1985
Occupation	Indoor

Date Of Driving Pass	03/07/2006
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96733289
Alt. Phone Number	-
Email Address	kelvin@imcarpenter.com.sg
Address	BLK 60A TELOK BLANGAH STREET 31 #19-239
Address complement	-
Postcode	101090
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
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	TAN YAN RONG
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
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK733G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	ED3282C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBQ3477A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

PIE (CITONGI) BEFORE BKG

Vehicle A : SLA 9612
Vehicle B : SMK 732
Vehicle C : ED3782
Vehicle D : FBQ 345

Describe Circumstance of the Accident

I was travelling along PIE (change) before BKE. Front vehicle stopped I follow suit.

out of sudden, I felt an impact of my vehicle and realised that my vehicle was rear ended by vehicle B (SMK733G).

There were 4 vehicles involved in this accident.

Declaration

I/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



21/6/2022

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

Jack

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 11 / 22 (dd/mm/yy) Time of Accident: 17 : 35 (24-HR-FORMAT)
Vehicle No.: SLA9612C Vehicle Make & Model: Mercedes A180
*Transmission : ☐ Manual ☒ Auto *C.c: 1595
Exact location of Accident: PIE (change) before BKE
Policyholder's Name: Lim Hong Ka (Lin Xingjia) NRIC/FIN/REG No.: S8528946B
*Policyholder's email address : kelvin@imcarpenter.com.sg
Driver's Name: As above NRIC/FIN/REG No.: _____
*Driver's email address : _____
Driver's Contact No.: 96733289 Company Contact No (If any): _____
Date of birth: 30/8/1985 Driving Pass Date: 31/7/2006
Driver's Address: 90A Telok Blangah Road Street 31, 19-239, 101090
Insurance Company: FWD
Policy No.: PNPV2019-00004484-03 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
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)
Type of Accident
☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 2
*Passenger Name: Tan Yan Rong Gender: Male / ☒ Female
*Passenger Name: _____ Gender: Male / Female
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 Car camera? ☒ Yes / ☐ No With TP
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' 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: _____ Vehicle No: SM1C733G
Driver's Contact No: 96673370 Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: ED 3283C
Driver's Contact No: 91685080 Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

Vehicle No : FBQ 3477A

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: PNPV2019-00004484-03 (Comprehensive - Executive Plan)

Car plate number: SLA9612C

Your name (As the policyholder): LIM HENG KA

Coverage start date: 23/03/2022

Coverage end date: 22/03/2023

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.

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

Issued on: 17/03/2022



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.