

NATIONAL Assessment Centre Services

Date In: 20/03/2013 17:51	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NAB/FWD2200885/V	E-mail (with date, AIC 2013)		
Veh No: SLT 5486x	I-Motor Claim Form		
D.O.A: 17/03/2013 21:30	I-Motor W/O (whenever OD 2011, or 2012)		
OS: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by FAX: Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SNJ 9789E	INC: () / Non-INC: ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (95) (Note: Use Status (WO): 11: 0-30%, 12: 21-70%, 13: 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 info of repairer.

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

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

Remarks: ()	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Other: ()

NAB200809 / NAB200810	Invoice: Preparation Charge	
Client/Owner:	1) All: Accident Processing (\$300)	
Contact No:	2) DA: Damage Assessment (\$1000) INC (\$50)	
Damaged Portion: Front	3) TP: Towing Fee (\$10/\$45)	
Checked by (Engr-In-Charge):	4) PE: Follow-Through Survey (\$12)	
	5) PE: Follow-Through Survey (Emergency) (\$30)	
	6) TR: Re-Inspection (\$75)	
	7) NI: New DA + SMRT Survey (\$140)	
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tel Allowance (\$3)	
	10) NI: Repair Coordination (\$15)	
	11) NI: Post Repair Inspection (\$25)	
	12) NI: EV / Collect Excess Coordination (\$1)	
	13) NI: (TP IN-INC) against INC (\$20)	
	14) NI: (Excess) (\$1)	
	Invoice Total	Fax 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	20/03/2023 17:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/03/2023 21:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE TOH GUAN ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5436X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUN WAI HO, KELVIN
NRIC No	SXXXX403F
Email Address	kelvinmun@live.co.uk
Mobile Phone No	(Phone) +65-98634739
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00015602-03

DRIVER

Name of Driver	MUN WAI HO, KELVIN
NRIC No	SXXXX403F
Date Of Birth	18/07/1988
Occupation	Indoor



Date Of Driving Pass	09/05/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98634739
Alt. Phone Number	-
Email Address	kelvinmun@live.co.uk
Address	68B ENG KONG ROAD
Address complement	-
Postcode	599088
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	SNJ9789E
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

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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 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 lodgment 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:

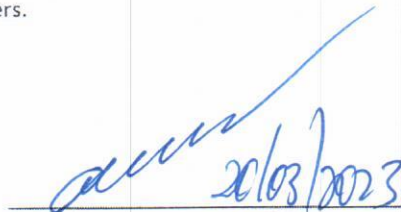
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

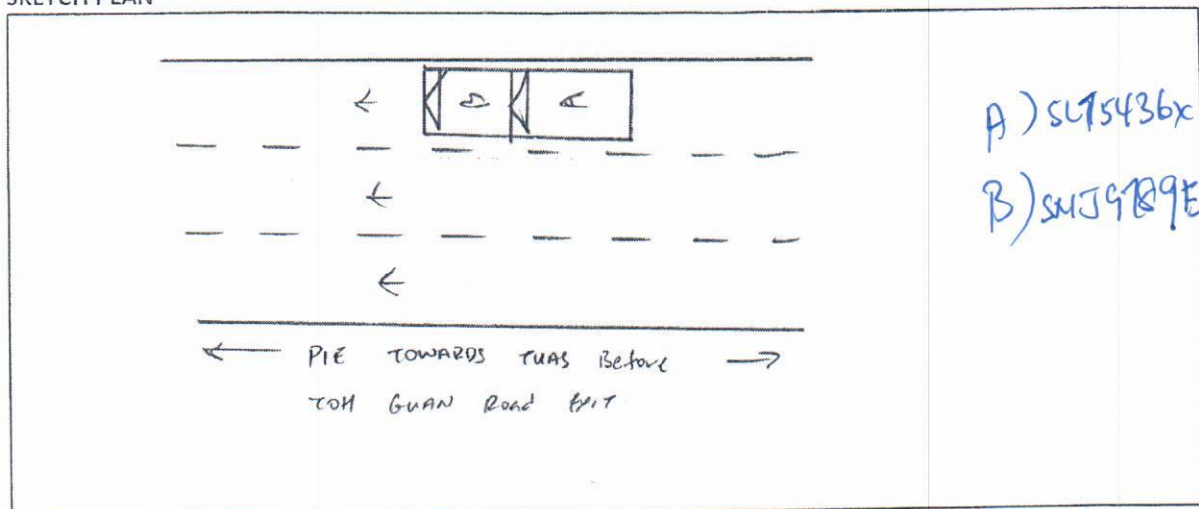


Driver's Signature
(If driver is not the policyholder)
Date & Time:


20/03/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 17/03/2023 Time: 21.30pm Location: PIE TOWARDS TUAS Before TOH GUAN RD BR1.
My Vehicle A: SLT5436X Vehicle B: SNJ9789E Vehicle C:
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving my vehicle number SLT5436X along PIE TOWARDS TUAS BEFORE TOH GUAN ROAD EXIT.

I was travelling straight on the extreme right lane of the 3 lanes road. I was driving behind vehicle number SNJ9789E with about 3 car length distance away.

Suddenly vehicle number SNJ9789E jammed his brake and came to a complete stop, I couldn't stop in time and collided onto the vehicle rear portion.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: JWG INTERNATIONAL PTE LTD.

Email address: JWG.CLAIMS@YAHOO.COM

& myself

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AN LIM MOTOR COMPANY

JWG

PLEASE WRITE CLEARLY, LEGIBLY

AH LIM MOTOR COMPANY – Data Collection

Accident Reporting For Vehicle No : SLT 5436X (AUTO/MANUAL)

Insurance Company FWD insurance. Make / Model - BMW 420i 2.0

Policy No: PNPV 2019 - 00015602 - 03 Cov: Compre / TP / TPFT

Policy Holder Name - mun wai Ho, kelvin.

IC 58824403F HP - 9863 4739

Email Address - kelvinmun@live.co.uk

Home Address - 68b Eng Kong Road S(599088).

Driver Name - mun wai Ho, kelvin. (Female / Male)

Driver NRIC / Fin - 58824403F Occupation - Indoor / Outdoor

Date Of Birth - 18/07/1988 Driving Licence Pass date 09/05/2008

HP - 9863 4739 Email Address - kelvinmun@live.co.uk.

Relationship to Policy Holder (If not owner) - OWNER.

Home Address - 68b Eng Kong Road S(599088).

Weather - Clear / Dry / Raining / Drizzling / After Rain / Wet / Others - _____

No. Of Pax In Own Car - 1 Names / Gender _____ (M/F)
(include driver) _____ (M/F)

_____ M/F)

_____ (M/F)

Video In Car – Yes / No Injury – Yes / No → If Yes, Conveyance to Hosp? Y / N

Any Witness – Yes / No → If Yes, Witness details _____

Third Party's Particulars: Vehicle No. SNJ 9789C HP# _____

Name: _____ Nric/Fin _____

Third Party's Particulars: Vehicle No. _____ HP# _____

Name: _____ Nric/Fin _____

AH LIM MOTOR COMPANY

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: PNPV2019-00015602-03 (Comprehensive - Classic Plan)

Car plate number: SLT5436X

Your name (As the policyholder): Mun Wai Ho, Kelvin

Coverage start date: 25/09/2022

Coverage end date: 24/09/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive : You

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: United Overseas Bank Limited

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

Issued on: 25/07/2022



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.