

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date: 20/03/2023          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/PWD23002870/d4 | SAS e-filing                             |                       |         |
| Veh No: SMP 834Y          | E-mail (within 8hrs, A/C 2hrs)           |                       |         |
| DOA: 18/03/2023 13:02     | i-Motor Claim Form                       |                       |         |
| OD/TP/Reporting Only      | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SMF 205R.  | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:   | ( )                   |
| Policy No: ( )                           | Period: ( )  | Cover Type: ( )       |
| Confirmed by: (                          | Date:  | Time: ( )             |
| 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 repairer.

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

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

| Remarks:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |      |
|---------------------------------|---|-------------|------|
| NA2300803                       | Invoice Preparation Checklist                   | Am't (\$)   | Am't |
| Claimant's Particulars          | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |      |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |      |
| QC Checked by (Engr-In-Charge): | 5) RT: Follow-Through Survey (Resurvey) \$30    |             |      |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |      |
| Call 1:                         | 6) TR: Re-inspection \$75                       |             |      |
| Call 2/3:                       | 7) N1: Idac DA + SMRT Survey \$160              |             |      |
|                                 | 8) NTUC Additional Services:-                   |             |      |
|                                 | ON*   |             |      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |      |
|                                 | *N6: Repair Co-ordination \$10                  |             |      |
|                                 | *N7: Post Repair Inspection \$25                |             |      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |      |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |      |
|                                 | 9) N12: Idac Mobile 30                          |             |      |
|                                 | Invoice dated                                   | Fee Charged |      |
|                                 | 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              | 20/03/2023 18:16 (SGT)    |
| Reported by                     | Driver                    |
| Date of Accident                | 18/03/2023 13:02 (SGT)    |
| Exact Location of Accident      | Singapore                 |
| Additional Location Information | CTE TOWARDS MOULMEIN EXIT |
| Country/State of Loss           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SMP834Y |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | LIM AI YEAN           |
| NRIC No                  | SXXXX745I             |
| Email Address            | zubiang1808@gmail.com |
| Mobile Phone No          | (Phone) +65-87873438  |
| Alternative Phone No     | -                     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Avante                    |
| 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   | 1591                      |

#### INSURANCE COMPANY

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Insurance Company         | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2021-00001180-01    |

#### DRIVER

|                |                                 |
|----------------|---------------------------------|
| Name of Driver | ANG THIAM CHEE ( HONG TIANZHI ) |
| NRIC No        | SXXXX543I                       |
| Date Of Birth  | 23/09/1981                      |
| Occupation     | Indoor                          |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass   | 10/10/2000                    |
| Driving experience   | 22 YEARS AND 5 MONTHS         |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-87783438          |
| Alt. Phone Number  | -                             |
| Email Address  | zubiang1808@gmail.com         |
| Address  | APT BLK 505B YISHUN STREET 51 |
| Address complement   | # 02-24                       |
| Postcode   | 762505                        |
| Is the driver the policyholder?                              | No                            |
| If No, Relationship of the Driver with the Insured           | Spouse                        |
| 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)   | 5   |
| 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   | LIM AI YEN |
| Gender | Female     |

#### PASSENGER 2

|        |                     |
|--------|---------------------|
| Name   | VAVARLY CHONG YU EN |
| Gender | Female              |

#### PASSENGER 3

|        |                    |
|--------|--------------------|
| Name   | VIENNA CHONG KE EN |
| Gender | Female             |

#### PASSENGER 4

|        |                      |
|--------|----------------------|
| Name   | NG KWANG HAI JEFFREY |
| Gender | Male                 |

#### 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 THE ATTACHED STATEMENT



## 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 | HAVEN'T RETRIEVE YET |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |              |
|---|--------------|
| Vehicle Registration Number             | SMF205R      |
| Vehicle Manufacturer                    | -            |
| Vehicle Model                           | -            |
| Vehicle Variant                         | -            |
| Vehicle Colour                          | -            |
| Vehicle Category                        | Private car  |
| Name of Driver                          | SIEW LI PENG |
| 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

### 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 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:

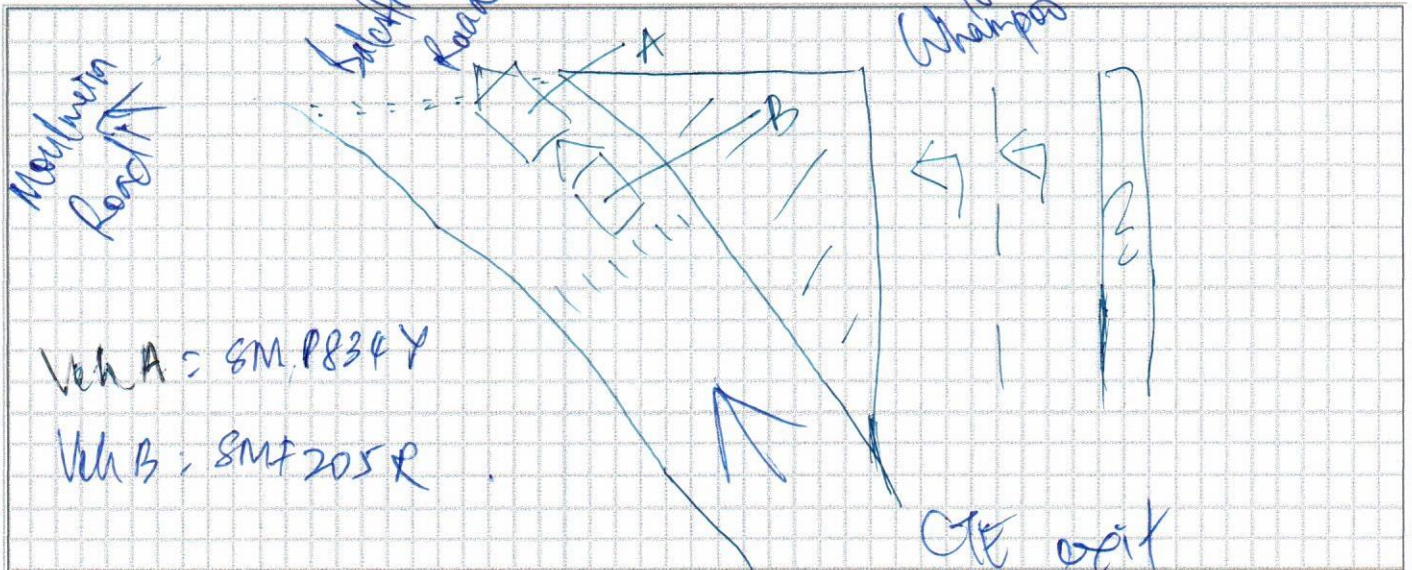
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Actual 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 8/3/2023 at about 200hrs, I was driving along CTE exit to Moulmain Road. I was waiting for traffic on main road to clear when suddenly a vehicle B (SMF 205R) came and hit the rear of the vehicle. My vehicle's rear portion was damaged. That's all!

Declaration

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

  
Policyholder's Signature / Date & Time

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

 26/03/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC ID card)



VEHICLE NO: SMP 834Y

MAKE &amp; MODEL: Hyundai Krante

Basic  
AUTO/MANUAL

|  |  |                                   |
|--|--|-----------------------------------|
| DATE OF ACCIDENT   | 18 103 2023  | *C.C. 1600                        |
| TIME OF ACCIDENT   | 1302 AM / PM   | non PHV.                          |
| LOCATION OF ACCIDENT   | CTE -> Moulmein exit                                   |                                   |
| EXACT PURPOSE USED AT TIME OF ACCIDENT   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE                |                                   |
| NAME OF OWNER  | Lim Ai Yean  |                                   |
| EMAIL: zubiang1808@gmail.com   | Office:  | MOBILE: 87873438                  |
| NRIC   | 570037451  |                                   |
| CLAIM TYPE   | OD / THIRD PARTY / REPORTING ONLY                      |                                   |
| FLEET POLICY:  | YES (NO)   |                                   |
| INSURANCE CO.  | #WD  |                                   |
| TYPE OF COVERAGE   | Comprehensive / Third Party / Third Party Fire & Theft |                                   |
| POLICY NO.   | PNPV2021-00001180-01                                   |                                   |
| NAME OF DRIVER   | AS ABOVE / IF NO: Ang Thiam Chee (Hong Tianzhi)        |                                   |
| NRIC   | 581305431  |                                   |
| DATE OF BIRTH  | 23 10 91 1981  |                                   |
| ANY PASSENGER  | YES / NO: 4 pax  | Pax 1 Lim Ai Yean (F)             |
| NAME OF PASSENGER  |  | Pax 2 Vavarly Chong (F) Yu En (F) |
| GENDER OF PASSENGER  | MALE / FEMALE  | Pax 3 Vienna Chong Ke En (F)      |
| OCCUPATION   | Outdoor / Indoor                                       | Pax 4 Ng Kwang Hai Jeffrey (M)    |
| DATE OF DRIVING PASS   | 10 10 2000   |                                   |
| GENDER   | Male / Female  |                                   |
| CONTACT NO.  | Mobile: 8778 3438                                      | Office: Home:                     |
| EMAIL:   | zubiang1808@gmail.com                                  |                                   |
| ADDRESS  | Blk 505B Yishun Street 51 #02-24 S'762505              |                                   |
| DOES DRIVER OWN OTHER VEHICLES?  | NO / If yes, Reg No.                                   | INSURER:                          |
| RELATIONSHIP   | Employee / If No: Spouse                               |                                   |
| WEATHER CONDITION  | Clear / Raining / Other,                               |                                   |
| ROAD SURFACE   | Dry / Wet / Other,                                     |                                   |
| ANY INJURIES   | No / If yes, Who?                                      |                                   |
| CONVEYED BY AMBULANCE  | No / If yes, Who?                                      |                                   |
| POLICE REPORT  | No / If yes, Where?                                    |                                   |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO / IF YES, WHO?                                      |                                   |
| VEHICLE B NO.  | SMF 205R   | Any Passenger,                    |
| NAME   | <del>Lim Ai Yean</del> Siew Li Peng.                   |                                   |
| 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 / NO   |                                   |
| WAS THERE ANY AUDIO RECORDED?  | YES / NO   |                                   |
| SCENE ACCIDENT PHOTOS TAKEN?   | YES / NO   |                                   |
| **WORKSHOP:  |  |                                   |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO   |                                   |

Tan Lim Motor Pte Ltd



## 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:** PNPV2021-00001180-01 (Comprehensive - Executive Plan)

**Car plate number:** SMP834Y

**Your name (As the policyholder):** Lim Ai Yean

**Coverage start date:** 24/03/2022

**Coverage end date:** 23/03/2023

**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:** Dickson Capital Pte Ltd

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

**Issued on:** 15/02/2022



**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.