

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	28/03/2023		
Ref No	NA/FWD23003162/d4		
Veh No	SLN 7837R		
DOA	27/03/2023 09:07		
OD/TP/Reporting Only			
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 8hrs, Aft 2hrs)			
i-Motor Claim Form			
i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
i-Photo Uploaded			
Assessment/Survey Report			
Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 7837P	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't
		1st Bill	Add
NA2300895	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idas 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: Idas Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charge	
Auditors' Comments:-	Invoice dated	Fee Charge	
Call 1:			
Call 2/3:			

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	28/03/2023 08:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/03/2023 09:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD YISHUN AVE 7 & SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7837R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XU QIANG
NRIC No	SXXXX238H
Email Address	qiangxu999@gmail.com
Mobile Phone No	(Phone) +65-83205348
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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	1362

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00004350-01

DRIVER

Name of Driver	XU QIANG
NRIC No	SXXXX238H
Date Of Birth	29/05/1974
Occupation	Indoor

Date Of Driving Pass	26/05/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83205348
Alt. Phone Number	-
Email Address	qiangxu999@gmail.com
Address	APT BLK 260A ANG MO KIO STREET 21
Address complement	# 27-141
Postcode	561260
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 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	FILE TOO BIG, WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7278R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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1. Please report correctly the details of the accident to speed up the claims process.
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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.

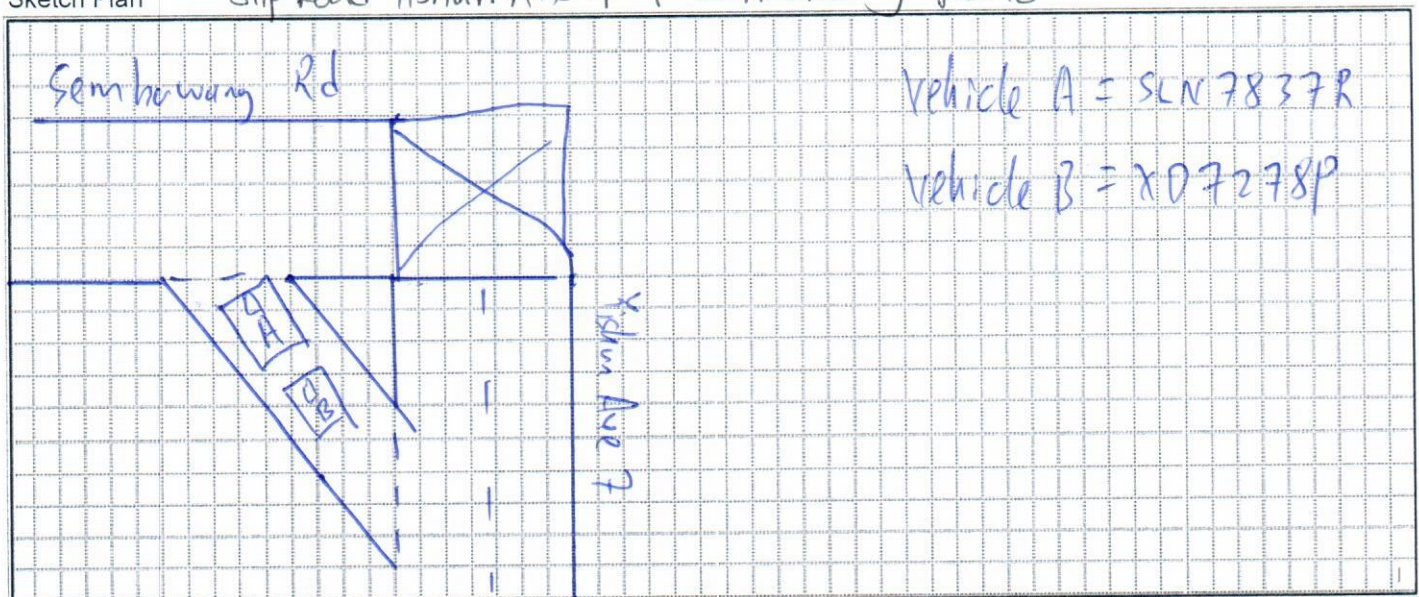

Policyholder's Signature / Date & Time


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


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

Sketch Plan

Slip Road Vishnu Ave 7 & Sembawang Road




Describe Circumstance of the Accident

On the stated date and time, I vehicle A SLN7837R was driving along Yishun Ave 7 turns Senbanwang Rd. I was stationary and waiting traffic at the stop Rd of Yishun Ave 7 and Senbanwang Rd. Suddenly, Vehicle B XD7278P cannot stop in time and hit into my vehicle.

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

 28/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SLN 7837R

SINGAPORE ACCIDENT STATEMENTAccident Details

Who reported the accident?

☒ Owner / ☒ Driver / Both

Date of Accident:

27 / Mar / 23

Time of Accident:

0907

☒ AM / PM

Location of Accident:

Slip Rd Yishun Ave 7 & Sembawang Rd

Country/State of Loss:

SG

Type of Accident:

Head & to Rear

Weather Condition: ☒ Clear / RainingRoad Surface: ☒ Dry / Wet

If Not in List, please specify

Are you claiming under your own insurance
policy for repair to your vehicle?Yes / ☒ No

If No, please state action to be taken

☒ Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / ☒ No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering
accident claims assistance?Yes / ☒ No

Was the accident reported to the police?

Yes / ☒ No

If yes, police station name:

Was notice of Prosecution given?

Yes / ☒ No

If yes, against whom?

Files

Are accident photos available for attachment?

☒ Yes / No

Was there any video captured?

☒ Yes / No

File too big, with owner

Was there any audio captured?

Yes / ☒ No

Details of Own Vehicle

Vehicle Registration No: SLN 7837R
Vehicle Category: Saloon
Vehicle Manufacturer: Chevrolet Vehicle Model: Cruze
Transmission: Manual / Auto Cc: 1.6

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 1

Passenger Name: —

Gender: Male / Female

Passenger Name: —

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: FWD PNPV 2021-00004350-01

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Xu Qiang

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 57467238H

Email: QIANGXU999@GMAIL.COM

Mobile No: 8320 5348

Alt. No Type: Home / Office / Not in List

If Not in List, please specify —

Owner Alt Phone No: —

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver:

Xu Qiang

Gender:

☒ Male / Female

ID Type:

☒ NRIC / Passport or FIN / Work Permit

Driver's ID:

S7467238H

Date of Birth:

29 MAY 1974

Driving Pass Date:

26 May 2009

Mobile No:

8320 5348

Email:

QIANG XU 999 @ GMAIL.COM

Address 1:

260A 9Ng mo kio St 21

Address 2:

#27 - 141 Postal Code: 561260

Occupation:

☒ Indoor / Outdoor

Driver Owner Relationship

Owner

Does Driver own other vehicles?

Yes / ☒ No

If yes, please provide Vehicle Registration No:

Handling Insurer:

TP Vehicle or Property

Was there any other vehicle or property damaged?

☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No:

XD 7278R

(ii) Vehicle Category:

Lorry

(iii) No. of passengers (including driver)

un know

Passenger Name:

Gender:

Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / ~~Passport~~ or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: _____
- (ii) Gender: Male / Female _____
- (iii) Injured Person in which Vehicle? _____
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



Car_Certificate_of_Insurance PDF



Celebrate living
fwd.com.sg

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: PNPV2021-00004350-01 (Comprehensive - Classic Plan)

Car plate number: SLN7837R

Your name (As the policyholder): XU QIANG

Coverage start date: 01/12/2022

Coverage end date: 30/11/2023

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:

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

Issued on: 14/10/2022

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.

