

NATIONAL Assessment Centre Services

Date: 19/05/2023	Job description	Date & Time Completed	Done by
Ref NO NA/PWP2300 S3S/d4	SAS e-filing		
Veh No SLB 268S	E-mail (within 2hrs, A/C 2hrs)		
DOA 18/05/2023 14:13	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: SLT 8761L	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%. P: 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	INC Hotline: 6788 6610	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	Action

NA2301490	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wof 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 License Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	19/05/2023 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 14:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG EAST STREET 11 , RIGHT TURN TO BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB268S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALAN AW WENG LUM
NRIC No	SXXXX865F
Email Address	gracemeikhim.goh@gmail.com
Mobile Phone No	(Phone) +65-91080995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00006724-04

DRIVER

Name of Driver	GOH MEI KHIM (WU MEIQIN)
NRIC No	SXXXX103B
Date Of Birth	11/05/1973
Occupation	Indoor

Date Of Driving Pass	18/11/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92212182
Alt. Phone Number	-
Email Address	gracemeikhim.goh@gmail.com
Address	894 UPPER BUKIT TIMAH ROAD
Address complement	# 06-28
Postcode	678188
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)	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT8761L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG FEN LEONG
Contact Number	(Phone) +65-98453974

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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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 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

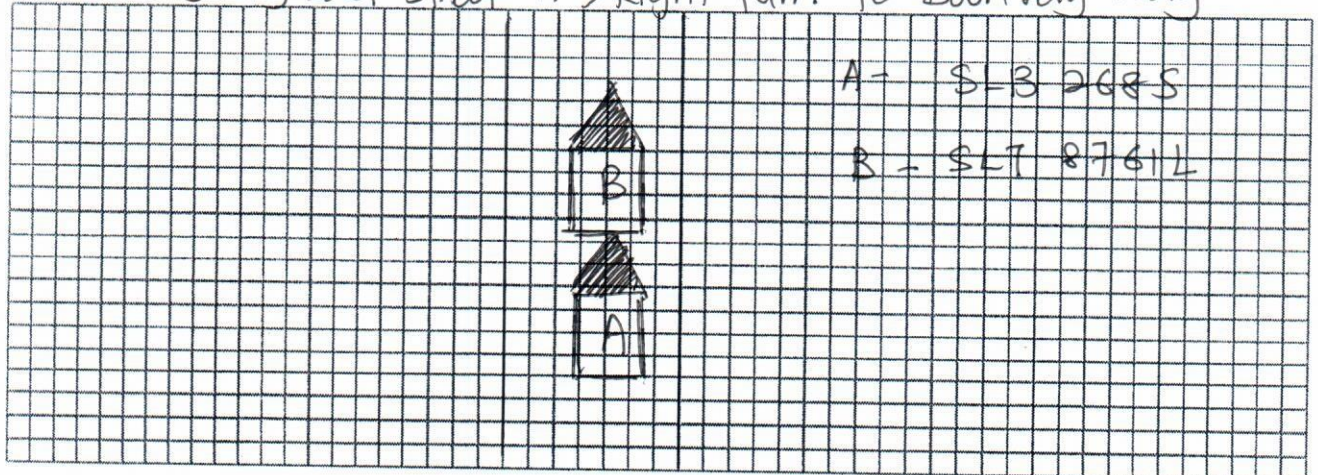
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Jurong East Street 11 - Right turn to Boon Lay Way



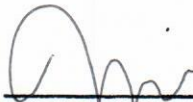
Describe Circumstance of the Accident

I was travelling Along Jurong East Street. I, heading to make a right turn to boon lay way. vehicle B was in front of me, and suddenly he started to slow down and there was a small gap between my vehicle and his. I did not notice the gap and my vehicle slightly touched the rear portion of his vehicle. No severe damages to both cars. And No injuries to both parties as i know.

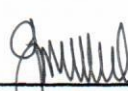
Declaration

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

Policyholder's Signature / Date & Time

 19/05/2023

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

 19/5/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 18/05/2023	TIME OF ACCIDENT: 14:13 pm
VEHICLE NO: SLB 268S	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Mitsubishi attrage	LOCATION: Junction east street 11, Right turn to Soon Lay way
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: FWD	POLICY NO: PNPV2019-00006724-04
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE
NAME OF OWNER: Alan Aw weng Lum	NRIC: S7440865F
ADDRESS: -	CONTACT NO: 91080995
EMAIL ADDRESS: gracemeikhim.goh@gmail.com	VIDEO RECORDING: YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Goh Mei khim (Wu Mei Qin)	NRIC: S7317103B CONTACT NO: 92212182
DRIVER OWNER RELATIONSHIP: Spouse	PASSENGER: 0 MALE () FEMALE ()
DATE OF BIRTH: 11 / 05 / 1973	DRIVING PASSING DATE: 18 / 11 / 1998
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 894 upper Bukit Timah Road #06-28, S678188
ANY INJURIES: NO, IF YES: -	POLICE REPORT: NO / IF YES WHERE? -
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: SLT 8761L	VEHICLE C REG NO: -
DRIVER NAME: Yong Fen Leong	DRIVER NAME: -
NRIC: -	NRIC: -
CONTACT: 98453974	CONTACT: -
VEHICLE D REG NO: -	ANY WITNESS? NO, IF YES: -
DRIVER NAME: -	NAME: -
NRIC: -	CONTACT: -
CONTACT: -	WERE SEAT BELTS WORN? YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM: -	WERE INJURY CONVEYED BY AMBULANCE: YES / NO

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: PNPV2019-00006724-04 (Comprehensive - Classic Plan)

Car plate number: SLB2685

Your name (As the policyholder): Alan Aw Weng Lum

Coverage start date: 22/04/2023

Coverage end date: 21/04/2024

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:

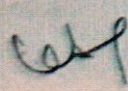
Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies 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:

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

Issued on: 07/03/2023


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.