

NATIONAL Assessment Centre Services

Date In: 29/05/2023 10:39	Job Description	Date & Time Completed	Done by
Ref No: N/A/END 2305411	SAS e-Miling		
Veh No: 89166	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 28/05/2023 12:30	1-Motor Claim Form		
QD: 79 Reporting Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkap / INC Assgn Wkap / QW: (Tel:	Fax:
TP Particulars: Yeh No: SKX 5806C	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (W/O): 1: 0-30%, F: 21-72%, 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 repeler.

() 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 of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Passbook (300)</p> <p>2) DA: Damage Assessment (3000) INC (550)</p> <p>3) TP: Towing Fee (50/50)</p> <p>4) PF: Follow-Through Survey (100)</p> <p>5) PT: Follow-Through Survey (Emergency) (300)</p> <p>6) TR: Disbursement (375)</p> <p>7) NI: No DA / SMRT Survey (140)</p> <p>8) NTUC Additional Fee (10)</p> <p>9) NI: Courtesy Car / Tel Allowance (55)</p> <p>10) NI: Repair Coordination (310)</p> <p>11) NI: Post Repair Inspection (310)</p> <p>12) NI: EV / Collect Excess Coordination (51)</p> <p>13) NI: TP (Non-INC) / Vehicle INC (320)</p> <p>14) NI: 12hr Motor (10)</p>	Checked by (Engi-In-Charge):
	Customer's Comments:
	Signature:
	Date:
	Printed Name:
	Printed Title:
	Printed Address:
	Printed Phone:
	Printed Email:
	Printed Fax:

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	29/05/2023 10:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/05/2023 12:30 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	SLIP ROAD TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8916G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM SHI HONG
NRIC No	SXXXX575H
Email Address	limshihong@gmail.com
Mobile Phone No	(Phone) +65-98166049
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2019-00012898-03

DRIVER

Name of Driver	LIM SHI HONG
NRIC No	SXXXX575H
Date Of Birth	22/06/1989
Occupation	Outdoor

Date Of Driving Pass	24/06/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98166049
Alt. Phone Number	-
Email Address	limshihong@gmail.com
Address	BLK 323C SUMANG WALK #15-929
Address complement	-
Postcode	823323
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)	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	LIM XUAN YI
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5806C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO JIN HAO
NRIC No	SXXXX614H
Contact Number	(Phone) +65-98521796
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

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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.

6. 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

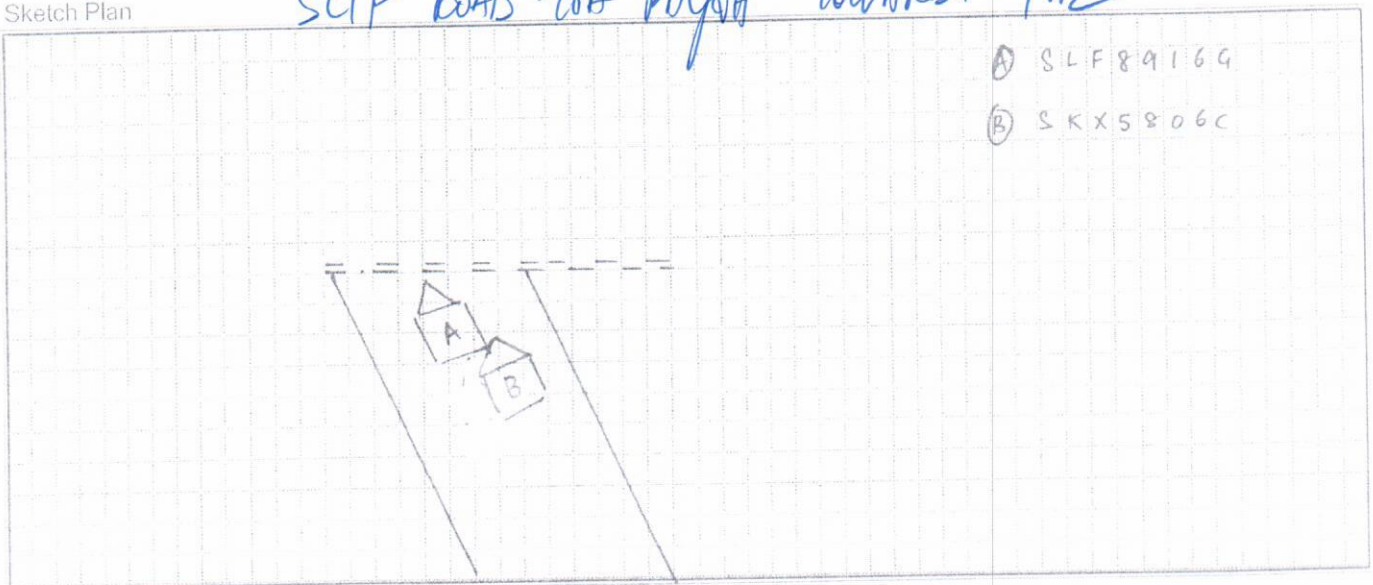
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID Card)

Sketch Plan

SLIP ROAD TOA Payoh towards PIZ

(A) SLF89169

(B) SKX5806C



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG THE SLIP ROAD TOWARDS PIE.

I SLOWED DOWN AND STOP TO GIVE WAY TO MAIN TRAFFIC.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

Declaration

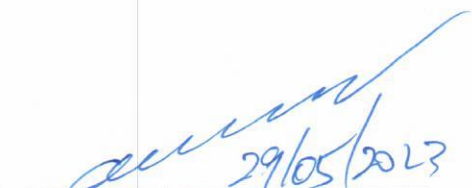
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


29/05/2023
witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

Date of accident: 28/05/2023

Time: 12:30 PM

Location of accident: SLIP ROAD TOA PAYOH TOWARDS PIE

Vehicle Number: SLF8916G

Make/Model: MALDA 3

Insurer: FWD

Eng. cc & Transmission:

Policy No: PNPV2019-00012898-03

Policy Type: C/T2FT/TPO

Name: LIM SHI HONG

NRIC/FIN no: S8923575H

Email: LIMSHIHONG@GMAIL.COM

Contact no: 9816 6049

Name: LIM SHI HONG

NRIC/FIN no: S8923575H

Email:

Contact no: 9816 6049

Occupation: Indoor Outdoor

D.O.B: 22-06-1989

Address: BLK 323C SUMANG WALK #15-92A SINGAPORE 823323

Driving pass date: 24-06-2009

Relationship with Policyholder: OWNER

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Passenger (incl. Driver): 2 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	LIM XUAN VI	
Gender:	Male Female	Male / Female

Witness: Yes/No

If Yes, provide injuries details:-

Witness 2

	Witness 1	Witness 2
Name:	-	-
Contact no:	-	-

Injuries: Yes/No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-	-	Yes/ No	Yes/ No
-	-	Yes/ No	Yes/ No

Vehicle no: SKX5806C

Driver name: HO JIN HAO

NRIC/ FIN no: S8D19614H

Contact no: 9852 1796

Insurance Co:

Remarks:

(Make/Model, Passengers, property info & etc)

Claim Type: Own Damage/Third Party/ Reporting Only

Policyholder/ driver

Workshop:

Signature:

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: PNPV2019-00012898-03 (Comprehensive - Executive Plan)

Car plate number: SLF8916G

Your name (As the policyholder): Lim Shi Hong

Coverage start date: 15/09/2022

Coverage end date: 14/09/2023

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:

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

Issued on: 02/08/2022



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.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0928570004 Vehicle Registration No: SLF 8916G

Name (as shown in NRIC): Lim Shi Hoon NRIC/FIN/Passport No: SXXXX575H

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98166049

Email Address: _____

Date of Accident: 28/05/2023 Time of Accident: 12:30

Place of Accident: Tanjong Pagar SLP Road Tanjong Pagar

Insurance Company: FWD

Remark

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

① HP number to 98166049

② Block number to BLK 323C

Working Day

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Remark