

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SN0923710009

Date In: 18/07/2023 16:46	Job description	Date & Time Completed	Done by
Ref No: N/A/FWD 23007251/Y	SAS e-filing		
Veh No: SNA 2002K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/07/2023 08:40	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: YN 6843A	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 6616)	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

NA 2302151

Invoice Preparation Checklist

Amf (\$)
1st Bill Add

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile \$30

Invoice dated Fee Charged
Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 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	18/07/2023 16:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2023 08:40 (SGT)
Exact Location of Accident	Newton Flyover, Singapore
Additional Location Information	TOWARDS CAVENAGH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2002K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIAN AI TING GEORGIE
NRIC No	SXXXX298J
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-98551911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00001847-01

DRIVER

Name of Driver	CHIAN AI TING GEORGIE
NRIC No	SXXXX298J
Date Of Birth	27/02/1981
Occupation	Indoor

Date Of Driving Pass	17/01/2001
Driving experience	22 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98551911
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	11 TOH TUCK ROAD #03-35
Address complement	-
Postcode	596290
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	Side Swipe
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	YN6843A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88853243

Address	90498978
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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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**.
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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


18/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO: SNA 20021K

DATE OF ACCIDENT: 4/7/2023

I was travelling along Newton Flyover towards Cavenagh Road when vehicle (B) came from my left, cut into my lane and hit my (A) car's front left portion.

Vehicle (B) driver continued driving as I honked him to alert him to stop. That was when he alighted and gave me his ^{contact} boss number.


REPORTING ONLY ()

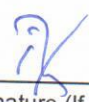
OWN DAMAGE ()

THIRD PARTY (X)

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.
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


Witnessed by Reporting Centre Personnel

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT DETAILS

DATE OF REPORT: 18-7-23 ACCIDENT DATE & TIME: 04 July 2023 8-40am.
ACCIDENT LOCATION: Newton flyover toward cavenagh Road
COUNTRY: SINGAPORE OR MALAYSIA

VEHICLE DETAILS/ OWNER'S DETAILS

VEHICLE NO: SNA 2002 K POLICY NUMBER: PNPV2021-00001847-01
OWNER'S NAME: Chian Ai Ting Georgie HP/OFFICE: 98551911
NRIC NO: 58105298J COVERAGE: COM / TPFT / TP
EMAIL: hermyself@gmail.com
INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET ECICS

VEHICLE PARTICULARS

MAKE & MODEL: GLA 180
VEHICLE CATEGORY: PRIVATE OR PRIVATE HIRE OR COMMERCIAL
PURPOSE DURING ACCIDENT:
CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

NAME: Chian Ai Ting Georgie
NRIC NO: 58105298J
DATE OF BIRTH: 27-2-1981
OCCUPATION: INDOOR OR OUTDOOR
PASSED DATE: 17 Jan 2001
GENDER: FEMALE OR MALE
HP NUMBER: 98551911
ADDRESS: 11 Toh Tuck Road #03-35
POSTCODE 596290
EMAIL: hermyself@gmail.com
R/S WITH POLICYHOLDER:
WEATHER CONDITION: DRY / CLEAR / WET / RAIN
INJURY: NO
DOES DRIVER OWN OTHER VEH? NO
IF YES, CAR NO: INSURANCE CO:
POLICE REPORT:
VIDEO FOOTAGE OR VOICE RECORD:
OFFER BY OTHER WORKSHOP:
NO OF VEHICLE INVOLVED:
WITNESS: IF YES - NAME&HP:
NO PPL IN CAR:
PASSENGER NAME (NAME AND GENDER):

OTHER PARTY'S DETAILS

VEHICLE NO: YN 6843 A
NAME:
NRIC NO:
HP NUMBER: 88853243, 90498978
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY:
PASSGENDER: 1 Driver (male)
10 Passenger (Male)

- 1)
- 2)
- 3)

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: PNPV2021-00001847-01 (Comprehensive - Classic Plan)

Car plate number: SNA2002K

Car chassis number: WDC1569422J683571

Engine number: 27091031940177

Your name (As the policyholder): CHIAN AI TING GEORGIE

Coverage start date: 21/08/2022

Coverage end date: 20/08/2023

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: Oversea-Chinese Banking Corporation Limited

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

Issued on: 20/07/2022



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.