

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 04/08/2023        | Job description                          | Date & Time Completed | Done by |
| Ref No: NALFWD 23007898/d4 | SAS e-filing                             |                       |         |
| Yeh No: SNA7631L           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 04/08/2023         | I-Motor Claim Form                       |                       |         |
| OD / TP / Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:                | 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:

SML 2529L

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: (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

NA2302320

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

Cat. 1:

Cat. 2/3:

## Invoice Preparation Checklist

Unit (\$)

Inc Bill

Ad

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) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idao 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: Idao 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 First Submission        | 04/08/2023 16:39 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 04/08/2023 12:55 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | KAPO FACTORY BUILDING CARPARK       |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SNA7631L |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                          |
|--------------------------|--------------------------|
| Is company?              | No                       |
| Name Of Registered Owner | CHEE CAI CHING           |
| NRIC No                  | SXXXX642A                |
| Email Address            | citrix.chee@yahoo.com.sg |
| Mobile Phone No          | (Phone) +65-98288462     |
| Alternative Phone No     | -                        |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | A200                      |
| 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   | 1332                      |

### INSURANCE COMPANY

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Insurance Company         | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2023-00003431       |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | CHEE CAI CHING |
| NRIC No        | SXXXX642A      |
| Date Of Birth  | 15/12/1981     |
| Occupation     | Indoor         |



|  |                          |
|--|--------------------------|
| Date Of Driving Pass .....   | 27/01/2006               |
| Driving experience .....   | 17 YEARS AND 7 MONTHS    |
| Gender .....   | Female                   |
| Mobile Number .....  | (Phone) +65-98288462     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | citrix.chee@yahoo.com.sg |
| Address .....  | 63G PAYA LEBAR CRESCENT  |
| Address complement .....   | -                        |
| Postcode .....   | 533905                   |
| 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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                      |
|-----------------------------------|----------------------|
| Vehicle Registration Number ..... | SML2529L             |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Private car          |
| Name of Driver .....              | EDMUND NEW           |
| Contact Number .....              | (Phone) +65-93361808 |

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 Authorised 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. 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.

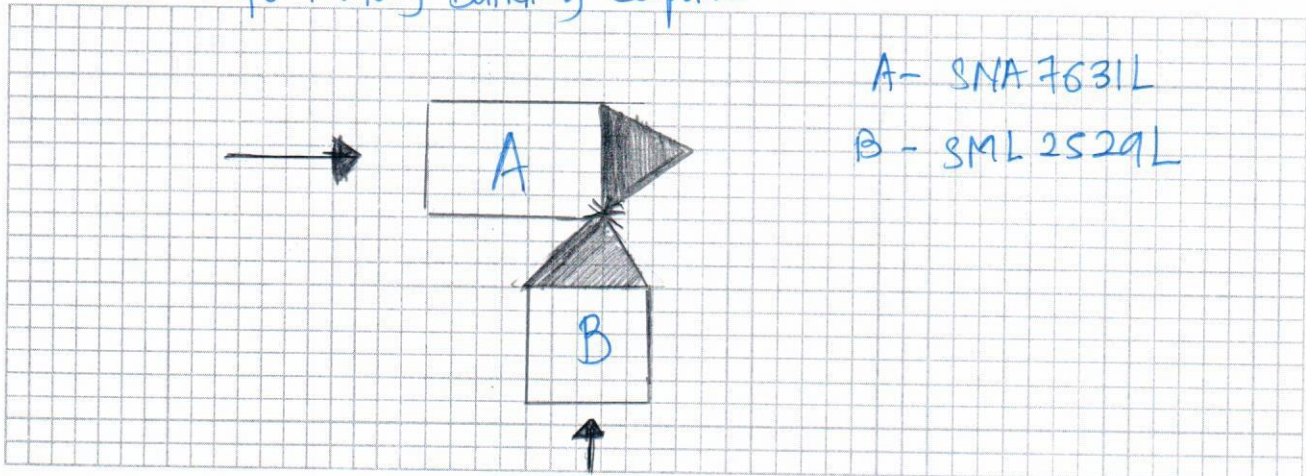
Policyholder's Signature / Date & Time  
4 Aug 2023

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Kapo Factory Building Carpark





### Describe Circumstances of the Accident

On 4 Aug 2023 at around 12:55PM to 1PM, I was driving into Kapo Building Factory. The weather was bright and sunny.

My car SNA7631L was driving on straight and ~~I was~~ ~~getting read~~ suddenly, a dark Blue Hyundai Saloon car, SML2529L dashed out from the parking lot without putting on Hazard Lights at all.

SML2529L vehicle owner refused to produce any Identification and was only to provide his name and a mobile contact number.

At first, he claimed to take full responsibility for the car accident.

However, after I reach the car workshop to get an car repair quotation, ~~the~~ the driver of SML2529L refused to take responsibility and asked me to claim insurance instead.

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

4 Aug 2023

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

Witnessed by Reporting Centre Personnel

4/8/2023

# IDAC ACCIDENT STATEMENT

|   |  |  |  |
|---|--|--|--|
| DATE OF ACCIDENT: 04/08/2023  |  | TIME OF ACCIDENT: 12:55pm                        |  |
| VEHICLE NO: SNA 7631L   |  | TRANSMISSION: AUTO / MANUAL                      |  |
| MAKE & MODEL: Mercedes Benz   |  | LOCATION: KAPO Factory Building<br>Carpark       |  |
| EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT<br>/ PRIVATE USE / PRIVATE HIRE |  | CLAIM TYPE:<br>OD / THIRD PARTY / REPORTING ONLY |  |
| INSURANCE COMPANY: FWP  |  | POLICY NO: PNPV 2023-00003431                    |  |
| TYPE OF COVERAGE:   |  | VEHICLE TYPE:                                    |  |
| COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT                             |  | (SALOON /<br>COUPE/MPV/VAN/LORRY/MOTORCYCLE)     |  |
| NAME OF OWNER: chee cai ching   |  | NRIC: S8140642A                                  |  |
| ADDRESS: 63G puyi lebar crescent<br>S, 533905                                 |  | CONTACT NO: 98 288 462                           |  |
| EMAIL ADDRESS:  |  | VIDEO RECORDING: YES / NO                        |  |
| NAME OF DRIVER: AS ABOVE / IF NO:   |  | NRIC: — CONTACT NO: —                            |  |
| DRIVER OWNER RELATIONSHIP: owner  |  | PASSENGER: 0 MALE ( ) FEMALE ( )                 |  |
| DATE OF BIRTH: 15 / 12 / 1981   |  | DRIVING PASSING DATE: 27 / 01 / 2006             |  |
| OCCUPATION: INDOOR / OUTDOOR  |  | ADDRESS: —                                       |  |
| 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: SML 2529L   |  | VEHICLE C REG NO: _____                          |  |
| DRIVER NAME: Edmund New   |  | DRIVER NAME: _____                               |  |
| NRIC: *   |  | NRIC: _____                                      |  |
| CONTACT: 93361808   |  | CONTACT: _____                                   |  |
| VEHICLE D REG NO: _____   |  | ANY WITNESS? NO, IF YES:                         |  |
| DRIVER NAME: _____  |  | NAME: _____                                      |  |
| NRIC: _____   |  | CONTACT: _____                                   |  |
| CONTACT: _____  |  |  |  |
| WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)<br>IF YES, AGAINST WHOM:          |  | WERE SEAT BELTS WORN?: YES / NO                  |  |
|   |  | WERE INJURY CONVEYED BY AMBULANCE: YES / NO      |  |
| DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO                           |  |  |  |
| VEHICLE NUMBER:   |  | HANDLING INSURER:                                |  |



## 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: PNPV2023-00003431 (Comprehensive - Classic Plan)**

Car plate number: SNA7631L

Your name (As the policyholder): CHEE CAI CHING

Coverage start date: 12/07/2023

Coverage end date: 11/07/2024

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: Standard Chartered Bank (Singapore) Limited

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

Issued on: 30/06/2023



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**Adrian Vincent**  
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.