

Date In: 14/12/18 09:12	Job description	Date & Time Completed	Done by
Ref No: MNA FWD 18002976/H4	SAS e-filing		
Veh No: SKG 6127 L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/12/18 13:00	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within OD Term TP #hrs)		
	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:

GBE 3270S

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 &amp; Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (

## Remarks:-

(INC hotline: 6788 6616)

Date &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: \_\_\_\_\_

Date/Time Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	90.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	20	
Damaged Portion:	3) TF: Towing Fee \$40.00		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QR:		
	*N6: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) TP (N) INC against INC \$20		
	9) N12: Idea Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Sat 1

Sat 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 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 ability.
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 Report	14/02/2018 09:12
Date Of Accident	13/02/2018 13:00
Exact Location Of Accident	TOH GUAN RD EAST SLIP RD TO TOH GUAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6127L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FIRMAN BIN SURI
NRIC No	S8731457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97709036
Alternative Phone No	OFFICE-97709036
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7 FRTFOGLAMP
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007319
Cover Note Number	-

### Driver

Name of Driver	FIRMAN BIN SURI
NRIC No	S8731457Z
Date Of Birth	09/10/1987
Occupation	INDOOR
Date Of Driving Pass	17/09/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709036
Fax Number	
Contact Number	OFFICE-97709036
Email Address	NOEMAIL



Address	BLK 338D ANCHORVALE CRES #04-25
Postcode	544338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NADIA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3270S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG CHIN YONG
NRIC/Passport Number	S6849728J
Contact Number	98379408
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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



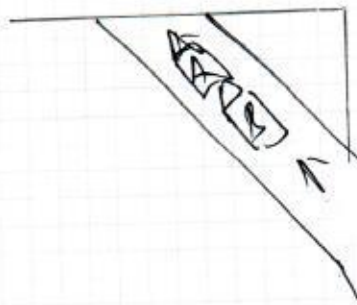
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

Teh Guan Road

A - SKG 6127L  
B - GBE 3270S



Teh Guan Rd East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the slip road awaiting  
oncoming vehicle to clear when suddenly hit by  
Veh B at 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

VEHICLE NO: SKG 6127L

MAKE &amp; MODEL: VOLKSWAGEN POLO 1.4

DATE OF ACCIDENT	13 / 02 / 2018
TIME OF ACCIDENT	12 1.00 AM / <u>PM</u>
LOCATION OF ACCIDENT	TOH Guan RD EAST SLIP ROAD TO TOH Guan RD
Exact Purpose use during accident	PERSONAL USE
NAME OF OWNER	FIRMAN Bin Suri
TELP NO.	9770 9036
NRIC	S8731457 2
CLAIM TYPE	OD / <u>Third Party</u> / Reporting Only
INSURANCE CO.	<u>FWD</u>
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	PN PV 2017-0000734
NAME OF DRIVER	As above If No; female
NRIC	Any Passenger; 1 (NADIA)
DATE OF BIRTH	09 / 10 / 1987
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	17 / 09 / 2009
GENDER	<u>Male</u> / Female
CONTACT NO.	Office: Home:
ADDRESS	APT BLK 338D ANCHORVALE CRESENT #04-25 554 338
DRIVER OWN ANY VEHICLE	No <u>Yes</u> (Reg No):
RELATIONSHIP	Employee / If No: <u>Partner</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Others,
ROAD SURFACE	<u>Dry</u> / Wet / Others,
ANY INJURIES	<u>No</u> / Yes (Who?):
CONTACT NO.	
POLICE REPORT	<u>No</u> / Yes (Where?):
VEHICLE (B) NO.	GBE 3270S Any Passenger N:1
NAME	Wong Ching Yong S 86849728
CONTACT NO.	98379408
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
CONTACT NO.	Autobay@Kaki Bukit Singapore 417883
EMAIL	(O) 6509 5521 (Fax) 6509 5523
	sales@leebrothers.com.sg



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8731457Z

Name  
FIRMAN BIN SURI



قورمن بن سوري

Race  
JAVANESE

Date of Birth  
09-10-1987

Sex  
M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8731457Z

Name  
FIRMAN BIN SURI

Birth Date: 09 Oct 1987

Issue Date: 17 Sep 2009




NRIC No. S8731457Z

Blood Group Date of issue  
17-10-2002

APT BLK 338D ANCHORVALE CRESCENT #04-25  
SINGAPORE 544338  
NRIC No: S8731457Z Date: 16/10/2017




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

PASS DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg 17 Sep 2009

NP 428A





## 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: PNPV2017-00007319 (Comprehensive - Classic Plan)**

Car plate number: SKG6127L

Your name (As the policyholder): Firman Bin Suri

Coverage start date: 22/09/2017

Coverage end date: 21/09/2018

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: Sing Investments & Finance Ltd

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

Issued on: 17/09/2017

**Abhishek Bhatia**  
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.