

NATIONAL Assessment Centre Services (wef - Jan 05)

Date In: 30/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/FWD18013778/13	SAS e-filing		
Veh No: SKB9942G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/18 1305	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (MOTOR INTEL)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKZ43955	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

NA1804755	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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 (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2 / 3:	7) N1: Idac 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: Idac 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 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	30/07/2018 11:11
Date Of Accident	28/07/2018 13:05
Exact Location Of Accident	PIE TWDS JURONG B4 PAYA LEBAR LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9942G
Insured/Policyholder	
Name Of Registered Owner	SHAKINAH BEHAM BINTE ABDUL RAHMAN
NRIC No	S1530584C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315529
Alternative Phone No	OTHERS-82033462

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	PNPV2018-00008938
Cover Note Number	

Driver

Name of Driver	SHAKINAH BEHAM BINTE ABDUL RAHMAN
NRIC No	S1530584C
Date Of Birth	31/12/1962
Occupation	INDOOR
Date Of Driving Pass	26/07/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97315529
Fax Number	
Contact Number	OTHERS-82033462
EMail Address	NOEMAIL

Address	BLK 453 PASIR RIS DRIVE 6 #06-216
Postcode	510453
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : MOHAMMAD ALI S/O V ABDUL GAFFOR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180729/2114

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	SKZ4395S
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAKINAH BEHAM BINTE ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKB9942G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MOHAMMAD ALI S/O V ABDUL GAFFOR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKB9942G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

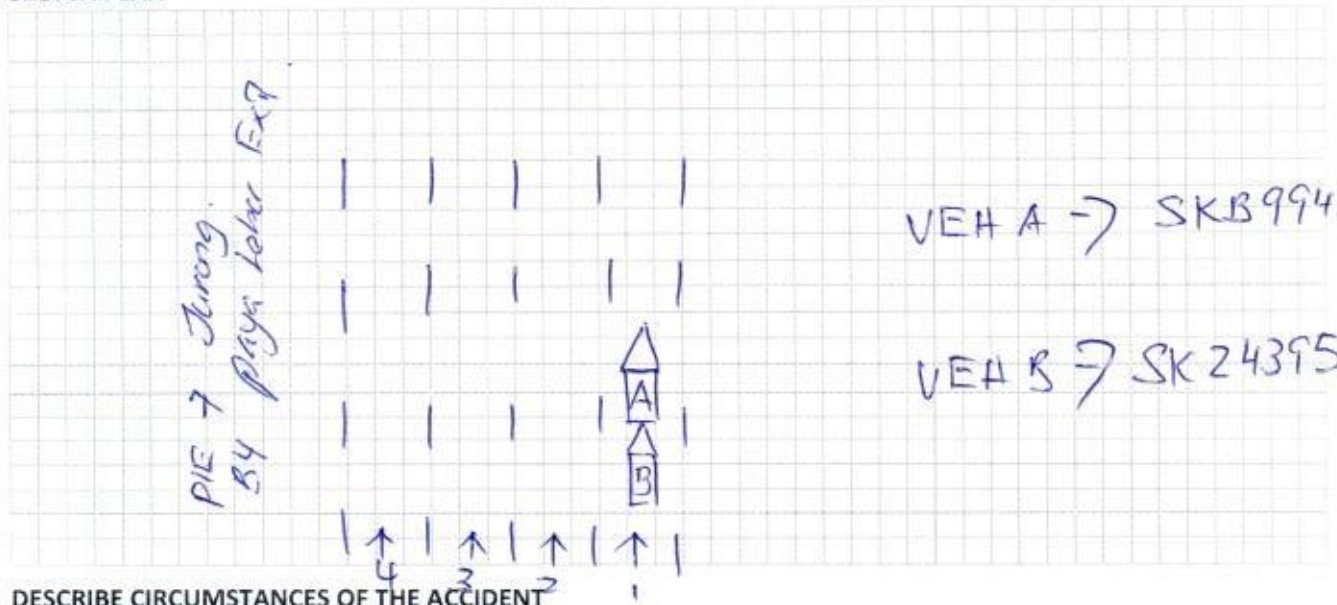
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/07/2018 at about 1305HRS, I was travelling along PIE towards Jurong just before Pagar Lebar exit on the Lane 1. Traffic was heavy, my front vehicle stop as I stop my vehicle too. Out of sudden vehicle 3 can stop on time and hit onto the rear of my vehicle A.

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.:

Police Station Of Origin:
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No: T/20180729/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2018 23:25	Vide Report No.:	Station Diary No. 143
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Informant's Particulars

Name of Informant: SHAKINAH BEHAM BINTE ABDUL RAHMAN	Address: APT BLK 453 PASIR RIS DRIVE 6 #06-216 SINGAPORE 510453		
ID Type / ID No. NRIC NO / S1530584C	Contact No.: Home/Office: 97315529 Mobile:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 55	Date of Birth: 31/12/1962	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Registered nurse	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2018 13:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE Towards Jurong before Paya Lebar Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB9942G	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Black	Slightly Damaged	1
SKZ4395S	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180729/2114

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

3 of 3

Report No: T/20180729/2114

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MUHAMMAD ZAMAKHSYARII BIN
MOHAMED ALBAKRI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

29/07/2018 23:25

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE

/cc.

Date of Accident : 28/07/2018 Accident Time: 1305HR (24-HR-Format)
Accident Place : PIE Towards Jurong BEFORE PATA LEBAR Lane 1
Vehicle No. (Car Plate No.) : SKB99426 Make/Model: Chevrolet CRUZE
Insurance Company : FWD Policy No: PNP/2018 - 0000938
Owner or Company Name /IC No. : SHAKINAH BEHAM BINTE ABDUL RAHMAN. ST530584C
Owner or Company Contact No. : _____ Owner's Hp 97315529 Company Tel _____
DRIVER'S Name / IC No. : SHAKINAH BEHAM BINTE ABDUL RAHMAN.
DRIVER'S Date Of Birth : 31/12/1962 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : ☒ Spouse \ ☐ Parents \ ☐ Children \ ☐ Sibling \ ☐ Employee \ ☐ Others : _____
DRIVER'S Address : BIK 453 PASIR RIS DRIVE 6 #06-216
DRIVER'S Contact No./ Alt No. : 1) 97315529 2) 82066462
DRIVER'S Occupation : ☒ INDOOR \ ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : ☒ CLEAR & DRY \ ☐ RAINING & WET \ ☐ AFTER RAIN & WET
Reporting Type : ☒ Reporting Only \ ☐ Claim Other Party \ ☐ Claim Own Insurance
Number of Passengers (Including Driver): ☒ 1
Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: SK 243955	Vehicle No: _____
Vehicle Make/Model: HONDA FIT	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

MOHAMMAD ALI S/O VAHIDE ABDUL
GAFFOR S1299073A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1530584C



Name



SHAKINAH BEHAM BINTE ABDUL
RAHMAN

Race

INDIAN

Date of birth

31-12-1962

Sex

F

S1530584C

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1530584C

Name:

SHAKINAH BEHAM BINTE
ABDUL RAHMAN

Birth Date: 31 Dec 1962

Issue Date: 15 Jul 2004



001258134A

5900169



NRIC No. S1530584C



Date of Issue

26-03-2018

Address

APT BLK 453 PASIR RIS DRIVE 6
#06-216
SINGAPORE 510453

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

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

26 Jul 2000

NP 428A



Licence No: S1530584C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1299073A



Name

MOHAMMAD ALI S/O V ABDUL
GAFFOR

Race

INDIAN

Date of birth

17-01-1959

Sex

M

Country/Place of birth

INDIA

5805684



NRIC No. S1299073A



Date of issue

27-09-2017

Address
APT. BLK 453 PASIR RIS DRIVE 6
#06-216
SINGAPORE 510453



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: PNPV2018-00008938 (Comprehensive - Classic Plan)

Car plate number: SKB9942G

Your name (As the policyholder): Shakinah Beham Binte Abdul Rahman

Coverage start date: 14/07/2018

Coverage end date: 13/07/2019

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 05/07/2018

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 if any details
in this Certificate of Insurance need to be changed.