

NATIONAL Assessment Centre Services

(Ref: JAN05)

11/11/18/05953

Date In: 16/08/2018 11:49	Job description	Date & Time Completed	Done by
Ref No: NBA/FWD/201490614	SAS e-filing		
Veh No: SJA 34704	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/08/2018 20:40	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: SJS 5974M 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$) Int Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idno 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	16/08/2018 11:44
Date Of Accident	15/08/2018 20:40
Exact Location Of Accident	SLIP RD OF KAMPONG BAHRU RD TOWARDS JLN BT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA3470H
Insured/Policyholder	
Name Of Registered Owner	JEEVA NAIDU S/O SOMASUNDRAM
NRIC No	S1451726Z
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90224945
Alternative Phone No	OTHERS-90224945

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	PNPV2017-00008609
Cover Note Number	

Driver

Name of Driver	MATHAN S/O JEEVA NAIDU
NRIC No	S8938501F
Date Of Birth	24/10/1989
Occupation	INDOOR
Date Of Driving Pass	20/04/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90224945
Fax Number	
Contact Number	OTHERS-90224945
E Mail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 60 TELOK BLANGAH HEIGHTS #07-59
Postcode	100060
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : MALE

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 SKETCH PLAN

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	SJS5974M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JURAI DI BIN TATJUDDIN
NRIC/Passport Number	S7927670G
Contact Number	94560242
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Vehicle No: SJA 3470H
DOA: 15/08/2018

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
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- 4) The issue & 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 & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

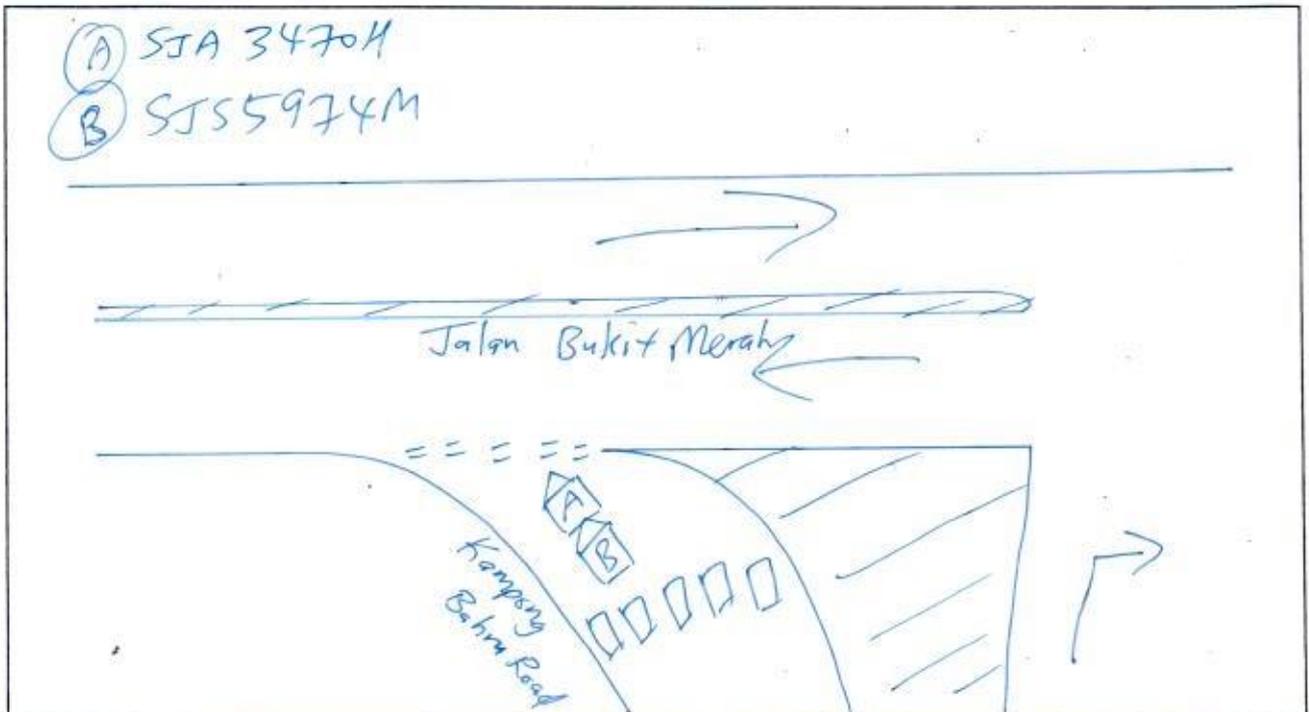
Wta

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

10/08/2018

Witnessed by Reporting Center
Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Kampong Bahru Road towards
Jalan Bukit Merah.

I slowed down and stopped before the give way line at
the slip road to give way to oncoming vehicle.

The moment I came to a complete stop, vehicle (B) came
from behind and hit onto my car (A).

Declaration

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

Policyholder's Signature
Date & Time

W/A

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

[Signature]

Witnessed by Reporting Centre
Personnel

PERSONAL PARTICULARS

Date of Accident: 15/8/2018

Time of Accident: 8:37 (24Hrs) PM

Vehicle No: SJA 3470 H

Vehicle Make/Model: mit Lancer

Exact Location of Accident: Slip Road of Kampong Bahru Road Toward Jalan Bukit Merah.

Owner's Name/NRIC: Jeeva Naidu s/o Somasundram I/c No: S1451726/2

Driver's Name/NRIC: matham s/o Jeeva Naidu I/c No: S 8938501/F

Driver's Contact: 90224945 Insurance Co & Policy No: FWD Ins:

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Son

What do you wish to claim (Please circle one only)

3 mother
MOTHER FRIEND

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes/No No If Yes, which police station? _____

The Other Party (Vehicle B) Details

I/c No: 79276706

Driver's Name/IC: Juraidi Bin Tajuddin

Vehicle No: SJS 5974 M

Insurance Company: _____

Driver's Contact: 94560242

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.
* Information will be discarded after one week.



SINGAPORE ARMED FORCES IDENTITY CARD

Name
**MATHAN S/O JEEVA
NAIDU**



NRIC No
S8938501F

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8938501F**

Name:
MATHAN S/O JEEVA NAIDU

Birth Date: **24 Oct 1989**

Issue Date: **20 Apr 2016**



DRIVER

GENERALDSSGPU106451983118

00000050294732

NRIC No./Colour
S8938501F/ PINK

Race
INDIAN

Date Of Birth
24/10/1989

Service Status
REGULAR

Address

**B1K 60 TELOK BLANGAH HEIGHTS
#07-59 SINGAPORE 100060**

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
MILITARY EXPERT

Sex
M



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 20 Apr 2016

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1451726Z



Name
**JEEVA NAIDU S/O
SOMASUNDRAM**

Race
INDIAN
Date of Birth
12-07-1960 Sex
M
Country of Birth
SINGAPORE

S1451726Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1451726Z**
Name:
**JEEVA NAIDU S/O
SOMASUNDRAM - 1**
Birth Date: **12 Jul 1960**
Issue Date: **31 May 2004**



OWNER



3312551



NRIC No. **S1451726Z**

Blood Group: - Date of issue
20-02-2003

Address
**APT BLK 60 TELOK BLANGAH HEIGHTS #07-59
SINGAPORE 100060**

NRIC No: **S1451726Z** Date: **05-10-2006** No: **5427418**

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

		PASS DATE
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	02 Jun 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	18 Sep 1981
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg	25 Nov 1981



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: PNPV2017-00008609 (Comprehensive - Classic Plan)

Car plate number: SJA3470H

Your name (As the policyholder): Jeeva Naidu S/O Somasundaram

Coverage start date: 17/11/2017

Coverage end date: 16/11/2018

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: Prime street capital pte ltd

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

Issued on: 14/11/2017

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