

NATIONAL Assessment Centre Services.

[wef 1 Jan 2003]

MAH4/114/226

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/11/2018 17:21 | Job description | Date & Time Completed | Done by |
| Ref No: NPA/FND/1020811/4 | SAS e-filing | | |
| Veh No: SJN 2432G | E-mail (within 2hrs, AIC 2hrs) | | |
| D.O.A: 06/11/2018 21:30 | 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: PHOTOS/12/1/1

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:

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Location:

MAH4/107/501

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Particulars

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100); INC (\$50)
- 3) TP: Towing Fee \$40/\$45
- 4) PT: Follow-Through Survey \$120
- 5) PT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:

OD:

*NS: Courtesy Car / Tpl Allowance \$5

*NG: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (Nil) : TP (Non-INC) against INC \$20

5) NI 2: Idao Mobile \$0

Invoice dated

Invoices dated

Fee Charged

Fee Charged

MAH4/107/501

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 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 Report | 15/11/2018 17:21 |
| Date Of Accident | 06/11/2018 21:30 |
| Exact Location Of Accident | ALONG DUNLOP STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJN2432G |
| Insured/Policyholder | |
| Name Of Registered Owner | RAM ROHITASHWA TIWARY |
| NRIC No | S7777269C |
| Email Address | RAM_TIWARY@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-98627829 |
| Alternative Phone No | OTHERS-98627829 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | CHRYSLER |
| Model | SEBRING |
| Exact Purpose for which vehicle was being used at time of accident | GOING SHOPPING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNPV2018-00011454 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | RAM ROHITASHWA TIWARY |
| NRIC No | S7777269C |
| Date Of Birth | 07/03/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/10/1999 |
| Driving Experience | 19 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98627829 |
| Fax Number | |
| Contact Number | OTHERS-98627829 |
| Email Address | RAM_TIWARY@YAHOO.COM.SG |

| | |
|---|------------------------------------|
| Address | BLK 18 ST. GEORGE'S ROAD #11-88 |
| Postcode | 320018 |
| 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 | COLLIDED INTO PEDESTRIAN |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181107/7001

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 | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | PEDESTRIAN |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | RAJU VEERAMANI |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAJU VEERAMANI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

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:

17/11/2016 16:55

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

15/11/2016

Rosh Nathar

SKETCH PLAN

SERANGOON ROAD

DUNLOP ST

1

1

SS N 2432 G

RAJH VEER (PROPRIETOR)

RAYA VEERAMANI
(PRESIDENT)

PLS REFER TO POLICE REPORT.
7/2008/107/2001

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

NRIC/FIN No.:

15/11/2018

Personnel's Signature
Res. L. Walton



SINGAPORE POLICE FORCE



T/20181107/7001

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181107/7001

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 07/11/2018 00:47 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: RAM ROHITASHWA TIWARY | | | Address: APT BLK 18 ST. GEORGE'S ROAD #11-88 SINGAPORE 320018 | |
| ID Type / ID No.: NRIC NO / S7777269C | | | Contact No.: Home/Office: | Mobile: 98627829 |
| Nationality: SINGAPORE CITIZEN | | | Email: Ram_Rohitashwa_TIWARY@spf.gov.sg | |
| Sex: Male | Age: 41 | Date of Birth: 07/03/1977 | Type of Informant: Driver | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: Police officer | | | Driving Licence Information: Class: | |

General Information of the Accident

| | | | | |
|---|------------------------------------|-----------------------------|--|-------------------------------------|
| Type of Accident: | Injury Pedestrian / Cyclist | Drink Drive: No | Date/Time of Accident: 06/11/2018 21:30 | Type of Location: Straight Road |
| Location: DUNLOP STREET | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | | |
| Type of Collision: Moving Vehicle Against - Pedestrian | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SJN2432G | Car | | | | | 0 |

Details of Person Involved

| | |
|-------------------------------|--------------------------------------|
| Any Pedestrian Involved: Yes | |
| No. of Pedestrians Injured: 1 | Use of Pedestrian Crossing: Not Used |



**SINGAPORE
POLICE FORCE**



T/20181107/7001

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181107/7001

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Driver | | | |
| Name | RAM ROHITASHWA TIWARY | ID No. | S7777269C |
| Related Vehicle | SJN2432G (Car) | Contact No. | 98627829 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Pedestrian | | | |
| Name | RAJU VEERAMANI | ID No. | G8516502Q |
| Related Vehicle | NIL | Contact No. | 82802517 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 06/11/2018 | Date Discharge | 07/11/2018 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |

Brief Details.

I was driving my vehicle along Dunlop St closer to Serangoon Rd when I observed a male Indian subject being held by 3 or 4 other male subjects on the left side pavement. As I approached, I sounded my horn and as I drove past, the drunk male subject stepped down from the pavement and my front left wheel went over his right feet. I immediately stopped the car and the friends said that his foot was stuck so I reversed and he was able to move aside. He had sat down when this happened and I immediately stopped my car at the right side of the road with its hazard light on and attended to the subject. The subjects' drunk friends started to shout and asked to call the police while the sober one asked for the subject to be brought to hospital. I drove them to Farrer Park Hospital but was asked to go to TTSH by the staff. I brought the subject to TTSH A&E where he was attended to. The subject was able to walk to my car and sit in it with little assistance and complained of pain on his right foot where the 3rd and 4th nail were bleeding. The subject wanted to settle the matter privately and kept requesting for no police report to be lodged though I informed him of the need to do so and advised him the same. I paid for the subjects medical fee at A&E and the doctor informed that his small for had a small crack.



**SINGAPORE
POLICE FORCE**



T/20181107/7001

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181107/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/11/2018 00:47

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 11 / 2018 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: DUNLOP STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 2432 G
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: CHEVROLET SEBERG
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: SHOPPING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RAM ROUITAMWA THAWA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S777269C CONTACT: 98627819
 c) ADDRESS: 64418 ST. GEORGE'S ROAD, #11-PP
S(220018)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(-)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 07 / 03 / 1977 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 08 / 10 / 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPONSORER OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED (YES/NO)
 7. a) REPORTED TO POLICE (YES/NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: ONLINE REPORT

3. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: Phong 1832 MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

4. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: FA MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email = ram-tiwary@yahoo.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7777269C



RAM ROHITASHWA TIWARY

Race
INDIAN
Date of Birth: 07-03-1977
Country of Birth: INDIA
Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7777269C

Name:

RAM ROHITASHWA TIWARY

Birth Date: 07 Mar 1977

Issue Date: 19 Nov 2003



3048137



NRIC No: S7777269C



Blood Group: AB+
Date of Issue: 10-10-1998

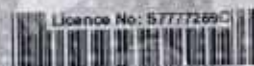
Address:
APT BLK 18 ST. GEORGE'S ROAD
#11-88
SINGAPORE 320018

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

05 Oct 1998



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: PNPV2018-00011454 (Comprehensive - Classic Plan)

Car plate number: SJN2432G

Your name (As the policyholder): Ram Rohitashwa Tiwary

Coverage start date: 30/08/2018

Coverage end date: 29/08/2019

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.

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

Issued on: 30/08/2018

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.