

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 20/03/19 | Job description | Date & Time Completed | Done by |
| Ref No NA/FWD19005001/13 | SAS e-filing | | |
| Veh No SJAS84H | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA 19/03/19 1700 | 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: SKB625G 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

NA1902103

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

| | Amt (\$) | Amt (\$) |
|---|----------|----------|
| | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: 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: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *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

Invoice dated

Fee Charged

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 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 20/03/2019 12:19
 Date Of Accident 19/03/2019 17:00
 Exact Location Of Accident ALONG TAMPINES AVE 7
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA584H
Insured/Policyholder
 Name Of Registered Owner JUWAIDAH BINTE ADNAN
 NRIC No S8117295A
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-92377237
 Alternative Phone No OTHERS-92377237

Vehicle Particulars

Manufacturer MITSUBISHI
 Model LANCER EX
 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 PNPV2018-00015855
 Cover Note Number

Driver

Name of Driver NORMAN BIN ABD AZIS
 NRIC No S7620993F
 Date Of Birth 05/07/1976
 Occupation OUTDOOR
 Date Of Driving Pass 21/05/1998
 Driving Experience 20 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92377237
 Fax Number
 Contact Number
 Email Address NOEMAIL

| | |
|---|------------------------|
| Address | BLK 259C PUNGGOL FIELD |
| Postcode | #05-45 |
| | 823259 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 (including own vehicle) involved in the accident | 2 |
| 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: : JUWAIDAH BINTE ADNAN |
| | GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PUNGGOL N.P.C |
| Police Station Address | ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190320/2008

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 | SKB625G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | IVY POH AI MEI |
| NRIC/Passport Number | S8319830C |
| Contact Number | 91094765 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NORMAN BIN ABD AZIS

Approximate Age

Injuries Sustain

BACK,NECK & SHOULDER

Injured person in which vehicle?

SJA584H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

JUWAIDAH BINTE ADNAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJA584H

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.

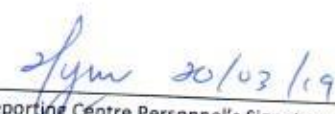
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

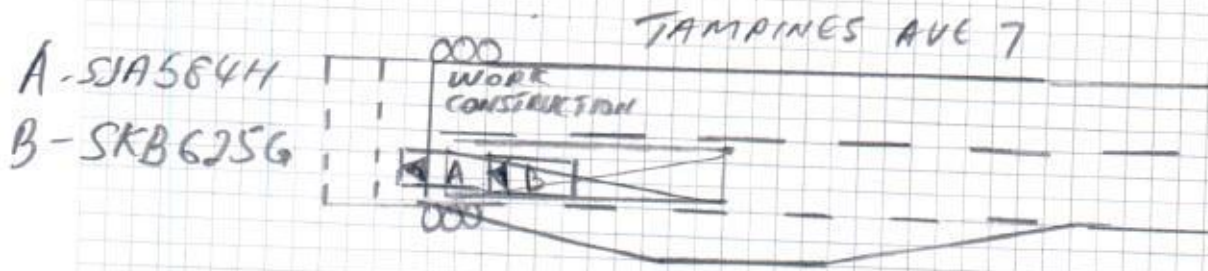
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to the police report: 7/20190320/2008

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.:



SINGAPORE POLICE FORCE



T/20190320/2008

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20190320/2008

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 20/03/2019 00:38 | Vide Report No.: | Station Diary No.: 8 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | |
|---|------------|---|------------------------------|
| Name of Informant: NORMAN BIN ABD AZIS | | Address: APT BLK 259C PUNGGOL FIELD #05-45 SINGAPORE 823259 | |
| ID Type / ID No.: NRIC NO / S7620993F | | Contact No.: Home/Office: Mobile: 92377237 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 42 | Date of Birth: 05/07/1976 | Type of Informant: Driver |
| Race: Malay | | Language: | Institution / School Name: |
| Occupation: RAMP SUPERVISOR | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/03/2019 17:00 | Type of Location: |
| Location: Along Road 1 TAMPINES AVENUE 7 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| 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 |
|-------------|------|------------|-----------|--------|------------------|-----------------|
| SJA584H | Car | MITSUBISHI | LANCER EX | Silver | Slightly Damaged | 1 |
| SKB625G | Car | JAGUAR | | Red | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



SINGAPORE POLICE FORCE



T/20190320/2008

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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190320/2008

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------------|--|---|
| Passenger | | | |
| Name | JUWAIDAH BINTE ADNAN | ID No. | S8117295A |
| Related Vehicle | SJA584H (Car) | Contact No. | 97332365 |
| Hospital/Clinic | KK WOMEN'S AND CHILDREN'S HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 19/03/2019 | Date Discharge | 19/03/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | NORMAN BIN ABD AZIS | ID No. | S7620993F |
| Related Vehicle | SJA584H (Car) | Contact No. | 92377237 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | IVY POH AI MEI | ID No. | S8319830C |
| Related Vehicle | SKB625G (Car) | Contact No. | 91094765 |
| 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 |

Brief Details.

On 19/03/2019, at about 1700hrs, I was driving my vehicle, SJA584H, along Tampines Avenue 7. It is a two lane road however, the right lane had construction work done and as such, it was partially closed. As such, I was travelling on the left lane.

Upon reaching the pedestrian crossing infront of Blk 401 Tampines Avenue 7, the traffic light turned red. As such, I stopped my vehicle. My vehicle was the first vehicle at the traffic light. Suddenly, there was a bang from the rear and my vehicle surged forward. I then alighted my vehicle and discovered that a vehicle, SKB625G, had hit my vehicle from the rear. The driver then alighted and we exchanged particulars.

Due to the impact, the rear bumper and boot was dented and my rear lights were damaged. My wife who



**SINGAPORE
POLICE FORCE**



T/20190320/2008

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

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Report No. T/20190320/2008

CONTINUATION OF REPORT

is about 5 and a half months pregnant felt some pain on her neck and her back while I felt some pain on my back, neck and shoulders. My wife and I then went to KKH to make a check on my wife where she was given 3 days MC however, she will be admitted due to the pregnancy. I will proceed to the doctor after I had settled my wife.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20190320/2008

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Report No. T/20190320/2008

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:

F /

Sgt 3 NOORHIDAYAH BINTE MOHAMAD
NOOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

20/03/2019 00:38

Classification Of Case:

SN 085

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

00290993F

NORMAN BIN ABD AZIS

Birth Date: 05 Jul 1976
Issue Date: 09 Mar 2010

00290993F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7620993F

Norman

NORMAN BIN ABD AZIS

Race: MALAY
Date of birth: 05-07-1976
Sex: M
Country of birth: SINGAPORE

S7620993F

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

| | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles <= 200 cc | 13 Aug 1993 |
| Class 2A Motorcycles between 201 cc and 400 cc | 09 Dec 1994 |
| Class 2 Motorcycles > 400 cc | 25 May 2004 |
| Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 21 May 1998 |

Licence No: S7620993F

4696074

NRIC No. S7620993F

DATE OF ISSUE: 03-03-2011

APT BLK 250C PUNGGOL FIELD #05-45
SINGAPORE 023259
NRIC No: S7620993F Date: 30/07/2016

NP 425A



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: PNPV2018-00015855 (Comprehensive - Classic Plan)

Car plate number: SJA584H

Your name (As the policyholder): Juwaidah Binte Adnan

Coverage start date: 27/11/2018

Coverage end date: 26/11/2019

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: 23/11/2018

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.