

NATIONAL Assessment Centre Services

Print 1 Jan 05 M No 119075799-01

Date In: 11/6/19-09:49	Job description	Date & Time Completed	Done by
Ref No: NA/119075799-01	SAS e-filing		
Veh No: 119075799-01	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/6/19-00:50	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: F0573669	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:	(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

NA1904457	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Ref. 1:	9) N12: Idac Mobile 30		
Ref. 2 / 3:	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 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	11/06/2019 09:47
Date Of Accident	10/06/2019 00:50
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7583G
Insured/Policyholder	
Name Of Registered Owner	RAMA SHANKAR SINGH
NRIC No	S1575297A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96669723
Alternative Phone No	OFFICE-96669723

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180 (R17)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015327
Cover Note Number	

Driver

Name of Driver	RAMA SHANKAR SINGH
NRIC No	S1575297A
Date Of Birth	15/10/1963
Occupation	INDOOR
Date Of Driving Pass	26/01/1987
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96669723
Fax Number	
Contact Number	OFFICE-96669723
EEmail Address	NOEMAIL

Address	7 PUNGGOL FIELD WALK #19-16
Postcode	828742
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	SIDE SWIPE
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	3
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)	1

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

REFER TO 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	FBB7366P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC5552X
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Vehicle Make/Model/Colour

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)

SKETCH PLAN

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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:

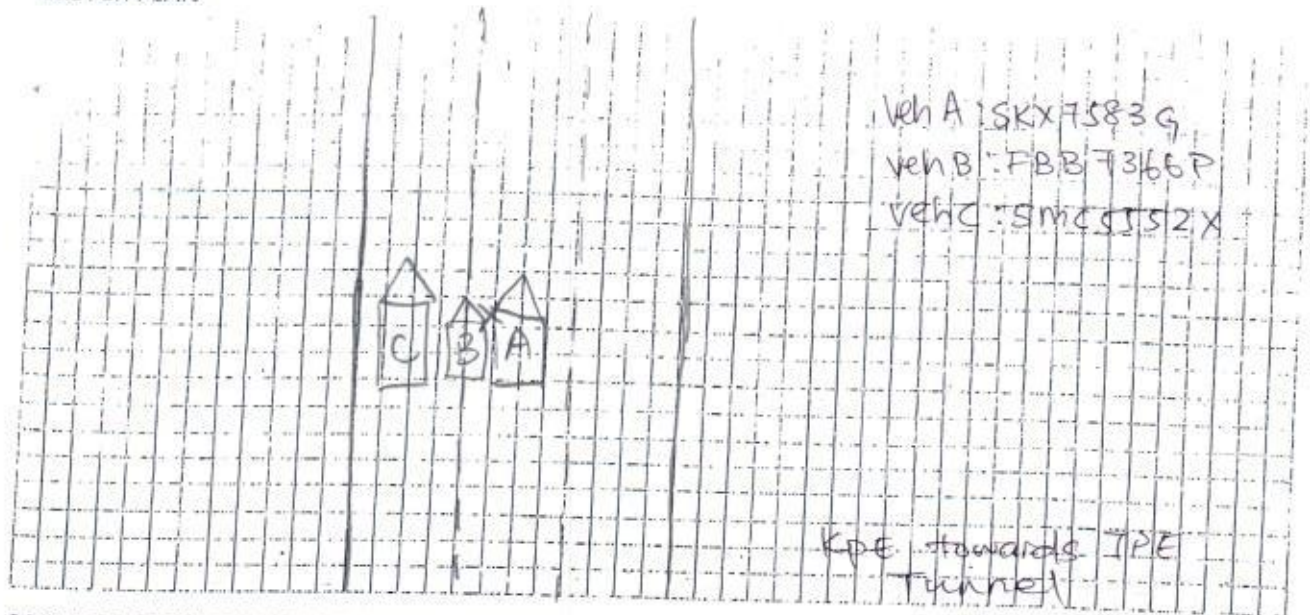
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

I was driving my vehicle SKX7583G suddenly I heard a loud sound from my left and realise FBB7366P collided on to my left side mirror. we then stop at the side then I realise theres another vehicle involved SMC5552X the bike hit onto his car right side.

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: SKX7583G

MAKE & MODEL: Merc A180

DATE OF ACCIDENT	10 / 06 / 2019
TIME OF ACCIDENT	1250 AM/PM
LOCATION OF ACCIDENT	KPE towards TPE tunnel
Exact Purpose use during accident	
NAME OF OWNER	Rama Shankar Singh
TELP NO	96669723
NRIC	81575297A
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	FWD
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No.
NRIC	81575297A Any passengers. —
DATE OF BIRTH	15 / 10 / 1963
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	26 / 01 / 1987
GENDER	<u>Male</u> / Female
CONTAC NO.	96669723 Office. Home.
ADDRESS	7 Punggol Field Walk #19-16 s' (828742)
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	<u>Clear</u> / Raining / Other.
ROAD SURFACE	<u>Dry</u> / Wet / Other.
ANY INJURIES	<u>No</u> / If yes, Who?
CONTAC NO.	96669723
POLICE REPORT	<u>No</u> / If yes, Where?
VEHICLE B NO.	FBB 7366P Any Passenger.
NAME	
CONTAC NO.	
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.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119075799 Vehicle Registration No: SKX7583G
Name (as shown in NRIC) : RAMA SHANKAR SINGH NRIC/FIN/Passport No : S1575297A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 7 PUNGGOL FIELD WALK #19-16 Singapore (828742)
Contact (Tel) : _____ Mobile No. : 96669723
Email Address : _____
Date of Accident : 10/06/2019 Time of Accident : 12:50
Place of Accident : KPE TWDS TPE
Insurance Company : FWD Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend time of accident

Policyholder / Driver's Signature
Date:

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1575297A**

Name
RAMA SHANKAR SINGH

Birth Date: 15 Oct 1963
Issue Date: 16 May 2017

002683980D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1575297A**

Name
RAMA SHANKAR SINGH

Race
HINDUSTANI

Date of birth
15-10-1963

Sex
M

Country/Place of birth
SINGAPORE

S1575297A

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	18 Aug 1983
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	26 Jan 1987

Licence No: S1575297A

NP 428A

For LKK/NAC Use Only

6180066

NRIC No. **S1575297A**

Date of issue
25-04-2019

Address
**7 PUNGGOL FIELD WALK
#19-16
SINGAPORE 628742**

For LKK/NAC Use Only

For LKK/NAC Use Only

YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00015327

About this policy

Premium paid : S\$828.01
(Inclusive of GST)

Coverage start date : 27/12/2018

Coverage end date : 26/12/2019

Who is insured to drive: : You and any Authorised Driver

Policy Type : CLASSIC

About you (As the policyholder)

Your name : Rama Shankar Singh

Address : 7 Punggol Field Walk 19-16 Flo Residence Singapore 828742

Email : ram9801@outlook.com

NRIC/FIN : S1575297A

Date of birth : 15/10/1963

Marital status : Married

Gender : Male

Current no claims discount : 50%

Mobile Number : 96669723

Years of driving experience : Three or more

Certificate of merit : Yes

About your car

Car make and model : MERCEDES BENZ A180


Year of first registration : 2015

Car plate number : SKX7583G

Issued on: : 14/11/2018

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at _____
or email us to _____ if any details in
this Car Insurance Summary need to be changed


Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd