

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MINA 119097877

Date In: 26/7/19 14:55	Job description	Date & Time Completed	Done by
Ref No: NAI FWD19013222164	SAS e-filing		
Veh No: SLL 2494P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 25/7/19 17:45	I-Motor Claim Form		
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Profound Wksp / INC Assign Wksp / GW: () Toll: () Fax: ()

TP Particulars: Veh No: GBC 8512Y 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: ()

Actions: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

NA1905583

Client's Particulars: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditors' Comments: ()

Ref: ()

Page 2 / 3

()

()

()

()

()

1) AR: Accident Reporting (330)	20.00
2) DA: Damage Assessment (\$100)	INC (350)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant's use only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$5
*NG: Repair Co-ordination	\$10
*NT: Post Repair Inspection	\$25
*NA: DV / Collect Excess Coordination	\$5
TP (NI1): TP (NI1) against INC	\$20
9) NI2: Idas Mobile	\$0
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	26/07/2019 14:55
Date Of Accident	25/07/2019 17:45
Exact Location Of Accident	AT ALONG PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL2494P
Insured/Policyholder	
Name Of Registered Owner	PAUL SKARIA
NRIC No	S8283800G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90690656
Alternative Phone No	OFFICE-90690656
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	PRIVET 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	PNPV2019-00003601
Cover Note Number	
Driver	
Name of Driver	ABDUL KAREEM BENAZIR BEGUM
NRIC No	S8479224A
Date Of Birth	04/04/1984
Occupation	INDOOR
Date Of Driving Pass	05/02/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91682058
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 172C EDGEDALE PLAINS #03-464 SINGAPORE
Postcode	823172
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 - CHANGE/CROSS LANE
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?	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)	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

PLEASE REFER ATTACHED 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	GBC8512Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 reassess 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:

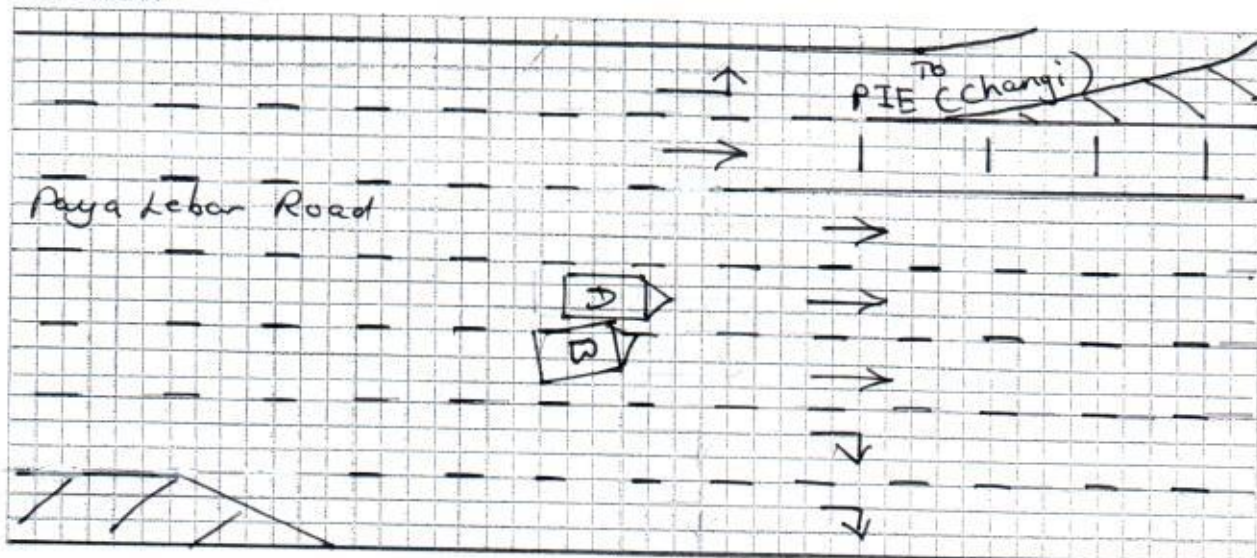
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

A. K. Benny. Beium
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/07/2019 at about 1746 hrs at along Paya Lebar Road towards Guillemard Road before PIE (Changi). I was travelling on the lane 3 and suddenly a Vehicle (B) on my Right veered into my lane without checking his blindspot and hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle.

CA) SLL 2494 P

CB) GBC 8512 Y

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

A. K. Benan Bogum
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Pls email to mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	25/7/19	Time:	17:46	(hh:mm) 24 hr format
Location	at along Paya Lebar Road towards Guillemard Rd before PIE charge Exit.			
Vehicle Number	SLL2494P			
Insured Name	PAUL SKARIA		906 906 56	
NRIC / FIN	S82838006		Contact Number	
Make	SUBARU	Model	FORESTER 2.0I-L CVT AWD SR	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	FWD			
Type of Policy (/)	Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	PNPV2019-00003601			
Name of Driver	ABDUL KAREEM BENAZIR		BEGUM () Same as Insured	
NRIC / FIN	S8479224A		Contact Number 9168 2058	
Date of Birth	4-4-1984			
Driving Pass Date	05-Feb-2016			
Occupation (/)	Indoor	() Outdoor		
Gender ()	Male	(/) Female		
Email Address	bbegum04@gmail.com () NO EMAIL			
Address of Driver	BLK 172C EDGEDALE PLAINS #03-464 SINGAPORE 823172			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
() Owner (/) Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	GBC 8512Y			
Veh C				
Veh D				
Veh E				
Veh F				

Include driver 1 person only

Owner SLL 2494P

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8283800G



Name

PAUL SKARIA



Race

INDIAN

Date of birth

12-01-1982

Sex

M

Country/Place of birth

INDIA

For LKK/NAC Use Only

9329720



NRIC No. S8283800G



Nationality

INDIAN

Date of issue

15-04-2014

For LKK/NAC Use Only

Address

APT BLK 172G EDGE DALE PLAINS
#03-464
SINGAPORE 823172



90690656

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8479224A



Name

ABDUL KAREEM BENAZIR
BEGUM

Race

INDIAN

Date of birth

04-04-1984

Country of birth

INDIA

Sex

F

S8479224A

For LKK/NAC Use Only

Driver

SL 2494p



S8479224A

NRIC No. S8479224A



Nationality
INDIAN

Date of issue
17-11-2008

For LKK/NAC Use Only

APT BLK 172C EDGE DALE PLAINS #03-464
SINGAPORE 823172

NRIC No: S8479224A

Date: 09/04/2011

No: 6750556

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8479224A**
Name: **ABDUL KAREEM BENAZIR BEGUM**

Birth Date: **04 Apr 1984**
Issue Date: **05 Feb 2016**

002535625J

For LKK/NAC Use Only

Driver SLL 2494P

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	05 Feb 2016

For LKK/NAC Use Only

NP 428A

Licence No: S8479224A



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: PNPV2019-00003601 (Comprehensive - Classic Plan)

Car plate number: SLL2494P

Your name (As the policyholder): Paul Skaria

Coverage start date: 18/02/2019

Coverage end date: 17/02/2020

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: 12/02/2019

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.