

NATIONAL Assessment Centre Services (cont. of JAR06) **NA119106898**

Date In: <b>03/08/2009 17:52</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/FWD/190136564</b>	SAS e-filing		
Veh No: <b>SL 4602G</b>	E-mail (within 4hrs. AIG 2hrs)		
D.O.A: <b>03/08/2009 22:05</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / MNC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SHC047X** 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 repairs.

( ) 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	Am't (\$)	Am't (\$)
		In Bill	Not In Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: 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		
	6) TR: Re-inspection \$75		
Cal. 1:	7) NI: Idau DA + SMRT Survey \$160		
Cal. 2/3:	8) NTUC Additional Services:		
1/1 '09	9) NI: Idau Mobile \$30		
	10) NI: Idau Mobile \$30		

## 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	03/08/2019 17:53
Date Of Accident	02/08/2019 22:05
Exact Location Of Accident	JUNCTION OF TAMPINES ST 31/TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4602G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHARIFUDDIN BIN MOHAMED ALI
NRIC No	S7714157Z
Email Address	SHARIFUDDIN_MA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97585044
Alternative Phone No	OTHERS-97585044
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	5
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004267
Cover Note Number	
<b>Driver</b>	
Name of Driver	SHARIFUDDIN BIN MOHAMED ALI
NRIC No	S7714157Z
Date Of Birth	18/05/1977
Occupation	INDOOR
Date Of Driving Pass	10/06/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97585044
Fax Number	
Contact Number	OTHERS-97585044
Email Address	SHARIFUDDIN_MA@HOTMAIL.COM

Address	BLK 278A COMPASSVALE BOW #04-551
Postcode	541278
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	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?	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)	4
Passenger 1	NAME: : SISTER IN LAW GENDER: : FEMALE
Passenger 2	NAME: : COUSIN GENDER: : FEMALE
Passenger 3	NAME: : NEPHEW 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	SHC5547X
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHRISTOPHER MARIA DAS
NRIC/Passport Number	S1686523J

Contact Number	93231504
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

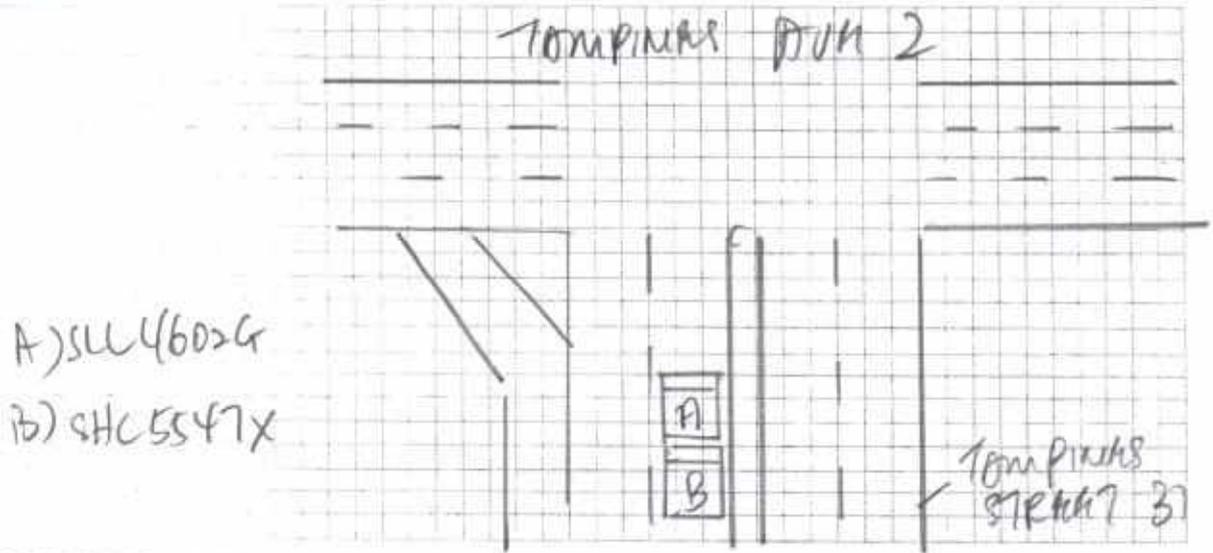
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 3/8/19

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Res. [unclear]  
NIC/FIN No.: [unclear]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Aug 2019 around 10.06 pm  
 At the junction of Tampines St 31, I stopped my vehicle at red light.

Moments later, a red taxi bumped onto my car's rear causing slight damage at the bumper.

DECLARATION

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

Policyholder's Signature  
Date & Time:

3/8/19

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

05/08/2019

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

Lee Wai Hoon

# ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 08 / 2019) (DD/MM/YYYY), TIME: (22 : 06) (HH:MM)

LOCATION: Tampines St 31

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL4602 G  
b) INSURANCE COMPANY: PWD  
c) POLICY NUMBER: PNPV2019 - 00004267  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 5  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SHARIFUDDIN MOHAMMED ALI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S77141572 CONTACT: 97585044  
c) ADDRESS: Blk 278A Compassvale Row #04-551  
S (541278)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AD ABDOU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (18 / 05 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 5547X MODEL: Renault (Taxi)  
b) DRIVER'S NAME: Christopher Maria Dass  
c) NRIC/FIN/PASSPORT: S16865237 CONTACT: 9323 1504

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = sharifuddin-me@hotmail.com

VIDEO

KEEP TRACK  
SISTER IN LAW  
LOUSIA  
NMP HAW  
No of passenger  
(including driver)  
(4)

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7714157Z



**For LKK/NAC Use Only**

SHARIFUDDIN BIN MOHAMED ALI

شريف الدين بن محمد علي

Name

MALAY

Date of Birth

18-05-1977

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7714157Z

Name

SHARIFUDDIN BIN MOHAMED ALI

**For LKK/NAC Use Only**

Birth Date 18 May 1977

Issue Date 24 Dec 2002



0000062072E



4179201

NRIC No. S7714157Z

**For LKK/NAC Use Only**

Date of Issue

11-02-2008

APT BLK 278A COMPASSVALE BOW #04-551  
SINGAPORE 541278

NRIC No: S7714157Z

Date: 15/10/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE

15 Apr 1998  
10 Jun 2008

**For LKK/NAC Use Only**



Licence No. S7714157Z

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: PNPV2019-00004267 (Comprehensive - Prestige Plan)**

Car plate number: SLL4602G

Your name (As the policyholder): Sharifuddin Bin Mohamed Ali

Coverage start date: 27/02/2019

Coverage end date: 26/02/2020

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.

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

Issued on: 25/02/2019

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.