

NATIONAL Assessment Centre Services [Job #] MANA419105841			
Date In: 3/08/2009 A:43	Job description	Date & Time Completed	Done by
Ref No: NBA/FND/190140931	SAS e-Mailing		
Veh No: SKX 95837	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/08/2009 10:30	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 / MNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SKQ 34384	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 repair.			
() 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: _____

NA/906186	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc	Add'l
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:	For claims against INC Only (wef 10 Jan 2009)			
Cal. 1:	6) TR: Re-inspection	\$75		
Cal. 2/3:	7) NI: Ideal DA + SMRT Survey	\$100		
1/1	8) NTUC Additional Services:			
	1211			
	*NB: 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: Ideal Mobile	\$0		

Invoice dated:	Fax Charged
Invoice dated:	Fax Charged

07-MAY-2018 16:38

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	13/08/2019 18:43
Date Of Accident	12/08/2019 10:30
Exact Location Of Accident	ENTRY TO JOHOR IMMIGRATION CIQ TOWARDS S'PORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9583T
Insured/Policyholder	
Name Of Registered Owner	GOBEE S/O RAMANULAJU
NRIC No	S2584712A
Email Address	GOBEE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97944025
Alternative Phone No	OTHERS-97944025

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
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	PNPV2019-00000997
Cover Note Number	

Driver

Name of Driver	GOBEE S/O RAMANULAJU
NRIC No	S2584712A
Date Of Birth	22/11/1960
Occupation	INDOOR
Date Of Driving Pass	01/08/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97944025
Fax Number	
Contact Number	OTHERS-97944025
Email Address	GOBEE@SINGNET.COM.SG

Address	BLK 157 LORONG 1 TOA PAYOH #11-1247
Postcode	310157
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	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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 POLICE REPORT E/20190812/7017

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	SLQ3438U
Vehicle Make/Model/Colour	TOYOTA HARRIER
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

13/08/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/08/2019

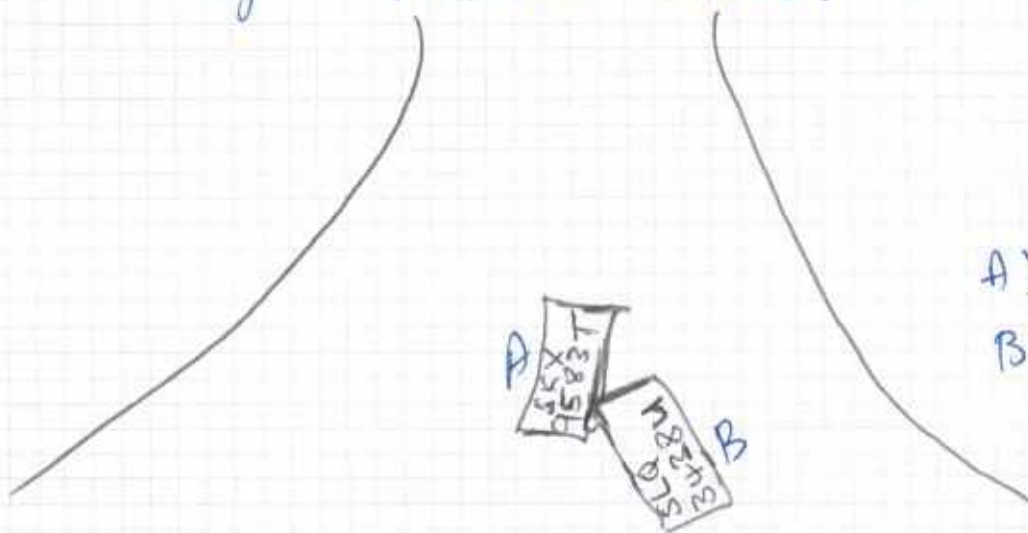
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Malaysia Checkpoint Towards Ipoh



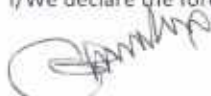
A) SKX9383T
B) SLQ3438U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
E/20190812/7017

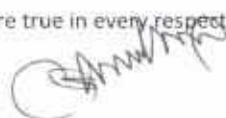
DECLARATION

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



Policyholder's Signature

Date & Time: 13/08/2019



Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/08/2019


13/08/2019
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]



**SINGAPORE
POLICE FORCE**



E/20190812/7017

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Report No. E/20190812/7017

Date/Time Report Made 12/08/2019 20:49		Vide Report No.		Station Diary No.	
Name Of Informant GOBEE S/O RAMANUJALU		Address APT BLK 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE 310157			
ID Type / ID No. NRIC NO / S2584712A		Contact No. Home/Office: Mobile: 97944025			
Nationality MALAYSIAN		Email Address gobee@singnet.com.sg			
Occupation Retiree		Sex Male	Age 58	Date of Birth 22/11/1960	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 12/08/2019 10:15 - 12/08/2019 10:45		Location Of Incident Entry to Johor Bahru checkpoint CIQ towards Singapore			

Brief details.

On 12 August 2019 between 10.15am and 10.45am I was driving my vehicle SKX9583T through the Malaysia Johor Bahru checkpoint CIQ towards Singapore. At the entry to the checkpoint, Singapore registered vehicle SLQ 3438U driven by a male driver with two female and one male passenger hit the rear right side of my vehicle. My car suffered damage.

The male driver refused to exchange driver's particulars at the location of the collision at the CIQ. One of passengers, a lady, gave a tel number to contact her. She said she will bring us to her workshop and cover the expense. I later messaged her for the driver's particulars and to go to an independent party

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 20:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190812/7017

Borneo Motors for an assessment of the damage. She did not agree. She also did not provide the drivers particulars.

Subjects Involved			
Victim			
Person Name	GOBEE S/O RAMANUJALU		
iD Type	NRIC NO	iD No	S2584712A
Gender	Male	Age	58
Race	Indian	Language	English
Occupation	Retiree	Address Type	
Address	APT BLK 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE 310157		Mobile No 97944025
Is Informant A Victim?	Yes		
Person Name	GOBEE S/O RAMANUJALU (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 20:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

ACCIDENT DATE: 12/8/2019 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: ENTRY TO JEBER IMMIGRATION C/O TOWARDS SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 9583T
 b) INSURANCE COMPANY: FWD INSURANCE
 c) POLICY NUMBER: PNP2019-00000997
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA AXIO
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: GOBEE RAMANUJAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2584712 CONTACT: 97944025
 c) ADDRESS: BK 157 #11-1247 TOA PAYOH CORONG 1 SINGAPORE 310157

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (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: SLQ3438U MODEL: TOYOTA HARRIER

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = gobee@singnet.com.sg
 VIDEO

Wife

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
(4)

* No of passenger
 (including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2584712A



Name
GOBEE S/O RAMANUJALU

For LKK/NAC Use Only

Race
INDIAN

Date of Birth
22-11-1960

Sex
M

Country of Birth
JOHORE

S2584712A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2584712A

Holder
GOBEE S/O RAMANUJALU

For LKK/NAC Use Only

Birth Date 22 Nov 1960

Issue Date 04 Feb 2014

002270949F

8045277




NRIC No. S2584712A

For LKK/NAC Use Only

Nationality
MALAYSIAN

Blood Group
A+

Date of Issue
19-11-1992

APT BLK 157 LORONG 1 TOA PAYOH #11-1247
SINGAPORE 310157

NRIC No: S2584712A Date: 22/05/2016

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 01 Aug 1991

For LKK/NAC Use Only

NP 428A

Licence No: S2504712A



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 : PNPV2019-00000997

About this policy

Premium paid : S\$991.86
(Inclusive of GST)
Coverage start date : 04/01/2019
Coverage end date : 03/01/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : Gobee Ramanujalu
Address : 157 Lorong 1 Toa Payoh #11-1247 Toa Payoh Vale Singapore 310157
Email : gobee@singnet.com.sg
NRIC/FIN : S2584712A
Date of birth : 22/11/1960
Marital status : Married
Gender : Male
Current no claims discount : 30%
Mobile Number : 97944025
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : TOYOTA COROLLA AXIO 1.5
Year of first registration : 2016
Car plate number : SKX9583T
Issued on: : 20/12/2018


Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

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

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.