

NATIONAL Assessment Centre Services

Date In 02/12/19	Job description	Date & Time Completed	Done by
Ref No NA/AWD19021225/13	SAS e-filing		
Veh No SM97885	E-mail (within 8hrs. A/C 2hrs)		
D.O.A 30/11/19 1840	i-Motor Claim Form		
OD (IP) 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: (SK)	Tel:	Fax:
TP Particulars:	Veh No: SMCP619C	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

NA1909038

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*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		
Cat 1:	9) N12: Idac Mobile \$0		
Cat 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	02/12/2019 15:37
Date Of Accident	30/11/2019 18:40
Exact Location Of Accident	PIE TWDS CHANGI B4 KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9788S
Insured/Policyholder	
Name Of Registered Owner	SUHAIMI BIN HANAFI
NRIC No	S7300063G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97433404
Alternative Phone No	OTHERS-97433404

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV20100000662
Cover Note Number	

Driver

Name of Driver	SUHAIMI BIN HANAFI
NRIC No	S7300063G
Date Of Birth	01/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/08/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97433404
Fax Number	
Contact Number	OTHERS-97433404
EMail Address	NOEMAIL

Address	BLK 561 CHOA CHU KANG NORTH 6 #02-98
Postcode	680561
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? 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) 5

Passenger 1
NAME: : CHEN ZIWEI
GENDER: : MALE

Passenger 2
NAME: : DAFFODIL CHAN WAI PENG
GENDER: : FEMALE

Passenger 3
NAME: : TIAN YEW HAY
GENDER: : FEMALE

Passenger 4
NAME: : CHAN POH CHUEN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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	SHC8619C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUHAIMI BIN HANAFI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA9788S
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:

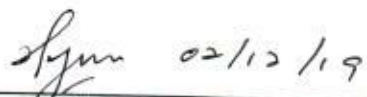
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

PIE TOWARDS CHANGI BEFORE KPE EXIT.		(A) SMA 9788S (B) SHC 8619C
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

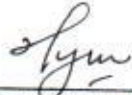
I was travelling along PIE towards Changi on lane 4 of 5 lanes.
 Weather was clear, traffic was heavy. I was moving slowly while
 suddenly, I felt an impact from the rear. I alighted and realised
 vehicle B could not stop in time and collided onto my vehicle.

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:

 02/12/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN 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 : MNA119158840 Vehicle Registration No: SMA 9788S

Name(as shown in NRIC) : SUHAIMI BIN HANAFI NRIC/FIN/Passport No : S7300063G

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 561 CHOA CHU KANG NG #02-98 Singapore(680561)

Contact (Tel) : _____ Mobile No. : 9743 3404

Email Address : _____

Date of Accident : 30.11.2019 Time of Accident : 18:40hrs

Place of Accident : PIE TOWARDS CHANGI BEFORE KPE EXIT

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:

ATTACHED POLICE REPORT NUMBER: T/20191203/7001

SUHAIMI BIN HANAFI

Policyholder / Driver's Signature
Date: 03.12.2019

 03/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191203/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 09:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUHAIMI BIN HANAFI		Address: APT BLK 561 CHOA CHU KANG NORTH 6 #02-98 SINGAPORE 680561			
ID Type / ID No.: NRIC NO / S7300063G		Contact No.: Home/Office:		Mobile: 97433404	
Nationality: SINGAPORE CITIZEN		Email: suhaimi1173@gmail.com			
Sex: Male	Age: 46	Date of Birth: 01/01/1973	Type of Informant: Driver		
Race: Javanese		Language: English		Institution / School Name:	
Occupation: Graphic designer		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2019 18:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
SHC8619C	Car					0
SMA9788S	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA9788S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800073487	22/06/2018	21/06/2020



**SINGAPORE
POLICE FORCE**



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191203/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUHAIMI BIN HANAFI	ID No.	S7300063G
Related Vehicle	SMA9788S (Car)	Contact No.	97433404
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	TIAN YEW HAY	ID No.	NIL
Related Vehicle	SMA9788S (Car)	Contact No.	NIL
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
Passenger			
Name	CHAN POH CHUEN	ID No.	NIL
Related Vehicle	SMA9788S (Car)	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191203/7001

CONTINUATION OF REPORT

Passenger			
Name	DAFFODIL CHAN WAI PENG	ID No.	NIL
Related Vehicle	SMA9788S (Car)	Contact No.	NIL
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
Passenger			
Name	CHEN ZHIWEI	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 30th November 2019 at about 18:40hrs, I was travelling along PIE towards Changi on lane 4 of 5 lanes. the weather was clear, I was moving slowly while suddenly, I felt an impact from the rear. I alighted and realised vehicle SHC8619C could not stop in time and collided onto my vehicle. I am driving my vehicle as a grab driver on the accident date with 4 passengers.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191203/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/12/2019 09:33

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30/11/2019	TIME: 1840 HRS	(hh:mm) 24 hrs Format	
LOCATION: PIE Towards Changi B4 KPE EXIT			
VEHICLE NUMBER: SMA 97985			
INSURED NAME: Suhaimi Bin Hanafi			
NRIC / FIN: S73000666	CONTACT: 97433404		
MAKE: Audi A3 sedan MODEL: 1.0 TFSI S TRONIC (16V)			
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only			
INSURANCE COMPANY: FWD			
TYPE OF POLICY: (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: PN CV 2019-00000662			
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN:	CONTACT:		
DATE OF BIRTH: 01.01.1972			
DRIVING PASS DATE: 31.08.1995			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL		
ADDRESS OF DRIVER: 561 Choa Chu Kong North 6 #02-98 (680561)			
Number Of Passenger Include Driver: 5 Pax Include driver			
(1) Chen Zhimeng (M) (3) Tian Yew Hay (F)			
(2) Daffodil Chan Wai Leng (F) (4) Chan Poh Chuen (M)			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle:			
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details :			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B	SHC 8619C	() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



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: PNCV2019-00000662

Car plate number : SMA97885

Coverage start date: 12/06/2019

Coverage end date: 11/06/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: SUHAIMI BIN HANAFI

NRIC/FIN: S7300063G

Address: 561 Choa Chu Kang North 6 02-98 Singapore 680561

Email: suhaimi1173@gmail.com

Mobile Number: 97433404

Date of Birth: 01/01/1973

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: AUDI A3 1.0

Year of first registration : 2018

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,503.45

Finance company: Maybank

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	063G
Vehicle Details	
Vehicle No.:	SMA9788S
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.0 TFSI S TRONIC (LED)
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	CHZ463505
Chassis No.:	WAUZZZ8V3J1067704
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$24,711.00
Original Registration Date:	25 Jun 2018
First Registration Date:	25 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$26,596.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jun 2028
PARF Rebate Amount:	\$19,947.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,110.00
COE Rebate Amount:	\$28,936.00
Total Rebate Amount:	\$48,883.00

The information contained herein is correct as at 02 Dec 2019

OK