

NATIONAL Assessment Centre Services.

Ref: J2009] **MAA20000251**

Date In: <b>01/01/2009 12:16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>XIA/IND200000324</b>	SAS e-filing		
Veh No: <b>SUV 76534</b>	E-mail (6mins 8hrs, AIC 2hrs)		
D.O.A: <b>31/12/2009 14:00</b>	I-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	I-Motor W/O (with/od 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tolt ( ) Fax ( )

TP Particulars: Veh No: **SUV 974G** 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 ( )

( ) 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: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Assessor	Remarks

<b>XIA2000108</b>		
Claimant's Name:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: 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 (waf 10 Jan 2009)	
	6) TR: Re-inspection \$73	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$30	
	9) NI: 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	02/01/2020 12:16
Date Of Accident	31/12/2019 14:00
Exact Location Of Accident	WHITLEY ROAD TOWARDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7653G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED HUSSAIN BIN SAHAR
NRIC No	SXXXX911H
Email Address	HUSSAINERA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93871055
Alternative Phone No	OTHERS-93871055
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO OFFICE AT TOA PAYOH
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	PNPV2019-00003845
Cover Note Number	

### Driver

Name of Driver	MOHAMED HUSSAIN BIN SAHAR
NRIC No	SXXXX911H
Date Of Birth	12/06/1960
Occupation	INDOOR
Date Of Driving Pass	12/03/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871055
Fax Number	
Contact Number	OTHERS-93871055
Email Address	HUSSAINERA@GMAIL.COM

Address	BLK 35 JALAN RUMAH TINGGI #04-501
Postcode	150035
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)	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 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	SLV974G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUN LIANG
NRIC/Passport Number	
Contact Number	88087012
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.**
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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: 02/01/2020  
11 AM

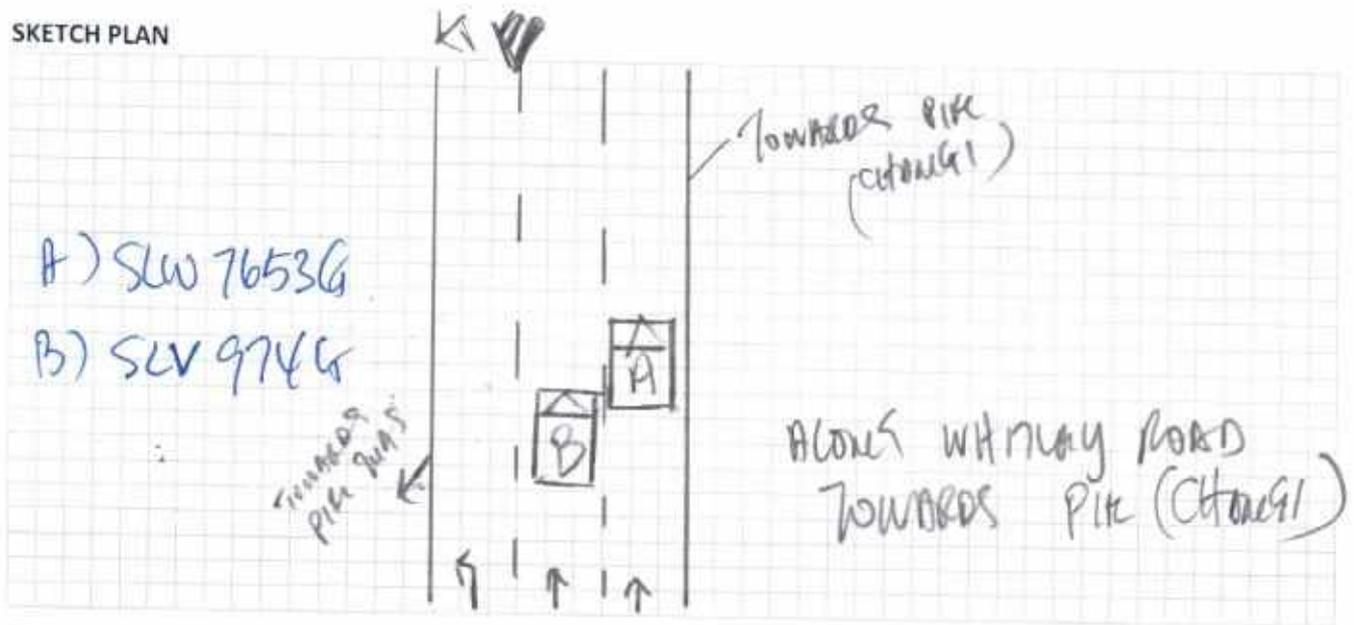
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No.: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31<sup>st</sup> December 2019 at about 2pm, I was driving to Toa Payoh Office.

While driving along Whitley Road PIE toward Changi on 1<sup>st</sup> lane, I felt somebody knock my car from the back.

DECLARATION

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

Policyholder's Signature  
Date & Time: 02/01/2020  
11 AM

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02/01/2020  
11 AM

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

ACCIDENT STATEMENT

ACCIDENT DATE: 31.12.2019 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: WHITLEY ROAD TOWARDS CHANGI PIE

1. DETAILS OF VEHICLE SLW 7653G
  - a) VEHICLE NUMBER: SLW 7653G
  - b) INSURANCE COMPANY: FWD
  - c) POLICY NUMBER: PNPV2019-00003845
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: E200 MERCEDES BENZ
  - f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
  - g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
  - h) PURPOSE OF USING AT ACCIDENT TIME: TO office at Toa Payoh
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  YES  NO
  - IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - a) NAME: MOHAMED HUSSAIN BIN SAHAR (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S 1404911 H CONTACT: \_\_\_\_\_
  - c) ADDRESS: Blk 35 Jalan Runch Tiga #04-501  
Singapore 150035

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

- DRIVER
- a) NAME: \_\_\_\_\_ (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)  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)  YES  NO
7. a) REPORTED TO POLICE (YES/NO)  YES  NO
- IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SLV 974G MODEL: TOYOTA
  - b) DRIVER'S NAME: JUN LIANG
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88087012

9. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including driver) (1)

\* No of passenger (including driver) ( )

\* No of passenger (including driver) ( )

email: hussainera@gmail.com

VIDEO - ~~\_\_\_\_\_~~



## 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: PNPV2019-00003845 (Comprehensive - Classic Plan)

Car plate number: SLW7653G

Your name (As the policyholder): MOHAMED HUSSAIN BIN SAHAR

Coverage start date: 23/03/2019

Coverage end date: 22/03/2020

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: 14/02/2019

**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.