

NATIONAL Assessment Centre Services.

Ref: JAW001

11/04/2000 385

Date In: 02/01/2009 14:27	Job description	Date & Time Completed	Done by
Ref No: NBS/FWD200000424	SAS e-filing		
Veh No: SMH 1280	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 21/12/2009 14:20	I-Motor Claims 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/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 3311P	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 repairer.

() 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:	Location:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*N9: TP (N11) / TP (N12) INC against 1-4G \$20	
	*N10: TP (N11) / TP (N12) INC against 1-4G \$20	
	9) N12: Idas Mobile	
	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 14:27
Date Of Accident	31/12/2019 14:20
Exact Location Of Accident	CTE TOWARDS SLE (AT MOULMEIN FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA129D
Insured/Policyholder	
Name Of Registered Owner	RAGAVAN S/O RAMACHANDRAN
NRIC No	SXXXX388J
Email Address	ESCOBEE21@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81639785
Alternative Phone No	OTHERS-81639785

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
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	PNPV2018-00006425-01
Cover Note Number	

Driver

Name of Driver	RAGAVAN S/O RAMACHANDRAN
NRIC No	SXXXX388J
Date Of Birth	21/02/1979
Occupation	INDOOR
Date Of Driving Pass	16/10/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639785
Fax Number	
Contact Number	OTHERS-81639785
Email Address	ESCOBEE21@HOTMAIL.COM

Address BLK 426C YISHUN AVENUE 11
#11-134

Postcode 763426

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 CHAIN COLLISION

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 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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: : PUNITHAVALLI D/O GUNASEGARAN
GENDER: : FEMALE

Passenger 2
NAME: : RAMACHANDRAN S/O KALIYEHPERUMAL MANIKAM
GENDER: : MALE

Passenger 3
NAME: : RAMACHANDRAN KRISHNAVENI NEEKUMARASAMI
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191231/2132

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL3311P

Vehicle Make/Model/Colour

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5988G
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 RAGAVAN S/O RAMACHANDRAN
Approximate Age
Injuries Sustain BODY AND NECK PAIN
Injured person in which vehicle? SMA129D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAMACHANDRAN KRISHNAVENI NEEKUMARASAMI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMA129D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RAMACHANDRAN S/O KALIYEHPERUMAL MANIKAM
Approximate Age
Injuries Sustain BODY PAIN AND SLIGHT ABRASION
Injured person in which vehicle? SMA129D
Were seat belts worn? YES

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:

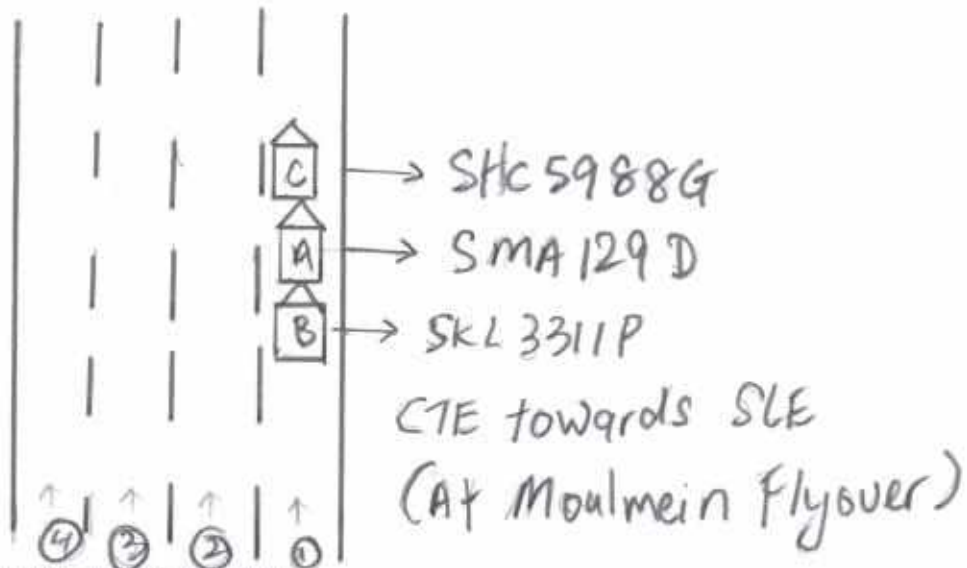
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature
Name: 
NRIC/FIN No. 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20191231/2132

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 02/01/2020

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/12/19		Time: 14:20 hrs - (hh:mm) 24 hr format	
Location CTE towards SLE (A1 Montmore Flyover)			
Vehicle Number JMA 129 D			
Insured Name Rajarajan S/O Rameshchandran			
NRIC/FIN 57905388J		Contact Number 81649785	
Make Ford		Model Cerate R3	
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			
Insurance Company FWD			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number PN PV2018 - 00006425 - 01			
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN		Contact Number	
Date of Birth 21/02/1979			
Driving Pass Date 16/10/1998			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor			
Gender (<input checked="" type="checkbox"/>) Male () Female			
Email Address res008ee21@hotmail.com		() NO EMAIL	
Address of Driver AIC 426C Yishun Avenue 11, #11-134, SC 763426			
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			
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 (<input checked="" type="checkbox"/>) Clear () Raining () 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 detail Rajarajan S/O Rameshchandran (Body pain)			
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No			
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric	
Veh B SKL 3311P			
Veh C SHC 5588G			
Veh D			
Veh E			
Veh F			

Passenger 1 = Punithavilli (F)
2 = Rameshchandran (M)
3 = Krishnaveni (F)



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 61 SINGAPORE 766456
Tel No. 1800-8522999



T/20191231/0052

1373

Report No. T/20191231/0052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 19:15		Vide Report No.: E/20191231/0052		Station Entry No.: 95
Informant's Particulars				
Name of Informant: RAGAVAN S/O RAMACHANDRAN		Address: APT BLK 426C YISHUN AVENUE 11 #11-134 SINGAPORE 783426		
ID Type / ID No.: NRIC NO / S7905388J		Contact No.: Home/Office: Mobile: 81639785		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 21/02/1979	Type of Informant: Driver	
Race: Indian		Language:		Institution / School Name:
Occupation: SAF REGULAR		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No.	Date/Time of Accident: 31/12/2019 14:20	Type of Location: Flyover
Location: Along Road 1 CENTRAL EXPRESSWAY				
OTE towards SLE (At Moulmein Flyover), 7km mark				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: Yes

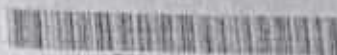
Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passengers
SHC5988G	Taxi				Slightly Damaged	0
SKL3311P	Car				Slightly Damaged	0
SMA129D	Car	KIA	CERATO K3 1.6A SUNROOF	Grey	Seriously Damaged	3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street #1 SINGAPORE 756458
Tel No: 1800-8522999



T/00181231/2132

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Report No: T/00181231/2132

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA129D	FWD Singapore Pte. Ltd	PNPV2018-00008425-01	14/05/2019	13/05/2020

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAGAVAN S/O RAMACHANDRAN	ID No.	S7905388J
Related Vehicle	SMA129D (Car)	Contact No.	81639785
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 31/12/2019 at about 1420hrs, I was travelling along CTE towards SLE (at Moulinet Flyover) near the 7km mark. I was travelling straight on lane one and the vehicle in front slowed down and came to a stop, hence I also came to a stop behind him. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (SMA129D) forward and as a result, hit onto the rear of a taxi (SHC5988G). When I alighted, I realised it was the vehicle behind (SKL3311P) that had rear ended my vehicle which caused damages to the front and back of my vehicle. It was a chain collision of total 3 vehicles involved. At the time of accident, I had 3 other passengers in my car and my mother suffered injuries due to the collision. I then called for the ambulance and my mother was conveyed to Tan Tock Seng hospital via ambulance.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Yishun South N.P.C

2 Yishun Street #1 SINGAPORE 768456

tel No: 1800-8522999



T/2019/231/2/132

1 of 3

Report No. T/2019/231/2/132

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: *AM*
L /
Sgt 2 MOHAMED AZMIN BIN MOHAMED
JAFFAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
P168

Signature Of Informant: *[Signature]*

Date/Time:
31/12/2019 19:15

Classification Of Case:



CERTIFICATE OF INSURANCE

Please call +65-6372-2072 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: PNPV2018-00006425-01 (Comprehensive - Classic Plan)

Car plate number: SMA129D

Car chassis number: KNAFZ411MIS763977

Engine number: G4FGHH694184

Your name (As the policyholder): Ragavan S/O Ramachandran

Coverage start date: 14/05/2019

Coverage end date: 13/05/2020

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.

Finance company: HL Bank

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

Issued on: 15/03/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6070-5788
or email us at contact_sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

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.: MNA420000385 Vehicle Registration No.: SMA129 D
Name(s) shown in NRIC: Rajeevan S/O Renuka Chandra NRIC/FIN/Passport No.: S79053887
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Blk 426 C, Jishan Avenue 11, #11-134 Singapore (767426)
Contact (Tel): - Mobile No.: 8163 9785
Email Address: escobar21@hotmail.com
Date of Accident: 3/12/19 Time of Accident: 14:20 hrs
Place of Accident: C18 towards SLE (At Montmorency Flyover)
Insurance Company: FWD

(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:

Refer to list for amendment

- ① Some one causing to hospital
- ② ADD INWARD PARTY Renuka Chandra S/O Kalyan Prasad M. Rajeevan


Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:
Date: 03/12/2020