. 00. 10.				
ATIONAL Assessment Con	rre Services. parishin	The state of the s	1008	Bbu
11 - 1 000	/ Job description	Date & Tinto Co.	mpleted .	Done pi
Onte In: 1106 3000 1163	V SAS e-Illing			<u> </u>
(of 140. X 1881 FWD) (V 6152)	E-mail (Sjula Naw, Alt 1)	us)		
reh 1811 97 87 50 10 320	I-Motor Claim Form			- An emon-
10/06/2020 15:50	1-Motor W/O (Withfut C	DD Thes, TP (brs)		
(D) (TP) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Re	port		
TP Insurer:		Innd to Owner/With		
1 TO THE RESERVE TO T		Yoli	Fu	94t
P Unuferlier Vel Nu	COCULANT	NC(.)/Non-INC	().	
* 140 m 1 m 1 m 2 m 2	2/2 4/27.	,Leg:		
Owner / Drivert (Perlod: () Cover Type: (
Confirmed by : (+ Date	i, Tini	The second secon)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO):	N: 0-20%; P: 21-799	6. P: 80-1	0074
Year of Registration: () Warranty: YES ()/N	0()		
Execus: (5) Londing:	\$1,000()/\$2,000()	THE PROPERTY OF THE PARTY OF TH	STEEL STEEL	107077
SERVICE VICE TO THE PROPERTY OF THE PROPERTY O	NOTE THE PROPERTY OF THE PROPE	是则是多名的重要的方式	经拉车员办	17 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
) Walle-In Curcomar i Gustamari	Jest poydon of party Confident	lal & Strictly NO refer o	frapolior.	
1 Walle-In Customar i Customori	s Information successors		.2	
The second state of the se				Hara ()
() Tutul Loss Case 1 to c-mall Y	haurer Utedentation) : Towing Co: (1.4	
Tutal Loss Case to e-mail Y	voiest VRS () / NO () : Towing Co: (HANDEN TO THE PARTY OF THE PART
() Total Lass Case : to e-mall Y	voice: YES () / NO (water and year being to the feature and the second of	THE CLERK	ASSESSED OF THE PROPERTY OF TH
() Total Loss Case to e-mail Y Drive-in () / Towed-in () ; in	voiest VES()/NO(water and year being to the feature and the second of		TENTONIA
() Total Loss Case to e-mail Y Drive-in () / Towed-in (); in (c) / Towed-in (); in (c) / Towed-in (); in (c) / Towed-in (); in	voice: YES() / NO(water and year being to the feature and the second of	merikarum Ornjuk Est	ZSPECIOSOBOY
() Total Loss Case ; to e-mail Y (Aprive-in () / Towed-in (); in (Aprive-in () /) / Courtesy Ctr ()	water and year being to the feature and the second of		STEEL CONTRACTOR OF THE PARTY O
() Total Loss Case : to e-mail Y (a) Towed-in (): In (a) Towed-in (): In (b) Towed-in (): In (c) Towed) / Courtesy Ctr ()	water and year being to the feature and the second of	mer Array Orange Car	ASTRICTION DV
() Total Loss Case ; to e-mail Y (Aprive-in () / Towed-in (); in (Aprive-in () /) / Courtesy Ctr ()			THE MEST OF THE PARTY OF THE PA
() Total Loss Case : to e-mail Y Carive-in () / Towed-in (): in Carive-in ():) / Courtesy Ctr ()			THE MENT OF THE PARTY OF THE PA
() Total Lass Case : to e-mail Y Chrive-in () / Towed-in (): in () Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos) / Courtesy Ctr ()			The second of th
() Total Loss Case : to e-mail Y () Towed-in (): in () Towed-in (): in () Apply for Transport Allowance (2) QC Check/ Post Repair Inspection () Upload Resurvey Photo (Repair Cost) / Courtesy Ctr ()			
() Total Loss Case : to e-mail I Carlve-in () / Towed-in (): in () / Towed-in (): in () / Towed-in (): in () / Towed-in (): in () / Towed-in () / Courtesy Ctr ()			The state of the s
() Total Loss Case : to e-mail I Carive-in () / Towed-in (): in () Apply for Transport Allowance (2) QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost () () () () () () () () () () / Courtesy Ctr ()			Seeper Property And
() Total Loss Case : to e-mail Y Drive-in () / Towed-in () : in ()) / Courtesy Ctr ()			TOTAL TOTAL CONTROL OF THE CONTROL O
() Total Loss Case : to e-mail I Drive-in () / Towed-in (): In College () / Towed-in ():	() / Courtesy Cir() () () () () () () () () ()			
() Total Loss Case : to e-mail Y () Towed-in (): in () Towed-in (): in () Apply for Transport Allowance (2) QC Check/ Post Repair Inspection () Upload Resurvey Photo (Repair Cost	() / Courtasy Cir() () () () () () () () () ()	It i Accident tu porting (33)		POST OF THE PARTY
() Total Lass Case ; to e-mail I Drive-in () / Towed-in (); in Apply for Transport Allowance (2) QC Check / Post Repair Inspection Juploud Resurvey Photo (Repair Cos Jupany 1 Delay 1000 1003	(voice: YES() / NO() (voice: YES() (voice:	ILI Accident turing uning (330) A Danwig Karasamuni (510)		POST OF THE POST O
() Total Loss Case ; to e-mail I Drive-in () / Towed-in (); in Representation () / Towed-in	() / Courtesy Cir () () () () () () () () () (It Academium para (Side Colored Colore		1230 1330 1330 1330 1330 1330 1330 1330
() Total Loss Case ; to e-mail I (Drive-in () / Towed-in (); in Reply for Transport Allowance (2) QC Check / Post Reputr Inspection 3) Upload Resurvey Photo (Reputr Cos ///www.	Voice: YES() / NO(It Accident laporting (SEC / Toulous Through Buryy (First laborate to the la		1230 1330 1330 1330 1330 1330 1330 1330
() Total Lass Case ; to e-mail I (in live-in () / Towed-in (); in (in live-in () / Towed-in ();	() / Courtesy Cir () () () () () () () () () (R. R. Japasolon		75310 75
() Total Loss Case ; to e-mail I (Drive-in () / Towed-in (); In (Carly and Case () Case (); In (Case () Case () Case (); In (Case	Voice: YES() / NO(It I day DA + SMICT Burvey TI VOLCE Additional Services In It I day DA + SMICT Burvey TO Challes A SMICT Burvey TO CALCULATE A S	ON INC	75310 75
() Total Loss Case to e-mail I (Drive-in () / Towed-in () ; In (Control in () ; In (Control in () / Towed-in ()	Voice: YES() / NO(R. P. Papas Contury Car / Tpt Allow NS: Courtury Car / Tpt Allow	ON INC	2001/2 20
() Total Loss Case to e-mail I (Drive-in () / Towed-in () ; In (Control in () ; In (Control in () / Towed-in ()	() / Courtesy Cur () () () () () () () () () (A Donney Assertable Sirvey (Porchimber Visional Services) To Pollow Through Burvey (Porchimber Visional Services) To Pollow Through Burvey (Porchimber Visional Services) To Pollow Through Burvey (Porchimber Visional Services) To Under DA + SMICT Survey TO Cauthery Cert Tot Allow Not Cauthery Cert Tot Allow Not Cauthery Cert Inspection 1975 Fort Super Inspection	(Marie Marie	15251 / 1525 / 1
() Total Loss Case : to e-mail I Drive-in () / Towed-in (): In () Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cos ///my:	Voice: YES() / NO(Report States of Continuent Control of Contr	(Line of the control	1120 1120
Contact Not Oriver Portion: Contact Not Oriver Portion: Oriver Owner: Contact Not Oriver Portion: Oriver Owner: Oriver Owner: Oriver Portion: Oriver	() / Courtasy Cur() () () () () () () () () ()	Report States of Continuent Control of Contr	(Ulivery) (Valle Jan 2 Andrewsy) (Valle Jan 2 Andrewsy) (Valle Jan 2	1120 1120
() Total Loss Case to e-mail I Livive-in () / Towed-in () ; In () Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cos / ////////////// Date 2003 03	() / Courtasy Cur() () () () () () () () () ()	Report States of Continuent Control of Contr	(Line of the control	1120 1120

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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.

HONTH HONTHING	
the state of the state of the state of	ACCIDENT STATEMENT
Date Of Report	11/06/2020 17:23
Date Of Accident	10/06/2020 13:30
Exact Location Of Accident	ALONG BOUNDARY ROAD
Country/State of Loss	SINGAPORE
Design the second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV8915J
Insured/Policyholder	
Name Of Registered Owner	SATHYAPALAN REMA ARUNSATHYAN
NRIC No	SXXXX823A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87503359
Alternative Phone No	OTHERS-87503359
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	PNPV2018-00008702-01
Cover Note Number	
Driver	
Name of Daisson	CATUVADALAN DEMA ADUNDATUVAN

Name of Driver SATHYAPALAN REMA ARUNSATHYAN

 NRIC No
 SXXXX823A

 Date Of Birth
 10/05/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 07/01/2009

Driving Experience 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87503359

Fax Number

Contact Number OTHERS-87503359

EMail Address NOEMAIL

Address

BLK 550 YISHUN AVENUE 6

#09-03

Postcode

768961

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

NO

ambulance?

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)

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

SDS412Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

QUEK YUE RONG CHERRIE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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
- 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)
 - (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
- 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 (b)
- 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. (c)
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) investigation and management in present and all future claims.
- 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) Reporting Centre Personnel

Name:

	Aloug				
1 PLAN		1 = "	r \	36 V 8715 S 505 412 Y	
		1	- cerl	36,00	
		1	1- 1- 2- 5	505 41.	
		(
		7//	~>		
		->	-	= 10	
			. 1		
			1		
		1			
		- 1			
		132	3		
IBE CIRCUMSTA	ANCES OF THE ACC	IDENT			
ddenly's	proceeding 5054	12 Y W	t the	iear of	my cal
ddenly's sov &	proceeding 5054 9157)	12 Y W	t the	ier of	my car
wes ddenly' sev so	preceeding 505 4 915 I)	12 Y W	t the	rear of	my car
wes ddenly sev 8	preceeding SDS 4	12 Y W	t the	eer of	my car
wes ddenly sev so	preceeding 505 4 915 I)	12 Y W	t the	rear of	my cal
ddenly's sov &	preceeding SDS 4	12 Y W	t the	rear of	my car
ddenly's	preceeding SDS 4	12 Y W	t the	rear of	my cal
ddenly's	preceeding SDS 4	12 Y W	t the	rear of	my cal
ddenly's	preceeding 505 4 915 I)	12 Y W	t the s	rear of	my cal
ddenly SEV 8	preceeding SDS 4	12 Y W	t the	rear of	my cal
ddenly's	preceding 505 4 915 I)	12 Y W	t the	rear of	my cal
ddenly SEV 8	preceeding SDS 4	12 Y W	t the	rear of	my cal
ddenly SEV 80	preceeding SDS 4	12 Y W	t the	rear of	my cal
ddenly SEV 80	preceding 505 4 915 I)	12 Y W	t the s	rear of	my cal
ddenly SEV 80	preceeding SDS 4	12 Y W	A The s	rear of	my cal
ddenly SEV 80	preceding 505 4 915 I)	12 Y W	t the s	rear of	my cal

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Timo:

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

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

	_
ACCIDENT DATE: 10-6-20 TIME: /3-30 (hh:mm) 24 hrs Form	nat
OCATION Bounday Road	
Daniel Ran	
PEHICLE NUMBER SSV 8915J	
NSURED NAME Cathuranalon Perma Arunsathuran	
RIC/FIN \$ \$ 3.76 82 3 A CONTACT: 8150 3359	
MODEL CAN C	
re you oldiming under your own insurance policy for repair to your vehicle?	
) Yes, If No, Pls Select : () Third Party () Reporting Only	
NSURANCE COMPANY - FIJD	_
TYPE OF BOLICY () COMPREHENSIVE () THIRD PARTY () TPFT	_
POLICY NUMBER: (N) PV20 18 -0000 8702 - 01	_
A A A A A A A A A A A A A A A A A A A	0
NAME DRIVER: Sathyabath	
Sathyan CONTACT: 87503359	
VRIC/FIN 183 80	
DATE OF BIRTH: 10-5-83	
ORIVING PASS DATE:	
CCOPATION: (VERMALE	
() NO EMA	IL
MAIL ADDRESS: ADDRESS OF DRIVER: BUS 550, Yighen Aug 6, #09-03,	3
ADDRESS OF DRIVER: DIC 3307	
11 + 60 10	
Number Of Passenger Include Driver:	_
Was driver an employee of the Insured's Company? () YES (NO	_
If No Relationship Of The Driver With The insured	ners
(Spouse () Friend () Relative () Children ()	1015
Does The Driver Own Any Other Vehicle? : () YES () NO	
If Ves. Vehicle Registration Number Of Drivers Own Vehicle.	_
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: () Clear () Raining () Dizzing () Others	_
Pand Surface () Others	_
Was Any Foreign Vehicle Involved In This Accident? () YES () NO	
Was Anybody Injured In The Accident? () YES () NO	_
If YES, Injured details :	
	_
Convey By Ambulance: () YES () NO	9.035
Was There Any Video Capture By Car Camera? () YES () NO	ana
Was There Any Video Capture By Car Canter () YES (NO If Yes Attach Police Ro	epo
Police Report Number (if any)	-
Details Of 3rd Party Name / NRIC Contact	_
Veh B SDS 4124 Quek Yul Rong Cheril	_
	_
Veh C	-
Veh C Veh D	
Veh C	

Done

fwd.com.sg





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All attridents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00008702-01 (Comprehensive - Classic Plan)

Car plate number: SGV89151

Your name (As the policyholder): SATHYAPALAN REMA ARUNSATHYAN

Coverage start date: 28/06/2019 Coverage end date: 27/06/2020

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 Index Credit Pte Ltd

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

Issued on: 24/06/2019

Ships

Abhishek Bhatia Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65 4.625 8888 or email us at 100 mart self find com if any details in this Certificate of Insurance need to be changed.

FWD Segapore Pte. Ltd. & Tempert Boulevand. # 18-01 Sunter Tower 4. Sing spore C18986. T. (65) 68-20 88-88. Company Registration No. 20050171274 (wide Feet coming Cooping to 2016 FWD Singspore Pte. Ltd. All Rights Reserve 8.

