

Date In: <b>22/10/2020 18:03</b>	Job description	Date & Time Completed	Done by
Ref No: <b>X/BA/FND2001154614</b>	SAS e-filing		
Veh No: <b>FPH, 2014C</b>	E-mail (by job site, AIG site)		
D.O.A: <b>22/10/2020 1445</b>	I-Motor Claims Form		
(1) <b>TP</b> Reporting Only	I-Motor W/O (With/In OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Witness		

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

TP Manufacturer: ( ) Veh No: **UNKNOWN** 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: YRS ( ) / 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# VHS ( ) / NO ( ) ; Towing Co: ( )

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

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

<b>NA2005624</b>	1) Allt Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Demerit Assessment (\$100)	INC (10)
Contact No:	3) TP Towing Fee	\$130
Damage Part:	4) PT Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TR Re-inspection	\$160
	7) NI + DA + EMRT Survey	
	8) NIUC Additional Services	
	9) NIUC	\$3
	*NIUC Courtesy Car / Tpl Allowance	\$10
	*NIUC Repair Coordination	\$23
	*NIUC Post Repair Inspection	\$3
	*NIUC DV / Collect License Coordination	\$30
	TP (NIUC) / TP (BA INC) against INC	\$30
	10) NIUC 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	22/10/2020 18:03
Date Of Accident	21/10/2020 14:45
Exact Location Of Accident	JUNCTION OF CAIRNHILL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2024C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHERMIN MERCEDES KOH
NRIC No	SXXXX856Z
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96189091
Alternative Phone No	OTHERS-96189091

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO 115 CVT
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2020-00001372
Cover Note Number	

### Driver

Name of Driver	SHERMIN MERCEDES KOH
NRIC No	SXXXX856Z
Date Of Birth	23/10/1987
Occupation	INDOOR
Date Of Driving Pass	26/12/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96189091
Fax Number	
Contact Number	OTHERS_96189091

Address	BLK 628 HOUGANG AVENUE 8 #08-96
Postcode	530628
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201021/2089

#### 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	UNKNOWN
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SHERMIN MERCEDES KOH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH2024C
Were seat belts worn?	
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.:

*Handwritten signature*  
*Handwritten name: Fredi*  
*Handwritten NRIC/FIN No.:*



Date of Accident : 21/10/20 Accident Time: 14 45 (24-HR-FORMAT)

Accident Place : Junction of Cairnhill Road.

Vehicle Reg. No (Car plate No.) : FBH 2024 C Vehicle Make/Model: YAMAHA F150 115 CVT

Insurance Company : FWD SINGAPORE PTB-LTD Policy No. PNMC2020-00001372

Name of Registered Owner : Company / Individual SHERMIN MERCEDES KOH

ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8737856Z  
 Co Contact No: \_\_\_\_\_ Owner's Contact No: 9618 9091

DRIVER'S Name : SHERMIN MERCEDES KOH DRIVER'S NRIC No: S8737856Z

DRIVER'S Date of Birth : 23/11/1987 DRIVER'S License Pass Date 26/12/12

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : BLK 628 HOUGANG AVENUE 8 #08-96 S(530628)

DRIVER'S Contact No./ Alt No. : 1) 9618 9091 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : xdetox32@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01

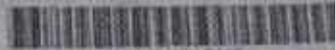
Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SM? Soba?</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Aud: <del>??</del></u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____


**SINGAPORE  
POLICE FORCE**


T/20201021/02098

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No 1800-7359999

Report No. T/20201021/02098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 21/10/2020 16.42	Video Report No.	Station Diary No. 50
---	------------------	-------------------------

**Informant's Particulars**

Name of Informant: SHERMIN MERCEDES KOH		Address: APT.BLK 628 HOUGANG AVENUE 8 #05-96 SINGAPORE 530628	
ID Type / ID No. NRIC NO / S8737856Z		Contact No. Home/Office:	Mobile: 96189091
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 23/11/1987	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name
Occupation: FITNESS INSTRUCTOR		Driving Licence Information: Class: 2B,3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury: Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2020 14:45	Type of Location: X-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passen
FBH2024C	Motorcycle	YAMAHA	FINO 115 CVT	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry
FBH2024C	FWD Singapore Pte. Ltd	PNMC2020- 00001372	04/04/2020	03/04/


**SINGAPORE POLICE FORCE**  
 Police Station Of Origin  
 Orchard N P C  
 51 Killiney Road SINGAPORE 239572  
 Tel No: 1800-7359999

 T/20201021/2065  
 Report No: T/20201021/2065  
 Police Station  
 Orchard N P C  
 51 Killiney Road  
 Tel No: 1800-7359999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b> Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA			
Rider Name	SHERMIN MERCEDES KOH	ID No.	S8737856Z
Related Vehicle	NIL	Contact No.	96189091
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am the above mentioned person residing at the above mentioned address. On 21/10/2020 at about 1445hrs, I was riding my motorbike (FBH2024C) along Cairnhill Road towards Grange Road. I was waiting for the traffic light at the junction of Cairnhill Road, Orchard Road & Grange Road. I was at the front of the road waiting at the third lane from the left. The said lane had a left turn & go straight arrow. I was sharing the lane with a dark coloured car Audi Q5 which was on my right. When the traffic light turned green, I wanted to go straight and starting riding off but the said vehicle turned left in front of me. The said vehicle's left side hit the front of my motorbike. I fell on the road but the said vehicle didn't stop and continued along Orchard Road. There were several passers by and drivers who came to help me. I didn't managed to take down the said vehicle's number but I believe it is "SM75060?". I suffered abrasion on my thigh and shin area and also feel pain on my back and neck. I went to a nearby clinic to get the abrasions cleaned. I have yet to get my back and neck checked at the hospital. I do not have any cam recording. I was in shock and didn't ask the people who helped me if they had any footage of the accident. There were some damages to the left side of my motorbike, my left side mirror and the left handle bar. My phone screen was also cracked in the accident.

**SINGAPORE POLICE FORCE**

Police Station Of Origin  
Orchard N.P.C  
51 Killyney Road SINGAPORE 239572  
Tel No: 1800-7359999

CONTINUATION OF REPORT

Report No: T/20201021/2089

3 of 3

**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 E / Sgt 3 KESAVA RAJ S/O SUPAIAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2020 18.42
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No : 65476079	Classification Of Case:  SN 172
Authentication Stamp NP168	



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER: PNMC2020-00001372**

Plan Name: Third Party

Motorcycle plate number: FBH2024C

Your name (As the policyholder): Shermin Koh

Coverage start date: 04/04/2020

Coverage end date: 03/04/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle 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 ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

---

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

Issued on: 02/04/2020

**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 needs to be changed.