

NATIONAL Assessment Centre Services

Date In: 27/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/FWD 21001296/13	SAS e-filing		
Veh No: SLC432D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/01/21 0815	i-Motor Claim 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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLC5838M	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	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)		26	
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*N5: Courtesy Car / Tp Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idao Mobile 30				
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 Submission	27/01/2021 14:51 (SGT)
Date of Accident	26/01/2021 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC432D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVINDRAN DHINESH
NRIC No	SXXXX455B
Email Address	r_dhinesh@yahoo.com
Mobile Phone No	(Phone) +65-85185765
Alternative Phone No	+65-85185765

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2018-00004044-02
Cover Note Number	-

DRIVER

Name of Driver	RAVINDRAN DHINESH
NRIC No	SXXXX455B
Date Of Birth	04/04/1976
Occupation	Indoor

Date Of Driving Pass	21/08/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85185765
Alt. Phone Number	+65-85185765
Email Address	r_dhinesh@yahoo.com
Address	62 ELIAS ROAD
Address complement	#06-05
Postcode	519939
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210126/7008

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	SLG5838M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EK3436P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAVINDRAN DHINESH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & SHOULDER
Injured person in which vehicle?	SLC432D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan	
	P/E TWDS CHANGI
C	(A) SLC 432D
A	(B) SLG 5838M
B	(C) EK 3436P

Describe Circumstances of the Accident

On 26.01.2021 at about 06:15hrs, I was travelling along PIE Tuds chand (Near Toa Payoh). The traffic was on slow moving. Ahead of me, there's a vehicle slow down and stop, I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. Then I realised a vehicle SL6 5838m had collided onto my rear. Due to the hard impact, my vehicle had moved forward and collided onto EK 3436P. Total 3 vehicles had involved in the accident. That's all.

Declaration

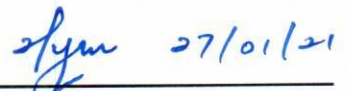
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210126/7008

1 of 3

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

Report No. T/20210126/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 10:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAVINDRAN DHINESH			Address: 62 ELIAS ROAD #06-05 SINGAPORE 519939		
ID Type / ID No.: NRIC NO / S7655455B			Contact No.: Home/Office: Mobile: 85185765		
Nationality: INDIAN			Email: r_dhinesh@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 04/04/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: IT business process consultant/business analyst			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2021 08:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
EK3436P	Car					0
SLC432D	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR LED	Grey		0
SLG5838M	Car					0



**SINGAPORE
POLICE FORCE**



T/20210126/7008

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

Report No. T/20210126/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC432D	FWD Singapore Pte. Ltd	PNPV2018-00004044-02	28/04/2020	27/04/2021
SLG5838M	TOKIO MARINE INSURANCE SINGAPORE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAVINDRAN DHINESH		ID No.	S7655455B
Related Vehicle	SLC432D (Car)		Contact No.	85185765
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

ON STATED TIME & DATE, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT NEAR TOA PAYOH. THE TRAFFIC WAS ON SLOW MOVED. AHEAD OF ME THERE'S A VEHICLE SLOW DOWN AND STOP, I FOLLOW SUIT. WHILE WAITING, ALL OF A SUDDEN I FELT AN HARD IMPACT FROM THE REAR. THEN I REALISED A VEHICLE SLG5838M HAD COLLIDED ONTO MY VEHICLE. DUE TO THE HARD IMPACT, MY VEHICLE WAS MOVED FORWARD AND COLLIDE ONTO EK 3436P. TOTAL 3 VEHICLES WAS INVOLVED. DUE TO THE ACCIDENT, I CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (TOA PAYOH) AND WAS GIVEN 3 DAYS OF MC. THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20210126/7008

3 of 3

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

Report No. T/20210126/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
26/01/2021 10:35

Classification Of Case:

Date of Accident : 26.01.2021 Accident Time: 09:15 (24-HR-Format)

Accident Place : PIE Trd, Changi (Near TRY)

Vehicle. No. (Car Plate No.) : SLC 432D Make/Model: Mazda 6-A-Poor Sedan

Insurance Company : FWD Policy No: PNP2016-00004094 ^{2-5L SP6EAT}

Owner or Company Name /IC No. : Ramndran Dhinesh (S7655455B)

Owner or Company Contact No. : 85185765 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : same as above

DRIVER'S Date Of Birth : 04-04-1976 DRIVER'S License Pass Date 21-08-2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 62 Elia Rd #06-05 S(519939)

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : ☒ INDOOR \ ☐ OUTDOOR (e.g. working inside or outside office)

Email Address : r-dhinesh@yahoo.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): Driver only

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

Any Injury (If YES, Pls state): Neck Back shoulder pain (3 days mc)

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLG 5838M</u>	Vehicle. No: <u>EK 3436P</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



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: PNPV2018-00004044-02 (Comprehensive - Executive Plan)

Car plate number: SLC432D

Your name (As the policyholder): Ravindran Dhinesh

Coverage start date: 28/04/2020

Coverage end date: 27/04/2021

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: UNITED OVERSEAS BANK LTD

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 if any details
in this Certificate of Insurance need to be changed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	455B
Vehicle Details	
Vehicle No.:	SLC432D
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	PY20738137
Chassis No.:	JM6GJ1032G0234340
Maximum Power Output:	141.0 kW (189 bhp)
Open Market Value:	\$25,030.00
Original Registration Date:	28 Apr 2016
First Registration Date:	28 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$27,042.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2026
PARF Rebate Amount:	\$20,281.00
Intended COE Rebate Details	
COE Expiry Date:	27 Apr 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,610.00
COE Rebate Amount:	\$19,916.00
Total Rebate Amount:	\$40,197.00

The information contained herein is correct as at 26 Jan 2021

OK