

NATIONAL Assessment Centre Services. (Part 1 Jan 03)

SN 0921250005 - 0

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 5/2/21 09:50 | Job description | Date & Time Completed | Done by |
| Ref No: MAL FWD 21901715164 | SAS e-filing | | |
| Veh No: SKM 5114J | E-mail (within 2hrs, AIC 2hrs) | | |
| IP: 4/2/21 10:20 | I-Motor Claim Form | | |
| Q1: (IP) Reporting, Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass'l Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel: *

Fax: *

TP Particulars: Veh No: SLH 6361J 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: ()

Remarks: (INC/Non-INC/Other) Date Claim Completed: Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: *

| | |
|---------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |
| Auditors' Comments: | |
| Tel. 1: | |

NA2101414

| | | |
|---|-------------|----|
| 1) AR: Accident Reporting (\$30) | INC (\$40) | 20 |
| 2) DA: Damage Assessment (\$100) | INC (\$40) | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (w/c 10 Jan 2005) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Idao DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| Q1: | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | |
| *NG: Repair Co-ordination | \$10 | |
| *NJ: Post Repair Inspection | \$25 | |
| *NB: DV / Collect Excess Coordination | \$5 | |
| TP (N11): TP (Non INC) against INC | \$20 | |
| 9) N12: Idao 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 Submission | 05/02/2021 09:50 (SGT) |
| Date of Accident | 04/02/2021 10:20 (SGT) |
| Exact Location of Accident | Choa Chu Kang Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKN5114T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | AHMAD FADZLIN BIN JALANI |
| NRIC No | SXXXX341Z |
| Email Address | ASHLEY9567@YAHOO.COM |
| Mobile Phone No | (Phone) +65-87955513 |
| Alternative Phone No | +65-87955513 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 3 |
| 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 | PNPV2020-00012109 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | AHMAD FADZLIN BIN JALANI |
| NRIC No | SXXXX341Z |
| Date Of Birth | 13/09/1985 |
| Occupation | Indoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 03/10/2018 |
| Driving experience | 2 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87955513 |
| Alt. Phone Number | +65-87955513 |
| Email Address | ASHLEY9567@YAHOO.COM |
| Address | BLK 655 SENJA RD #03-278 |
| Address complement | - |
| Postcode | 670655 |
| 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 | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-------------------------------|
| Name | AYA KENZA BINTE AHMAD FADZLIN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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 | SLH6361J |
| 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 | AHMAD FADZLIN BIN JALANI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SKN5114T |
| 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 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 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



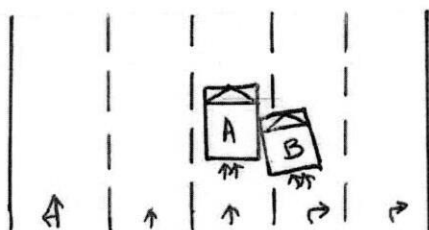
Witnessed by Reporting Centre Personnel

Sketch Plan

Choa Chu Kang Road towards Bukit Panjang Road

Vehicle A: SKN5114T

Vehicle B: SKH6361J



Describe Circumstances of the Accident

Accident Date: 04/02/2021 Time: 10.20 A.M.

I WAS TRAVELLING ALONG CHOA CHU KANG ROAD HEADING TOWARDS BUKIT
PANJANG ROAD AT LANE 3. I WAS DRIVING STRAIGHT. SUDDENLY, I FELT
AN IMPACT ON MY RIGHT SIDE. THE VEHICLE, SLH 6361J, WAS ON THE FIRST
LANE AND HE CHANGED INTO MY LANE WITHOUT SIGNALLING AND HIT MY
PASSENGER RIGHT-HAND DOOR, SKN 5114T. WE EXCHANGED PARTICULARS.

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

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 : SN0921250005 Vehicle Registration No: SKN5114T
Name (as shown in NRIC) : Ahmad Fadzlin Bin Jalani NRIC/FIN/Passport No : SB3313412
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 655 Senja Road #03-278 Singapore (670655)
Contact (Tel) : - Mobile No.: 8795 5513
Email Address : ashley9567@yahoo.com
Date of Accident : 04/02/2021 Time of Accident : 10:20hrs
Place of Accident : Choa Chu Kang Road towards Bukit Panjang Road
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:

I wish to stated that when the accident happen my kid was
in the car. Aya kenza Binte Ahmad Fadzlin (Female



Policyholder / Driver's Signature
Date:



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



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: PNPV2020-00012109 (Comprehensive - Executive Plan)

Car plate number: SKN5114T

Your name (As the policyholder): Ahmad Fadzlin Bin Jalani

Coverage start date: 23/12/2020

Coverage end date: 22/12/2021

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: AUTOTRUST CREDIT PTE LTD

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

Issued on: 22/12/2020

Khor Kee Eng
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.

Date of Accident : 04/02/2021 Accident Time: 1020hrs (24-HR-FORMAT)
Accident Place : Choa Chu Kang Road towards Bukit Panjang Road
Vehicle Reg. No (Car plate No.) : SKN5114T Vehicle Make/Model: Mazda 3
Insurance Company : FWD Policy No. PNPV2020-00012109
Name of Registered Owner : Company / Individual Ahmad Fadzlin Bin Jalani
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S85313412
: Co Contact No: - Owner's Contact No: 87955513
DRIVER'S Name : Ahmad Fadzlin Bin Jalani DRIVER'S NRIC No: S85313412
DRIVER'S Date of Birth : 13 Sep 1985 DRIVER'S License Pass Date 03 Oct 2018
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : APT Blk 655 Senja Road #03-270 Singapore 670655
DRIVER'S Contact No./ Alt No. : 1) 87955513 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : ashlay9567@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): 01 Passenger Name: - Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries YES / NO Injured Name: Ahmad Fadzlin Bin Jalani
Injured Name: -

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>SLT1 6361J</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____ | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |