

NATIONAL Assessment Centre Services.

(Part 1 J30703)

SM09213F0008

Date In: 15/3/21 14:32

Ref No: NA/ FWD 21903346/h4

Veh No: SJC 5290L

DDA: 14/3/21 13:00

DD: (P) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 3hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Acc'l Report by Fax / Hand to Owner/VK32

Date & Time Completed

Done by

Preferred Wkep / INC Assign Wkep / QW: (

TP Particulars:

Veh No: XD 76525.

INC () / Non-INC ()

Tel:

Cover Type: ()

Time:

P: 80-100%

Period: ()

Owner / Driver: ()

Policy No: ()

Confirmed by: ()

Insured/Driver Liability: ()

Year of Registration: ()

Excess: (\$)

Loading: \$1,000 () / \$2,000 ()

Warranty: YES () / NO ()

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: ()

NA2102261

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) ALI: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) PT: Follow-Through Survey (Resurvey)

6) TR: Re-inspection

7) NI: Issue DA + SMRT Survey

8) NTUC Additional Services:

9) NI2: Issue Mobile

Fee Charged

Invoice dated

Fee Charged

Invoice dated

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	15/03/2021 14:32 (SGT)
Date of Accident	14/03/2021 13:00 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC5290L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALVIN ARVIND JAYA RAJ
NRIC No	SXXXX537D
Email Address	ALVINARVIND4@GMAIL.COM
Mobile Phone No	(Phone) +65-94523858
Alternative Phone No	+65-94523858

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	PNPV2020-00010058
Cover Note Number	-

DRIVER

Name of Driver	ALVIN ARVIND JAYA RAJ
NRIC No	SXXXX537D
Date Of Birth	30/06/1989
Occupation	Indoor

Date Of Driving Pass	25/05/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94523858
Alt. Phone Number	+65-94523858
Email Address	ALVINARVIND4@GMAIL.COM
Address	BLK 142 MARSILING RD #02-2098
Address complement	-
Postcode	730142
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	ELLYSYA LEE WEI ZHEN
Gender	Female

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

REFER TO POLICE REPORT T/20210314/7013

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7652S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	ELLYSYA LEE WEI ZHEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	BODY
Injuries Sustained	SJC5290L
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	

INJURED 2

Name of injured person	ALVIN ARVIND JAYA RAJ
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	BODY
Injuries Sustained	SJC5290L
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	


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:

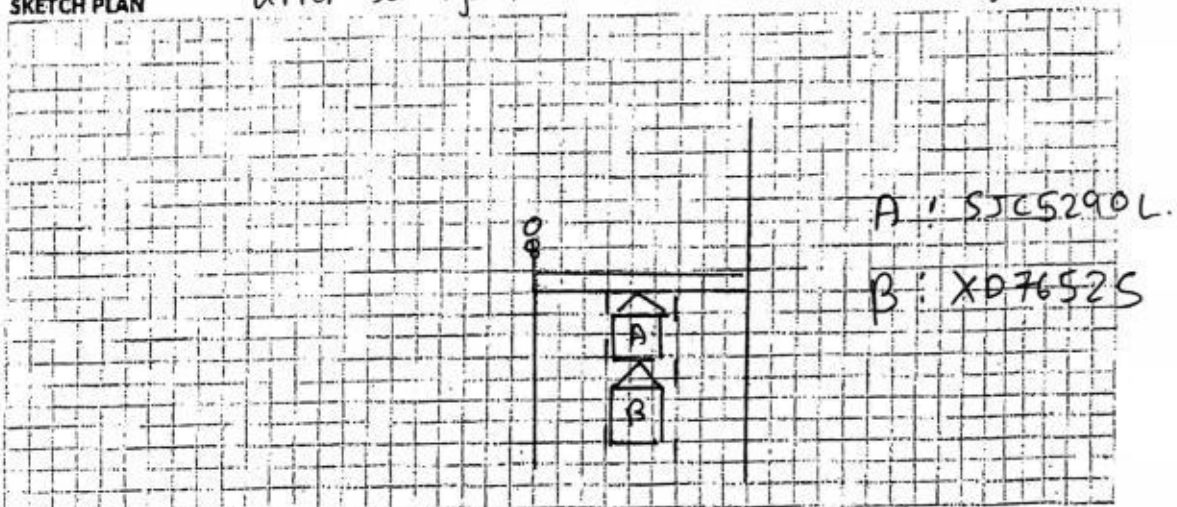
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

upper serangpon rd before woodsville flyover.



I was travelling along upper serangoon rd before woodsville flyover. The traffic light turns red, so I proceed to slow down and stop. Suddenly, I felt an huge impact from the rear of my vehicle. I got down and see, vehicle B had hit onto the rear of my vehicle.

Refer to TP Report

T/20210314/2013

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

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



SINGAPORE POLICE FORCE



T/20210314/7013

1 of 3

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

Report No. T/20210314/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 15:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALVIN ARVIND JAYA RAJ			Address: 142 MARSILING ROAD #02-2098 SINGAPORE 730142		
ID Type / ID No.: NRIC NO / S8921537D			Contact No.: Home/Office: Mobile: 94523858		
Nationality: SINGAPORE CITIZEN			Email: ALVINARVIND4@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 30/06/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Counsellor (family)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2021 13:00	Type of Location: X-Junction
Location: WOODSVILLE TUNNEL				
Weather: Drizzling		Road Surface: Wet		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
SJC5290L	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Beige		0
XD7652S	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210314/7013

2 of 3

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

Report No. T/20210314/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC5290L	FWD Singapore Pte. Ltd	PNPV2020-00010058	17/09/2020	21/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	ELLYSYA LEE WEI ZHEN	ID No.	G0918808N	
Related Vehicle	SJC5290L (Car)	Contact No.	90578176	
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	14/03/2021	Date	14/03/2021	
No. of Days granted Medical Leave	06	Degree of	Slight	
Driver				
Name	ALVIN ARVIND JAYA RAJ	ID No.	S8921537D	
Related Vehicle	SJC5290L (Car)	Contact No.	94523858	
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	14/03/2021	Date	14/03/2021	
No. of Days granted Medical Leave	06	Degree of	Slight	

Brief Details.

I was driving along upper serangoon road towards woodsville flyover. I came to a stop due to red light, suddenly i felt a huge impact came onto the rear of my vehicle. I alight and see my rear portion of my vehicle is badly damage by vehicle no. XD7652S after the accident i went to consult doctor at INTEmedical kovan clinic due to my neck and back aching and was given 6 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20210314/7013

3 of 3

Report No. T/20210314/7013

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
14/03/2021 15:10

Classification Of Case:



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: PNPV2020-00010058 (Comprehensive - Executive Plan)

Car plate number: SJC5290L

Car chassis number: KMHD841CMJU543118

Engine number: G4FGHU620780

Your name (As the policyholder): Alvin Arvind Jaya Raj

Coverage start date: 17/09/2020

Coverage end date: 21/09/2021

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: Standard Chartered Bank (Singapore) Limited

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

Issued on: 10/03/2021

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.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the Individual Insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 11/03/21 (DD/MM/YY) Time: 13 00 (HH:MM)
Exact location of accident	Upper Seang Serangoon rd before woodville flyover.

Details of vehicle

Vehicle registration number	SJC5290L.		
Vehicle make and model	HYUNDAI ELANTRA.		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	FWD.		
Policy number	PNPV2020-00010058.		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	ALVIN ARVIND JAYA RAJ. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S8921537D.		
Contact	9452 3858.		
Address	APT 8K 142 MARILING ROAD. #02-2078-5730 142.		

Driver

Same as insured above ☒ (skip to D.O.B)

Name			
NRIC / Fin / Passport number			
Contact			
Address	alvinarvid4@gmail.com		
Email address	alvinarvid4@gmail.com		
Date of birth	30061989		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Driving date pass	25052009.		

General information of the accident

Was driver an employee of the Insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Self</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>	
No of passenger	<u>2</u>	(Inclusive of driver)

Passenger 1

Name	<u>ALVIN ARVIND JAYA RAS.</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	<u>ELLYSYA.</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	X 0 7652 S.
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
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Witness 2

Name	
------	--

Injured person 1

Name	ALVIN ARVIND JAYA RAJ.
Injuries sustained	BACK AND NECK.
Which vehicle person in?	SJC 5290L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	ELLYS YA
Injuries sustained	BACK AND NECK.
Which vehicle person in?	SJCS 290L.
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>