

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN 092146005-01

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In: 21/4/21 11:10 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FWD21004994/64 | SAS e-filing | | |
| Veh No: SKX9583T | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 20/4/21 09:25 | i-Motor Claim Form | | |
| OD: <u>TP</u> 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: SKP5946D | 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%; IP: 21-79% P: 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: (INC hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
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| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 20 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpl 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: Idas 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 | 21/04/2021 11:10 (SGT) |
| Date of Accident | 20/04/2021 09:25 (SGT) |
| Exact Location of Accident | Elias Mall, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKX9583T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | GOBEE S/O RAMANUJALU |
| NRIC No | SXXXX712A |
| Email Address | GOBEE@SINGNET.COM.SG |
| Mobile Phone No | (Phone) +65-97944025 |
| Alternative Phone No | +65-97944025 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Axio |
| 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 |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNPV2021-00000238 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | GOBEE S/O RAMANUJALU |
| NRIC No | SXXXX712A |

| | |
|--|---|
| Date Of Birth | 19/11/1992 |
| Occupation | Indoor |
| Date Of Driving Pass | 04/02/2014 |
| Driving experience | 7 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97944025 |
| Alt. Phone Number | +65-97944025 |
| Email Address | GOBEE@SINGNET.COM.SG |
| Address | APT BLK 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE |
| Address complement | - |
| Postcode | 310157 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| 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

REFER TO POLICE REPORT T/20210420/7038

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 | SKP5996D |
| 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) | - |

WITNESS DETAILS

WITNESS 1

| | |
|-------|---------|
| Name | CHARLES |
| Phone | - |
| Email | - |

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' law yers/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' law yers/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 law yers/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



Vehicle A: SKX95E3T
Vehicle B: SP5996D

EliasMall


Describe Circumstances of the Accident:

Refer to Police Report No: T/20210420/7038

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 : SN0921460005 Vehicle Registration No: SKX 9583 T
Name(as shown in NRIC) : GOBEE S/O RAMANUSALU NRIC/FIN/Passport No : SXXXX 712A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97 944025
Email Address : GOBEE@SINGNET.COM.SG
Date of Accident : 20/04/2021 Time of Accident : 09:25
Place of Accident : Elias mall
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:

Amend the owner's name to GOBEE S/O RAMANUSALU

Policyholder / Driver's Signature
Date:


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



**SINGAPORE
POLICE FORCE**



T/20210420/7038

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

1 of 3

Report No. T/20210420/7038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 20/04/2021 20:01 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: GOBEE S/O RAMANUJALU | | | Address: 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE 310157 | | |
| ID Type / ID No.: NRIC NO / S2584712A | | | Contact No.: Home/Office: Mobile: 97944025 | | |
| Nationality: MALAYSIAN | | | Email: gobee@singnet.com.sg | | |
| Sex: Male | Age: 60 | Date of Birth: 22/11/1960 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: Logistics Executive | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|---|-------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 20/04/2021 09:20 | Type of Location: Car Park |
| Location: ELIAS ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|------------------------|-------|----------|-------|
| SKP5996D | Car | | | | | 0 |
| SKX9583T | Car | TOYOTA | COROLLA AXIO 1.5X A | Beige | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20210420/7038

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

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Report No: T/20210420/7038

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------------|-------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKX9583T | FWD Singapore Pte. Ltd | PNPV2021-00000238 | 01/01/2021 | 31/12/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | GOBEE S/O RAMANUJALU | | ID No. S2584712A |
| Related Vehicle | SKX9583T (Car) | | Contact No. 97944025 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

ON 20/4/2021 AROUND 0910HRS. I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SKX9583T) PARKED AT THE ELIAS MALL AND I WENT OFF. AT AROUND 0925HRS, I WENT BACK TO MY VEHICLE AND A WITNESS (CHARLES) VEHICLE BEARING NUMBER PLATE (SJP2453K) THAT PARKED BEHIND MY CAR TELLING ME THAT VEHICLE BEARING NUMBER PLATE (SKP5996D) COLLIDED ONTO THE RIGHT SIDE MIRROR OF MY CAR AND DROVE OFF AFTER HALTING FOR AWHILE BUT DIDNT GET OUT THE CAR.



**SINGAPORE
POLICE FORCE**



T/20210420/7038

3 of 3

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

Report No. T/20210420/7038

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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:
20/04/2021 20:01

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: PNPV2021-00000238 (Comprehensive - Classic Plan)

Car plate number: SKX9583T

Your name (As the policyholder): Gobee Ramanujalu

Coverage start date: 01/01/2021

Coverage end date: 31/12/2021

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: DBS Finance Limited

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

Issued on: 15/12/2020

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 : 20/4/2021 Accident Time: 0925hrs (24-HR-FORMAT)

Accident Place : Elias Mall

Vehicle Reg. No (Car plate No.) : SKX9583T Vehicle Make/Model: Toyota Ario

Insurance Company : FWD Policy No. PNPV2021-00000238

Name of Registered Owner : Company / Individual Grobee S/O Ramanujalu

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2584712A
Co Contact No: - Owner's Contact No: 97944025

DRIVER'S Name : Grobee S/O Ramanujalu DRIVER'S NRIC No: S2584712A

DRIVER'S Date of Birth : 23-11-1960 DRIVER'S License Pass Date 01 Aug 1991

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

DRIVER'S Address : APT Bk 157 Lorong 1 Toa Payoh #11-1247 Singapore 30157

DRIVER'S Contact No./ Alt No. : 1) 9794 4025 2) -

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

Email Address : grobee @ singnet . com . sg

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): 0 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: _____
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>SKP5996D</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: _____ |