

REF:

CS/CTI21008804/Aqc

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **SNM21D204465/C02**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: **5** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SMU7116P** Yr Regn: **2020, August.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Shuttle** c.c. **1496**Colour: **Green** A/C: Insured / Std / NI / NASp. Reading: **23248** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GK82103256**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **185/60R15**R: **185/60R15**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / **YOKO** or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **24/08/21**Survey held at **Rico 60**Des. of Damages: Frt / Rear / **O/S** / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP Chinc

25/08/21@4.39pm Informed Billy, we are pending for estimate from repairer.

13/09/21@4.28pm revised to Billy Tan via Merimen.

MV:

PV:

Nett:

LS \$5600, 5 days (Red \$20061.92, 78%)

Date/Time, File Pass to?

☐

Preli. Report

1) 13/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **5**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: **MER-TP**Lump Sum: **5600**

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	11/08/2021 19:22 (SGT)
Date of Accident	10/08/2021 09:40 (SGT)
Exact Location of Accident	Blk 889, Singapore
Additional Location Information	BLK 889 TAMPINES ST 81 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7116P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FAZIDAH BINTE ABDUL RAHIM
NRIC No	S1768712C
Email Address	FAZI_121@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97866465
Alternative Phone No	(Home) +65-97866465

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2020-00000469
Cover Note Number	-

DRIVER

Name of Driver	FAZIDAH BINTE ABDUL RAHIM
NRIC No	S1768712C

Date Of Birth	06/08/1966
Occupation	Indoor
Date Of Driving Pass	08/08/2018
Driving experience	3 YEARS
Gender	Female
Mobile Number	(Phone) +65-97866465
Alt. Phone Number	(Home) +65-97866465
Email Address	FAZI_121@HOTMAIL.COM
Address	938 TAMPINES AVE 5
Address complement	#06-147
Postcode	630938
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ROHAIDAH HARON
Gender	Female

PASSENGER 2

Name	FARIZAH BTE ABD RAHIM
Gender	Female

PASSENGER 3

Name	NOORWATI BTE SENIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

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	SMM9483H
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)	-

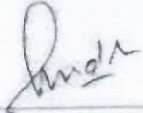
SKETCH PLAN

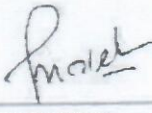
IMPORTANT NOTICE

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:

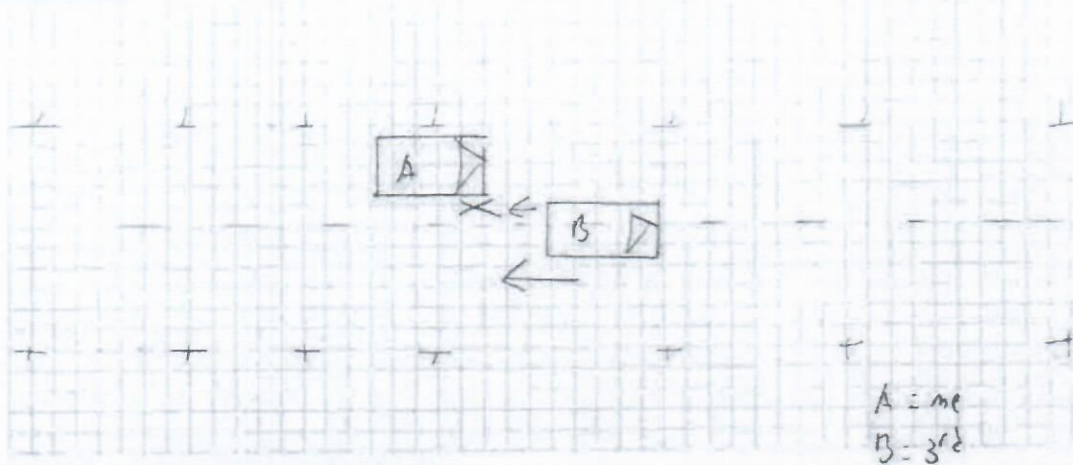
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

 11/8/21
 Policyholder's Signature
 Date & Time:

 11/8/21
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police reports.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

Amol 11/8/21 Amol 11/8/21

Policyholder's Signature
Date & Time:

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

Amol 11/8/21
Reporting Only - Policyholder's Signature
Name:
NRIC/FIN No:



**SINGAPORE
POLICE FORCE**



G/20210811/7004

1 of 2

POLICE REPORT (NP299)

Report No. G/20210811/7004

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 11/08/2021 08:42	Vide Report No.	Station Diary No.
Name Of Informant FAZIDAH BINTE ABDUL RAHIM	Address 938 TAMPINES AVENUE 5 #06-147 SINGAPORE 520938	
ID Type / ID No. NRIC NO / S1768712C	Contact No. Home/Office:	Mobile: 97866465
Nationality SINGAPORE CITIZEN	Email Address fazi_121@hotmail.com	
Occupation Customer service clerk	Sex Female	Age 55
Institution/School Name	Date of Birth 06/08/1966	Race Malay
Date/Time Of Incident 10/08/2021 21:40 - 10/08/2021 22:00	Location Of Incident 938 TAMPINES AVENUE 5 #06-147 SINGAPORE 520938	

Brief details.

On 10Aug 21 @ 9.40pm, I was on the way to drop off my cousins at BLK 889 Tampines St 81. Approaching the destination at the car park suspect car in front of me with registered car plate number SMM 9483H.

I stopped my car and kept a safe distance to allow the suspect to make a move.

When the car reversed to towards my direction I did a long honked to alert the suspect but the suspect failed to stop.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 08:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210811/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210811/7004

The car reversed in slanting manner and hit the side of the my car
Suspect stopped to apologize said that he did not see or hear the car horn,

Suspect details: Albert Teo Kwang Jong

Address : Blk 889 Tampines St 81

#10-1062

P/520889

Ctd : 98524223

Subjects Involved			
Victim			
Person Name	FAZIDAH BINTE ABDUL RAHIM		
ID Type	NRIC NO	ID No	S1768712C
Gender	Female	Age	55
Race	Malay	Language	English
Occupation	Customer service clerk	Address	938 TAMPINES AVENUE 5 #06-147 SINGAPORE 520938
Mobile No	97866465	Is Informant A	Yes
		Victim?	
Person Name	FAZIDAH BINTE ABDUL RAHIM (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	11/08/2021 08:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp