

# NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SL09225A0006

Date In: 10/05/2022 15:24	Job description	Date & Time Completed	Done by
Ref No: X/18A/FWD22004349/Y	SAS e-filing		
Veh No: F8H 158M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/04/2022 07:30	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: GRF 3956S

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:

(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

X/17220/252

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors Comments:

t. 1:

t. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$43

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:

OD\*

\*N5: Courtesy Car / Tpt 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	10/05/2022 15:24 (SGT)
Date of Accident	20/04/2022 07:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH158M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAGARAJAN RAMA ARJUNAN
Passport No/FIN	GXXXX621N
Email Address	arjunaru498@gmail.com
Mobile Phone No	(Phone) +65-98076170
Alternative Phone No	+65-98076170

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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	Motorcycle
Transmission	Manual
CC	153

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00003025
Cover Note Number	-

#### DRIVER

Name of Driver	NAGARAJAN RAMA ARJUNAN
Passport No/FIN	GXXXX621N

Date Of Birth	02/05/1981
Occupation	Outdoor
Date Of Driving Pass	28/04/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98076170
Alt. Phone Number	+65-98076170
Email Address	arjunaru498@gmail.com
Address	BLK 39 JURONG EAST AVENUE 1 #15-07
Address complement	PARC QASIS
Postcode	609776
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?	Yes
Was any other vehicle 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	MIALITON
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220423/2023

#### 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	GBF3956S
Vehicle Manufacturer	Nissan

Vehicle Model	Nv200
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	NAGARAJAN RAMA ARJUNAN
Gender	Male
Phone No	(Phone) +65-98076170
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBH158M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	MIALITON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH158M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## WITNESS DETAILS

### WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-85442798
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' 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.

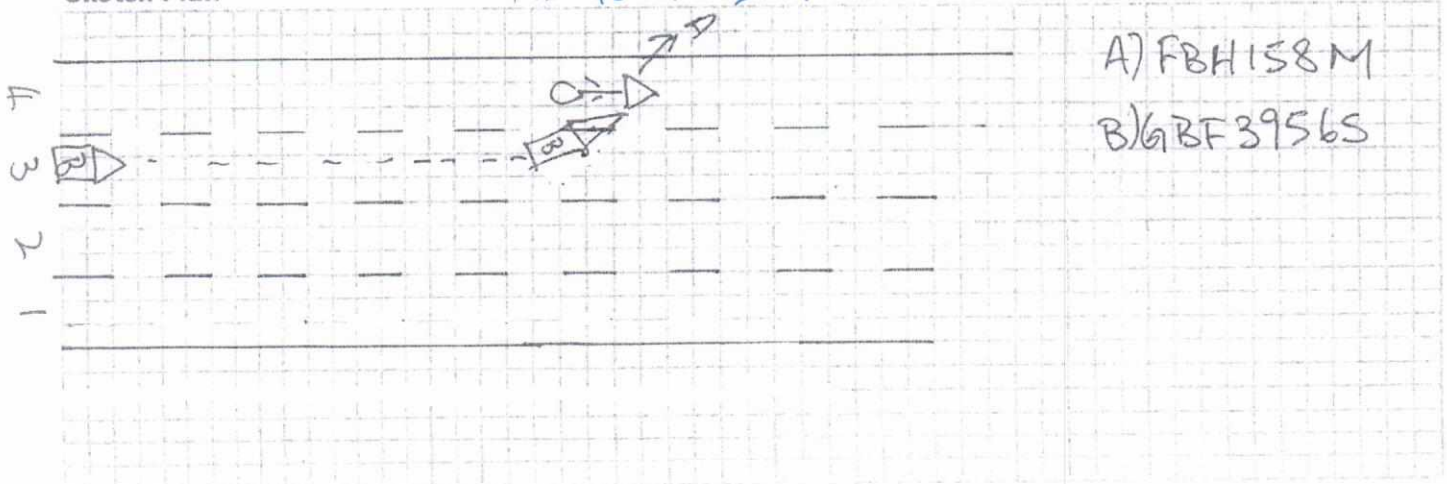
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

PIE TOWARDS TUAL



Describe Circumstances of the Accident

Refer police report  
7/20220423/2023

Declaration

We declare the foregoing particulars are true in every respect.

W. R.

Policyholder's Signature / Date &  
Time

W. R.

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

10/05/2022  
Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20220423/2023

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3  
Report No. T/20220423/2023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2022 10:29	Vide Report No.: E/20220420/0038	Station Diary No.: 48
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### Informant's Particulars

Name of Informant: NAGARAJAN RAMA ARJUNAN			Address: APT BLK 2D JALAN PAPAN #05-37 AVERY LODGE SINGAPORE 619415		
ID Type / ID No.: FIN NO / G7605621N			Contact No.: Home/Office: Mobile: 98076170		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 02/05/1981	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B Date of Expiry: 27/04/2025		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2022 07:30	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 Side			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH158M	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH158M	FWD Singapore Pte. Ltd	PNMC2021- 00003025	11/07/2021	25/09/2022





**SINGAPORE  
POLICE FORCE**



T/20220423/2023

3 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20220423/2023

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /

Other NOOR SHAKILAH BINTE  
HASSIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/04/2022 10:29

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

NP168



5

Date of Accident : 20/04/22 Accident Time: 0730am (24-HR-Format)  
Accident Place : PIE TUAAS  
Vehicle. No. (Car Plate No.) : FBH158M Make/Model: PNM 2021-00003025  
Insurance Company : FWD Policy No: PNM 2021-00003025  
Owner or Company Name / IC No. : NAGARTAN RAMA ARJUNAN  
Owner or Company Contact No. : Owner's Hp 9807670 Company Tel  
DRIVER'S Name / IC No. : NAGARTAN RAMA ARJUNAN  
DRIVER'S Date Of Birth : 02/05/1981 DRIVER'S License Pass Date 28/08/2010  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : BIK 39 JURONG EAST AVE 1 PARC OASIS  
SIPORE 6097767  
DRIVER'S Contact No./ Alt No. : 1) 9807670 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : arjunara498@gmail.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): 02  
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): NAGARTAN RAMA ARJUNAN / mialiton

**Other Party Driver's Particular (if any)**

Vehicle. No: GBF3956S	Vehicle. No: _____
Vehicle Make/Model: NV 200	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

mialiton (M)



## Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

Policy number: PNMC2021-00003025

Plan name: Third Party

Motorcycle plate number: FBH158M

Your name (As the policyholder): Nagarajan Rama Arjunan

Coverage start date: 11/07/2021

Coverage end date: 25/09/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

## Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle 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 ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

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

Issued on: 09/07/2021



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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](mailto:contact.sg@fwd.com) if any details in  
this Certificate of Insurance needs to be changed.