

NATIONAL Assessment Centre Services

Date: 19/04/2023

Ref No NA/PWD23004057/d4

Veh No SNC 3985G

DOA 13/04/2023 15:22

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 2hrs, Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

JTD 9088.

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Title:

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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:

(INC Hotline: 6788 6610)

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

NA2301136

Invoice Preparation Checklist

Amf (\$)

Amf

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

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

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idau DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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: Idau Mobile \$30

Invoice dated / Fee Charged

Invoice dated / Fee Charged

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call 1:

Call 2/3:



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 Actual 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	19/04/2023 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/04/2023 15:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM (TUAS CHECKPOINT COMPLEX)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3985G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	SXXXX261I
Email Address	nice1karthik@gmail.com
Mobile Phone No	(Phone) +65-98336626
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004065

DRIVER

Name of Driver	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	SXXXX261I

Date Of Driving Pass	25/10/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98336626
Alt. Phone Number	-
Email Address	nice1karthik@gmail.com
Address	BLK 8 KENG CHIN ROAD
Address complement	# 12-15
Postcode	258710
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	Side Swipe
Weather Conditions	Clear
Road Surface	OILY

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTD9088
Vehicle Category	Private car

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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230418/7046

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JTD9088
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver NG BOON HAW
Passport No/FIN AXXXX1011
Contact Number (Phone) +60-167013117
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 5

PASSENGER 1

Name UNKNOWN
Gender Male

PASSENGER 2

Name UNKNOWN
Gender Male

PASSENGER 3

Name UNKNOWN
Gender Female

PASSENGER 4

Name UNKNOWN
Gender Female

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

Boo Joo
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan Jalan Ahmad Ibrahim (Tuas checkpoint complex)

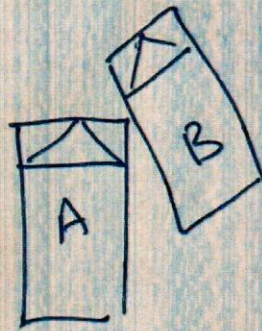
A - SNC 39854

B - J 70 41088

See Attached Copy.

Attached Copy sketch Plan

Jalan Ahmad Ibrahim
(Tuas Checkpoint Complex)



(A) SNC 3985 G

(B) JTD 9088

Describe Circumstance of the Accident

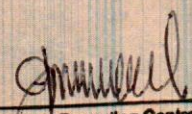
Refer To Police Report No: T/20230418/7046

Declaration

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


Policyholder's Signature / Date & Time

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

 19/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230418/7046

1 of 3

Report No. T/20230418/7046

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 14:41

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: KARTHIKESHAVAN S/O GOVINDAN		Address: 8 KENG CHIN ROAD #12-15 SINGAPORE 258710	
ID Type / ID No.: NRIC NO / S7621261I		Contact No.: Home/Office: Mobile: 98336626	
Nationality: SINGAPORE CITIZEN		Email: NICE1KARTHIK@GMAIL.COM	
Sex: Male	Age: 46	Date of Birth: 21/07/1976	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Business consultant		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/04/2023 15:22	Type of Location: Bend
Location: JALAN AHMAD IBRAHIM				
Weather:		Road Surface: Oily		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTD9088	Car	HYUNDAI	STAREX	White	Slightly Damaged	0
SNC3985G	Car		mercedes benz	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230418/7046

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

2 of 3

Report No. T/20230418/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JTD9088	AIG MALAYSIA INSURANCE BERHAD	5853982	31/12/2022	30/12/2023
SNC3985G	FWD Singapore Pte. Ltd	PNPV2022-00004065	28/10/2022	27/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SNC3985G (Car)	Contact No.	NIL
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
Driver			
Name	KARTHIKESHAVAN S/O GOVINDAN	ID No.	S76212611
Related Vehicle	SNC3985G (Car)	Contact No.	98336626
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.

At the location of TUAS Checkpoint Complex entering Singapore from Johor, I was in my car, vehicle registration number SNC3985G moving slowly. There was heavy traffic with many cars like mine. Suddenly the white car on my right, Malaysian vehicle registration number JTD9088 squeezed into the front of my car. I horned and the car still continued to move and damaged my car. His signal light was not turned on either. The driver's name is Ng Boon Haw. His passport number is A57091011 and I.D. number is 760405017233. His Malaysian mobile number +60167013117. According to the documents that he sent to me, he is employed with GJ TRANSPORT AGENCY (JM0764515-M) address at, 32 Jalan Rebab 14, Taman Desa Tebrau 81100 Johor Bahru. Company contact numbers are, +60197748709 and +60167013117. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20230418/7046

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

3 of 3

Report No. T/20230418/7046

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

This report is lodged at Bukit Timah NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
18/04/2023 14:41

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/4/23 (DD/MM/YYYY), TIME: 15.22 (HH:MM)

LOCATION: Jalan Ahmad Ibrahim (Tuas Checkpoint Complex)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SNC 3985 G

b) INSURANCE COMPANY: FWD Insurance

c) POLICY NUMBER: PNPV2022-00004065

d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Mercedes-Benz C180 AUTO / MANUAL

f) TYPE: COUPE SALOON / MPV / VAN / LORRY / MOTORCYCLE / OTHERS

g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: for use

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: Karthikeshwaran s/o Govindan (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S7621261-I CONTACT: 98336626

c) ADDRESS: 8 Keng Chin Rd #12-15
S 258710

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: As Above (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* d) DATE OF BIRTH: 21/7/1976 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 25/10/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS Oil

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: JD 9088 MODEL: HYUNDAI STAREX

b) DRIVER'S NAME: NG BOON HAN

c) NRIC/FIN/PASSPORT: A57091011 CONTACT: 60167013117

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = NICE1KARTHIK@GMAIL.COM

Phone =

Address =

Certificate of Insurance

Please call +65-8322-2072 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: PNPV2022-00004065 (Comprehensive - Executive Plan)

Car plate number: SMC3985G

Your name (As the policyholder): Karthik

Coverage start date: 28/10/2022

Coverage end date: 27/10/2023

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:

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

Issued on: 03/10/2022



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-8320-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.