

**Notes :**

- (i) Please ✓ flowchart A if your total amount claimed against the other party's Insurer/ Financial Institution ("FI") (ie. Third Party Claim) under the motor insurance is below S\$3,000 and there is no bodily injury involved.
- (ii) Please ✓ flowchart B if your total amount claimed against the other party's Insurer/FI under a motor insurance is S\$3,000 or more or your claim does not fall within the ambit of (i) above.

[Select only 1 flowchart]

**Flowchart A**

( )  
1) Motor claim whereby the claim quantum is below S\$3,000 & does not involve bodily injury

My claim is  
S\$.....

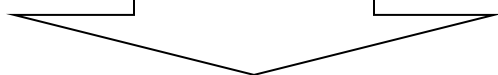


Within FIDReC-NIMA Scheme

(A)  
.....  
dd/mm/yyyy

6 weeks after date of receipt of letter of claim by Insurer/ FI

Served notice to Insurer/ FI about this complaint filed at FIDReC on



(B)  
.....  
dd/mm/yyyy

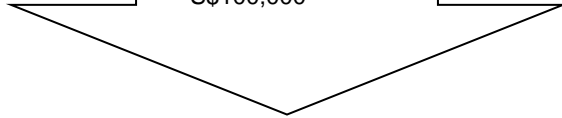
10 days after serving the notice

FIDReC to take on your complaint after this date

(C)  
.....  
dd/mm/yyyy

**Flowchart B**

( )  
1) Motor Claim whereby the claim involves bodily injury &/ or the claim quantum is S\$3,000 or more  
**OR**  
2) Any non-motor claim whereby the claim limit is up to S\$100,000



My claim is  
S\$.....



Not within FIDReC-NIMA Scheme

4 weeks after complaint filed with Insurer/ FI

(A)  
.....  
dd/mm/yyyy

FIDReC to take on your complaint after this date

### Important Information

1. A FIDReC-NIMA claim is a claim falling within the Pre-action Protocol for Non-injury Motor Accident Cases (Appendix C of the State Courts Practice Directions) ("FIDReC-NIMA Protocol")\*.
2. Please complete this Dispute Resolution Form ("DRF") carefully and include all relevant information and details. In the event that your claim proceeds to adjudication, this DRF, together with relevant documents, would be given to the Insurer/ FI as part of the First Exchange of documents.
3. The acceptance of this DRF does not constitute the acceptance of your complaint/ dispute for handling by FIDReC. FIDReC reserves the right not to handle your complaint/ dispute.
4. Please do not submit the originals of your documents to FIDReC. You should only provide FIDReC with photocopies of the documents supporting your complaint. FIDReC will not be responsible for the loss of any original documents if you provide such original documents to FIDReC.

#### 1. Pre-Repair Inspection

- a. In accordance with the FIDReC-NIMA Scheme, the Claimant/ Complainant has to notify the Insurer/FI of the accident and give the Insurer/FI the opportunity to inspect the damaged vehicle during the next two (2) working days (excluding Saturdays, Sundays and public holidays) following the notification.
- b. Please note that failure to comply with paragraph 1a above may result in the consequences set out under section 17 of the FIDReC-NIMA Protocol\*.

#### 2. Case Fees

- a. No case fees will be charged if the claim is resolved at the mediation stage.
- b. If the case is not a FIDReC-NIMA claim and proceeds to the adjudication stage, a non-refundable fee of S\$50 per claim is payable by the Claimant/ Complainant.
- c. If the case is a FIDReC-NIMA claim and proceeds to the adjudication stage:-
  - (i) A fee of S\$250 per claim is payable by the Claimant/ Complainant.
  - (ii) Subject to the condition set out at paragraph 2c(iii) below, a refund of S\$200 per claim may be made to the Claimant/ Complainant after the adjudication of the case is completed. In determining whether any refund will be made and if so, to which party, the Adjudicator will take into account FIDReC's prevailing Refund Rules\*\* as well as the conduct of the parties and the parties' compliance with FIDReC's processes and procedures. The decision of the Adjudicator in this regard is final and binding on both the Claimant and the Insurer/FI.
  - (iii) Where the Claimant/ Complainant fails to comply with any of the directions in the FIDReC-NIMA Protocol\* and/or any of the terms and conditions of FIDReC's prevailing Terms of Reference and/or any of FIDReC's processes, the refund set out at paragraph 2c(ii) may not be made.

\* A copy is available upon request. It can also be obtained from the State Courts website at [www.statecourts.gov.sg](http://www.statecourts.gov.sg).

\*\* A copy is available upon request. It can also be obtained from the FIDReC website at [www.fidrec.com.sg](http://www.fidrec.com.sg).



Financial Industry Disputes Resolution Centre Ltd  
Company Reg No. 200502125D GST Reg No. 200502125D

**DISPUTE RESOLUTION FORM**  
**(For Claims against General Insurers Only)**

**To : FINANCIAL INDUSTRY DISPUTES RESOLUTION CENTRE LTD (FIDReC)**

- I. I have referred / not referred\* my complaint to the insurance company concerned and have not obtained a resolution to my satisfaction. (\*Please delete where appropriate) [compulsory input]
- II. I understand that FIDReC's Adjudication awards will be below S\$3,000 for FIDReC-NIMA claims.
- III. I am aware that FIDReC's Adjudication awards are limited to S\$100,000 for all claims other than FIDReC-NIMA claims under paragraph II above. Notwithstanding, I understand that I can refer a dispute of a larger sum to FIDReC, provided I agree to reduce my claim to S\$100,000.
- IV. I acknowledge that the completion and submission of this Dispute Resolution Form (DRF) to FIDReC and/or the acceptance of this DRF by FIDReC does not mean that FIDReC will handle my complaint. FIDReC will assess my complaint and may, depending on the facts, inform me that FIDReC is unable to handle my complaint.

**Part 1 : Details of Claimant/ Complainant**

<b>Claimant/ Complainant (Dr/Mr/Mrs/Miss/Mdm/Ms)</b> <span style="color: red;">[compulsory input]</span>	<b>NRIC No. / Passport No.</b> <span style="color: red;">[compulsory input]</span>	
Name as shown in NRIC	<b>Nationality</b> <span style="color: red;">[compulsory input]</span>	
<b>Occupation, Name of Employer &amp; Designation</b> <span style="color: red;">[compulsory input]</span>		
<b>Language proficiency</b> <span style="color: red;">[input at least 1 language]</span>		
(1)	(2)	
(3) Others, please specify :		
<b>Highest Education</b> <span style="color: red;">[compulsory input]</span>	<b>Date of Birth</b> <span style="color: red;">[compulsory input]</span>	
<b>E-mail*:</b>	<b>Preferred mode of communication** :</b> (delete where applicable) Post / E-mail / Telephone / others  ..... please specify  **This is only a request and FIDReC remains entitled to communicate with the Complainant through any of the stated contact details.	
<b>Correspondence Address* <span style="color: red;">[compulsory input]</span></b>		
<b>Contact Number* <span style="color: red;">[input at least 1 contact number]</span></b>		
(R)	(O)	(HP)
<i>*Please note that all communications made to and from the stated contact details will be deemed communications with the Complainant. FIDReC shall make no further attempts to verify the identity of the sender(s) / recipient(s) of the said communications.</i>		

Address : 36 Robinson Road #15-01 City House Singapore 068877  
Tel : 6327 8878 Fax: 6327 1089 Website : <http://www.fidrec.com.sg>

**Part 2 : My complaint is against**

Please ✓ where appropriate. [compulsory input- tick only 1 option]

- ( ) Own Insurance Company (please complete Parts 3 and 5B)
- ( ) Another Insurance Company (please complete Parts 4, 5A (where applicable) and 5B)

**Please specify the Insurer/FI that you are complaining against** [compulsory input]

If your complaint is against another insurance company, please go to Parts 4, 5A (where applicable) and 5B.

**Part 3 : My complaint relates to the following product(s)**

<b>( ✓ ) INSURANCE PRODUCT</b>		
<b>General Insurance Policy# :</b> ( G1 ) Accident & Health ( G5 ) Motor Insurance (please complete Part 5A) ( G2 ) Fire & Property Insurance ( G6 ) Workmen Compensation ( G3 ) Liability Insurance ( G7 ) Others, please specify ( G4 ) Marine Insurance		
<b>Name of Insured / Name of Life Insured (if different)</b> <small>[compulsory input]</small>	<b>Policy Number / Certificate Number</b> <small>[compulsory input]</small>	<b># Insurance Product Type</b> <small>[compulsory input]</small>
<b>Plan Name :</b>	<b>Coverage Type :</b> *Third Party Motor Insurance / Comprehensive Motor Insurance / Others, please specify :  (*Please delete where appropriate)	
<b>Salesperson :</b>		

**Part 4 : My complaint is against ANOTHER INSURANCE COMPANY - Details of Third Party**

<b>Name of third party &amp;/ or Vehicle Number</b> <small>[compulsory input]</small>	<b>Type of claims (Eg. Motor Claim, Construction Claim, etc)</b>
<p>( ) <b>Motor workshop involvement in the case</b></p> <p>Name of Motor Workshop : .....</p> <p>Address : .....</p> <p>.....</p> <p>Tel No. : ..... E-mail : .....</p>	

**Policy Type (For Official Use Only)**

<input type="checkbox"/> Accident & Health <input type="checkbox"/> Fire & Property Insurance <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Marine Insurance	<input type="checkbox"/> Motor Insurance (please complete Part 5A) <input type="checkbox"/> Workmen Compensation <input type="checkbox"/> Others, please specify .....
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**Part 5A : Motor Accident Details**

<b>Claimant's / Complainant's Vehicle Number</b> <small>[compulsory input]</small>	<b>Make &amp; Model :</b>
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<b>Date of accident</b> <small>[compulsory input]</small>  (dd/mm/yyyy)	<b>Time</b> <small>[compulsory input]</small>  AM / PM	<b>Accident Location</b> <small>[compulsory input]</small>
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(Please ✓ where appropriate) <b>Weather condition :</b> <input type="checkbox"/> Cloudy <input type="checkbox"/> Drizzling <input type="checkbox"/> Rainy <input type="checkbox"/> Sunny <input type="checkbox"/> Hazy	(Please ✓ where appropriate) <b>Road condition :</b> <input type="checkbox"/> Dry <input type="checkbox"/> Moderate <input type="checkbox"/> Wet <b>Visibility :</b> <input type="checkbox"/> Clear <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <b>Street lighting :</b> <input type="checkbox"/> Bright <input type="checkbox"/> Moderate <input type="checkbox"/> Dim	(Please ✓ where appropriate) <b>Traffic condition :</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <b>Traffic controlled junction :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, traffic light :</b> <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red
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<b>Speed of your vehicle:</b>  Km/h	<b>Speed limit for road:</b>  Km/h
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<b>Name of Witnesses &amp; Contact Numbers :</b>	<b>Is the witness related to the Claimant/ Complainant or Claimant's / Complainant's authorised driver?</b>
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1.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please state relationship ..... ..... ..... .....
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2.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please state relationship ..... ..... ..... .....
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- ✓ I agree and authorise FIDReC to provide copies of this Dispute Resolution Form and all supporting documents to the Insurer/ FI for their investigation. I also authorise the Insurer/ FI to release such information as may be required by FIDReC to process this complaint.
- ✓ I agree and consent that in the event that my claim proceeds to adjudication, this Dispute Resolution Form, together with the supporting documents which I submitted to FIDReC will be given to the Insurer/ FI as part of the First Exchange of documents.
- ✓ I confirm that I have read, understood and agree to ALL the Terms of Use<sup>^</sup> and the Obligation of Confidentiality<sup>^</sup> relating to the use of this Dispute Resolution Form as set out on FIDReC's website at <http://fidrec.com.sg/website/termsfuseANDooc.html>.

^ A copy is also available upon request.

**(Where there are two (2) or more owners / complainants for the product/ investment complained against, ALL owners/ complainants MUST sign on every page of this document.)**

.....  
Signature(s) and Date\*\*

Name(s) :

NRIC/ Passport of All person(s) signing :

**\*\* Where the Eligible Complainant has chosen to submit this Original Dispute Resolution Form by post, the Eligible Complainant will be required to attend at the Complaints Centre (at such time as scheduled and notified by FIDReC) for the purpose of verifying his/her identity. The Eligible Complainant will be required to produce his/her Identification Card and attend a short interview.**

Otherwise, the Eligible Complainant may choose to submit this form in person at the Complaints Centre, and sign the form before an officer of FIDReC.

**(The section below is only applicable if the Eligible Complainant is not resident in Singapore and wishes to submit this Original Dispute Resolution Form by post)**

Witnessed by OR in the presence of and attested by\*\*\*:

Seal, Signature and Date

Name :

Title :

**\*\*\* Where the Eligible Complainant is not resident in Singapore and he/she does not sign at FIDReC's office before an officer from FIDReC, this form must be signed before and witnessed by a Notary Public or such person authorised to administer oaths in the country of signing, and then sent by post to FIDReC.**