

NATIONAL Assessment Centre Services

(not a form)

NA49/03264

Date In: 06/08/2019 15:39	Job description	Date & Time Completed	Done by
Ref No: NA49/03264	SAS e-filing		
Veh No: SUN 585R	E-mail (within 4hrs, ATC 2hrs)		
D.O.A: 05/08/2019 19:35	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / MNC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SGT 955A

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 repair.

() 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:

NA49/06016

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

Cal. 2/3:

1 / 1 d

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100)
- 3) TF: Towing Fee
- 4) FT: Follow-Through Survey
- 5) FT: Follow-Through Survey (Resurvey)
- 6) TR: Re-inspection
- 7) NI: Issue DA + SMRT Survey
- 8) NTUC Additional Services
- 9) NI2: Issue Mobile

Am (\$)

Am (\$)

Invoice dated

Pen Charged

Fee Charged

07-MAY-2019 16:39

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 Report	06/08/2019 15:59
Date Of Accident	05/08/2019 14:55
Exact Location Of Accident	JUNCTION OF EUNOS LINK/BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5895R
Insured/Policyholder	
Name Of Registered Owner	MAK WAI ONN
NRIC No	S7025791B
Email Address	WOMAK365@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97831511
Alternative Phone No	OTHERS-97831511

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE-1.5 D (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000041-01
Cover Note Number	

Driver

Name of Driver	MAK WAI ONN
NRIC No	S7025791B
Date Of Birth	30/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2008
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97831511
Fax Number	
Contact Number	OTHERS-97831511
Email Address	WOMAK365@GMAIL.COM

Address	BLK 428A YISHUN AVENUE 1 #03-150
Postcode	761428
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190806/7005

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	SLJ955A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MAK WAI ONN
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLM5895R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



Policyholder's Signature
Date & Time:

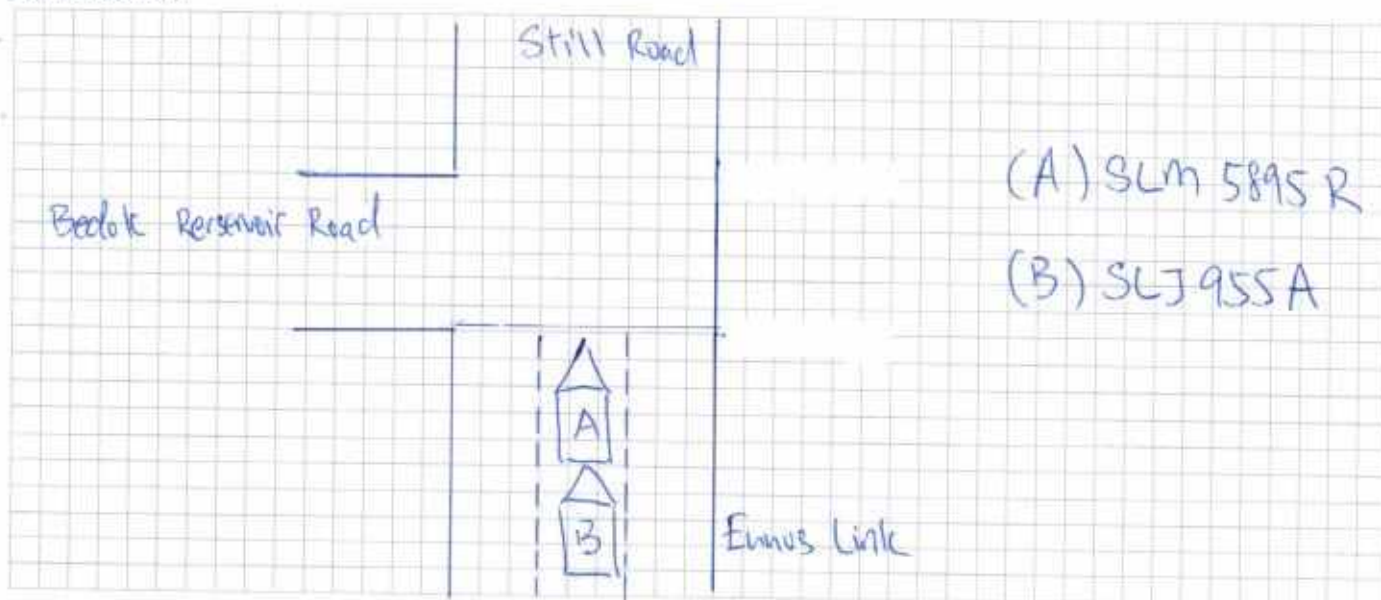


Driver's Signature
(If driver is not the policyholder)
Date & Time:



06/08/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ennus Link towards Still Road, upon reaching the junction of Bedok Reservoir Road, I slowed down and stopped my vehicle because the traffic light turned Red. After a few seconds, I felt an great impact from the rear. I alighted and realised vehicle B could not stop in time and collided onto my vehicle.

Police Report 7/20190806/7005

DECLARATION

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

Wair

Policyholder's Signature
Date & Time:

Wair

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

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



SINGAPORE POLICE FORCE



T/20190806/7005

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

1 of 3

Report No. T/20190806/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2019 12:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAK WAI ONN			Address: APT BLK 428A YISHUN AVENUE 11 #03-150 SINGAPORE 761428		
ID Type / ID No.: NRIC NO / S7025791B			Contact No.: Home/Office: Mobile: 97831511		
Nationality: SINGAPORE CITIZEN			Email: womak365@gmail.com		
Sex: Male	Age: 49	Date of Birth: 30/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Production engineering technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2019 14:55	Type of Location: Straight Road
Location: EUNOS LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ955A	Car					0
SLM5895R	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190806/7005

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

2 of 3

Report No. T/20190806/7005

CONTINUATION OF REPORT

Driver			
Name	MAK WAI ONN	ID No.	S7025791B
Related Vehicle	SLM5895R (Car)	Contact No.	97831511
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2019	Date Discharge	06/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 5th August 2019 at about 14:55hrs, I was travelling along Eunos Link towards Still Road, upon reaching the junction of Bedok Reservoir Road, I slowed down and stopped my vehicle because the traffic light turned red. After a few seconds, I felt a great impact from the rear. I alighted and realised vehicle SLJ955A could not stop in time and collided onto my vehicle.

I went to Finest Health Medical Clinic the next day as I am feeling uncomfortable, pain, and restricted neck movement. I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190806/7005

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

3 of 3

Report No. T/20190806/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
06/08/2019 12:08

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 05.08.2019	TIME: 14.55hrs	(hh:mm) 24 hrs Format
LOCATION: Junction of Ennis Link & Bedok Reservoir Rd		
VEHICLE NUMBER: SLM 5895R		
INSURED NAME: Mak Hai Ann		
NRIC / FIN: S7025791B	CONTACT: 9783 1511	
MAKE: Renault Fluence	MODEL: 1.5	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: FWD		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: PNCV 2018-0000041-01		
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN: S7025791B	CONTACT: 9783 1511	
DATE OF BIRTH: 30.01.1970		
DRIVING PASS DATE: 06.06.2006		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: wongk305@gmail.com	() NO EMAIL	
ADDRESS OF DRIVER: 428A Yishun Ave 11 #03-150 S(761428)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle:		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details: Neck Back Pain		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)
Veh B: SLJ 957H	(m s16)	() / Not Sure ()
Veh C:		() / Not Sure ()
Veh D:		() / Not Sure ()
Veh E:		() / Not Sure ()
Veh F:		() / Not Sure ()
Veh G:		() / Not Sure ()

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7025791B





MAK WAI ONN

麥偉安

Race

CHINESE

Date of birth

30-07-1970

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

S7025791B

4817357





NRIC No. S7025791B

For LKK/NAC Use Only

Date of issue

07-01-2012

APT BLK 428A YISHUN AVENUE 11 #03-150

SINGAPORE 761428

NRIC No: S7025791B

Date: 02/04/2018

Land Transport Authority



VOCATIONAL LICENCE
 Licence No : S7025791B
 Name : MAK WAI ONN
For LKK/NAC Use Only




PDVL/TDVL
 33 888 8888
 283864

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/05/2018

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7025791B**
Name: **MAK WAI ONN**

For LKK/NAC Use Only

Birth Date: **30 Jul 1970**
Issue Date: **19 Mar 2012**

 002052167J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **06 Jun 2006**

For LKK/NAC Use Only



NP 428A



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: PNCV2018-00000041-01

Car plate number : SLM5895R

Coverage start date: 31/03/2019

Coverage end date: 30/03/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Mak Wai Onn

NRIC/FIN: S7025791B

Address: 38 Ah Hood Road 04-05 Casa Fortuna Singapore 329981

Email: johnmak365@gmail.com

Mobile Number: 97831511

Date of Birth: 30/07/1970

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

Company Name: Jobsyun

ACRA Number: 53357074C

About your car and policy

Car make and model: RENAULT FLUENCE 1.5

Year of first registration: 2017

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$2,173.22

Finance company: UOB Limited