

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA201113**

Date In: <b>24/12-09:41</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/201113/001984/24</b>	SAS e-filing		
Veh No: <b>2452193</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>24/12-17:45</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>WD3W3C</b>	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% P: 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

<b>NA201113</b>	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int. Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1*			
	*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 (N-on INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:	Invoice dated	Fee Charged		
Dat. 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 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	05/02/2020 09:41
Date Of Accident	02/02/2020 17:45
Exact Location Of Accident	JUNC OPHIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5219B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAX SIM JIA LIANG
NRIC No	SXXXX484F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199940
Alternative Phone No	OFFICE-98199940

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	PNPV2020-00000251
Cover Note Number	

### Driver

Name of Driver	LIN LIYING
NRIC No	SXXXX465D
Date Of Birth	26/11/1989
Occupation	INDOOR
Date Of Driving Pass	26/04/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98199940
Fax Number	
Contact Number	OFFICE-98199940
Email Address	NOEMAIL

Address	BLK 602 ANG MO KIO AVENUE 5 #05-2645
Postcode	560602
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	4
Passenger 1	NAME: : MAX SIM JIA LIANG GENDER: : MALE
Passenger 2	NAME: : YU XI GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### 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

REFER TO POLICE REPORT - T/20200204/7022.

#### 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	WD3243C
Vehicle Make/Model/Colour	

## Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KRISHNA MOOLTHY RAJASEKARAN
NRIC/Passport Number	GXXXX775K
Contact Number	85353124
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LIN LIYING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU5219B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	MAX SIM JIA LIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU5219B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	YU XI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU5219B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

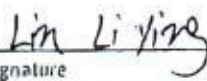
### IMPORTANT NOTICE

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:

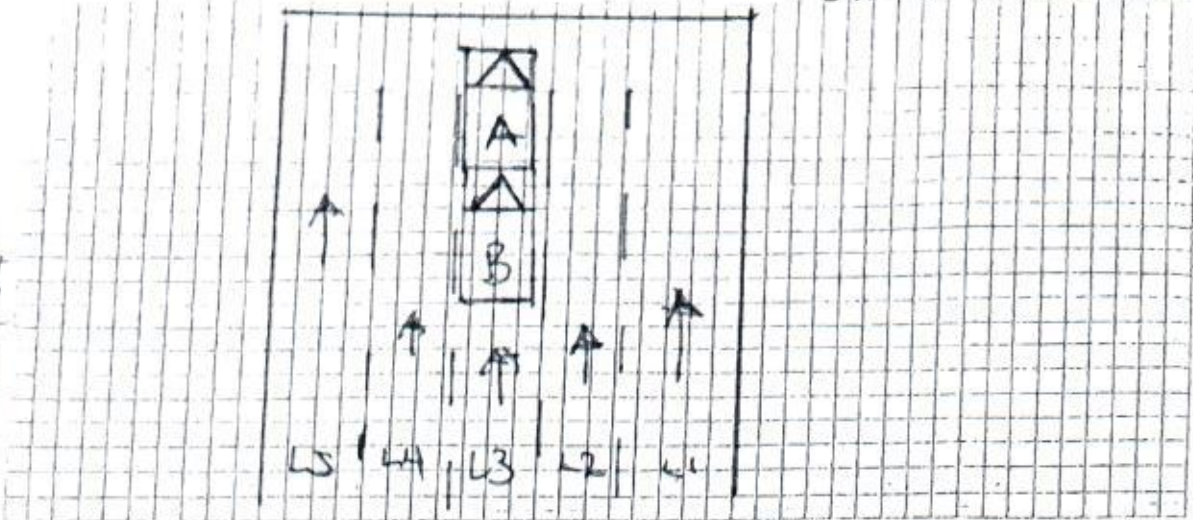
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

CAR A : SLW 5219B  
CAR B : WD 3243C

ALONG VICTORIA STREET  
JUNCTION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON SATURDAY TIME AND DATE .

I WAS TRAVELLING ON MY VEHICLE NUMBER  
SLW 5219B ALONG VICTORIA STREET WHEN I  
WAS NEAR TO JUNCTION DUE TO TRAFFIC HAD  
CHANGE AMBER TO RED, I STOP IN FRONT OF  
THE JUNCTION AND STATIONARY, SUDDENLY I FELT  
A HUGE IMPACT FROM THE REAR, I ALIQUATED  
FROM MY VEHICLE THEN I REALISE VEHICLE BEARING  
WD 3243C HAD COLLIDED ON MY VEHICLE REAR.  
WE BOTH DRIVEL ~~EXCHANGE~~ PARTICULARS AND  
AGREED TO PROCEED FOR INSURANCE CLAIM.

DECLARATION

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

Policyholder's Signature  
Date & Time:

ALFRED GARDEN/PLANT/STREET

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

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



Date of Accident: 2/2/2020 Accident Time: 1745 (24-HR-Format)  
 Accident Place: ALNH VICTORIA STREET JUNCTION  
 Vehicle Reg. No. (Car Plate No.): SLU 5219 B  
 Vehicle Make/Model: TOYOTA VIOS  
 Insurance Company: FWD Policy No.: \_\_\_\_\_  
 Owner or Company Name / IC No.: MAX LIM JIA LIANG S8615484F  
 Owner or Company Contact No.: 9819 9940 Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_  
 DRIVER'S Name / IC No.: LIM LIYIH S8978465D  
 DRIVER'S Date Of Birth: 25/11/1989 DRIVER'S License Pass Date: 26/4/2018  
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address: BK 602 ANH MO KIO AVE S #05-2645  
 DRIVER'S Contact No. / Alt No.: 554602  
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address: \_\_\_\_\_  
 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): 04 3 FEMALE  
 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

Other Party Driver's Particular (If any)

Vehicle Reg. No: <u>WD 3243 C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>ISUZU</u>	Vehicle Make/Model: _____
Name Driver: <u>KRISHNA MOOLAH</u>	Name Driver: _____
IC No. Driver: <u>RAJASEKARAN</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9535 3124</u>	Driver's Contact & Add: _____



# SINGAPORE POLICE FORCE



T/20200204/7022

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

1 of 4

Report No. T/20200204/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2020 17:52	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MAX SIM JIA LIANG			Address: APT BLK 602 ANG MO KIO AVENUE 5 #05-2645 SINGAPORE 560602		
ID Type / ID No.: NRIC NO / S8615484F			Contact No.: Home/Office: Mobile: 98199940		
Nationality: SINGAPORE CITIZEN			Email: writetomax@live.com		
Sex: Male	Age: 33	Date of Birth: 14/06/1986	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2020 17:45	Type of Location: Straight Road
Location:  OPHIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5219B	Car	TOYOTA	VIOS	Silver	Seriously Damaged	2
WD3243C	Lorry	ISUZU			Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200204/7022

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20200204/7022

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MAX SIM JIA LIANG	ID No.	S8615484F
Related Vehicle	SLU5219B (Car)	Contact No.	98199940
Hospital/Clinic	GRACE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	YU XI	ID No.	NIL
Related Vehicle	SLU5219B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM LIYING	ID No.	S8978465D
Related Vehicle	SLU5219B (Car)	Contact No.	NIL
Hospital/Clinic	GRACE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

**AMENDMENTS TO PREVIOUS REPORT : T/20200204/7021**

**ON THE STATED TIME AND DATE,**

I WAS ON VEHICLE NUMBER SLU5219B ON OPHIR ROAD, THE TRAFFIC LIGHT TURNED FROM AMBER TO RED, WHICH THE DRIVER FOLLOWED TO STOP BEHIND THE JUNCTION. AS THE CAR WAS STATIONARY, I FELT A GREAT IMPACT FROM THE REAR. I THEN REALISE THAT VEHICLE B BEARING CARPLATE NUMBER WD3243C HAD REAR ENDED MY VEHICLE.

I AM FILING THIS REPORT AS THE OWNER AND PASSENGER OF THE VEHICLE.

ALL 3 OF THE PERSONS IN THE CAR FELT PAIN AND CONSULTED A DOCTOR IN WHICH WE ALL CONSULTED A DOCTOR AND WAS GIVEN A 3 DAYS MC EACH.



**SINGAPORE  
POLICE FORCE**



T/20200204/7022

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

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Report No. T/20200204/7022

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20200204/7022

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

4 of 4

Report No. T/20200204/7022

**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 / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
04/02/2020 17:52

Classification Of Case:



## 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: PNPV2020-00000251 (Comprehensive - Classic Plan)**

Car plate number: SLU5219B

Your name (As the policyholder): Max Sim Jia Liang

Coverage start date: 18/01/2020

Coverage end date: 17/01/2021

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: asia carz holding pte ltd

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

Issued on: 04/12/2019

**Abhishek Bhatia**

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 need to be changed.