

# NATIONAL Assessment Centre Services. part 1 Jan09 MMA 120095362

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 30/10/20 11:23                                | Job description                          | Date & Time Completed | Done by |
| Ref No: MA1 FWD 20011829164                            | SAS e-filing                             |                       |         |
| Veh No: SLD 9768 X                                     | E-mail (within 3hrs, A/C 2hrs)           |                       |         |
| ICOA: 29/10/20 19:50                                   | I-Motor Claim Form                       |                       |         |
| UD: <input checked="" type="checkbox"/> 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: SLD 5127 Y                                      | 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 6700 6616)                                | Date: ( ) | Time: ( ) | 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 | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

MA 200 5706

|                                 |   |          |          |
|---------------------------------|---|----------|----------|
| Claimants Particulars:          | Invoice Preparation Checklist                   | Amc (\$) | Amc (\$) |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               | 320.00   |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |          |          |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |          |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |          |          |
| Auditors Comments:              | 5) PT: Follow-Through Survey (Resurvey) \$30    |          |          |
| Cal. 1:                         | For claimant against INC Only (w/c 19 Jan 2020) |          |          |
| Cal. 2:                         | 6) TR: Re-Inspection \$75                       |          |          |
| Cal. 3:                         | 7) NI: Idao DA + SMRT Survey \$160              |          |          |
| Cal. 4:                         | 8) NTUC Additional Services:-                   |          |          |
| Cal. 5:                         | ON:   |          |          |
| Cal. 6:                         | *N5: Courtesy Car / Tpt Allowance \$5           |          |          |
| Cal. 7:                         | *N6: Repair Co-ordination \$10                  |          |          |
| Cal. 8:                         | *N7: Post Repair Inspection \$25                |          |          |
| Cal. 9:                         | *N8: DV / Collect Excess Coordination \$5       |          |          |
| Cal. 10:                        | TP (N11): TP (Non INC) against INC \$20         |          |          |
| Cal. 11:                        | 9) N12: Idao Mobile \$0                         |          |          |
| Cal. 12:                        | Invoice dated Fee Charged                       |          |          |
| Cal. 13:                        | 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 Report             | 30/10/2020 11:23 |
| Date Of Accident           | 29/10/2020 19:50 |
| Exact Location Of Accident | YISHUN AVE 2     |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLD9768X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG SIEW CHOO        |
| NRIC No                     | SXXXX163F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91012870 |
| Alternative Phone No        | OFFICE-91012870      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | MAZDA       |
| Model  | MAZDA 3     |
| 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             | PNPV2018-00007036-02    |
| Cover Note Number         |                         |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | YIO KIM PERN           |
| NRIC No              | SXXXX150D              |
| Date Of Birth        | 10/12/1996             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 24/11/2015             |
| Driving Experience   | 4 YEARS AND 11 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97229025   |
| Fax Number           |                        |
| Contact Number       |                        |
| EMail Address        | YIOKIMPERN96@GMAIL.COM |

|   |                                |
|---|--------------------------------|
| Address   | BLK 167 YISHUN RING RD #10-757 |
| Postcode  | 760167                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | CHILDREN                       |
| 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   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20201030/7003

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLD5127Y    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name YIO KIM PERN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLD9768X

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

Yishun Ave 2

A = SLD 9768X  
B = SLD 5127Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201030/7003

## DECLARATION

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

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.:



# SINGAPORE POLICE FORCE



T/20201030/7003

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

1 of 3

Report No. T/20201030/7003

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>30/10/2020 09:16 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>YIO KIM PERN         |            |                              | Address:<br>167 YISHUN RING ROAD #10-757 SINGAPORE 760167 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9645150D   |            |                              | Contact No.:<br>Home/Office: Mobile: 97229025             |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>yiokimpern@gmail.com                            |                    |                            |
| Sex:<br>Male                               | Age:<br>23 | Date of Birth:<br>10/12/1996 | Type of Informant:<br>Driver                              |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                      |                    | Institution / School Name: |
| Occupation:<br>RSAF Regular                |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:  |                    |                            |

**General Information of the Accident**

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>29/10/2020 19:50 | Type of Location:<br>T-Junction     |
| Location:<br><br>YISHUN AVENUE 2                             |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |  | Road Speed Limit:<br>60 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model | Color | Conditio         | No of |
|-------------|------|---------|-------|-------|------------------|-------|
| SLD5127Y    | Car  | HYUNDAI |       | Grey  | Slightly Damaged | 0     |
| SLD9768X    | Car  | MAZDA   | 3     | Red   | Slightly Damaged | 0     |



**SINGAPORE  
POLICE FORCE**



T/20201030/7003

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

2 of 3

Report No. T/20201030/7003

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                        |                          |            |             |
|------------------------------|------------------------|--------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company      | Insurance No             | Effective  | Expiry Date |
| SLD9768X                     | FWD Singapore Pte. Ltd | PNPV2018-<br>00007036-02 | 30/06/2020 | 29/06/2021  |

| Details of Person Involved        |                         |                                   |                                   |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                         |                                   |                                   |
| Name                              | YIO KIM PERN            | ID No.                            | S9645150D                         |
| Related Vehicle                   | SLD9768X (Car)          | Contact No.                       | 97229025                          |
| Hospital/Clinic                   | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL   |
| Date                              | 29/10/2020              | Date                              | 29/10/2020                        |
| No. of Days granted Medical Leave | 05                      | Degree of                         | Slight                            |
| Driver                            |                         |                                   |                                   |
| Name                              | Unknown Driver          | ID No.                            | NIL                               |
| Related Vehicle                   | NIL                     | Contact No.                       | 96902003                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                     | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of                         | NIL                               |

**Brief Details.**

During the incident, the traffic light was red. I was awaiting for green light to move on. At the point of time, i was the second car on the lane waiting. Waiting quite a while. Thereafter, a car from the back hit into my back of the car. My car has in-car camera footage which I can provide to the police if needed.



**SINGAPORE  
POLICE FORCE**



T/20201030/7003

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

3 of 3

Report No. T/20201030/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

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:  
30/10/2020 09:16

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: PNPV2018-00007036-02 (Comprehensive - Prestige Plan)**

Car plate number: SLD9768X

Your name (As the policyholder): Ong Siew Choo

Coverage start date: 30/06/2020

Coverage end date: 29/06/2021

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: Hong Leong Finance Limited

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

Issued on: 01/06/2020

**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 need to be changed.

## ACCIDENT STATEMENT

ACCIDENT DATE: (29/10/20) (DD/MM/YYYY), TIME: (19:50) (HH:MM)

LOCATION: Yishun Ave 2.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 9768X  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private 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: Ong Siew Choo (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 6806163 F CONTACT: 91012870.  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Yio Kim Pern. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97229025  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 5127Y. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

RSPU@LKKAUTO.COM

Email =

fax =

video = Yes.