

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA180259R**

Date In: 22/2/05 - 17:27	Job description	Date & Time Completed	Done by
Ref No: NA/PCI 18002143/24	SAS e-filing		
Veh No: SA 4880H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 16/2/05 - 00:05	i-Motor Claim Form		
OD : (TP) 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: SL69296X	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 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			(ft Bill)	(Add Bill)
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Ref. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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: Idac Mobile 30			
	Invoice dated	Fee Charged		
	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 ability.
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	22/02/2018 17:27
Date Of Accident	16/02/2018 00:05
Exact Location Of Accident	SLIP RD TELOK BLANGAH RD TWDS KAMPONG BAHRU RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH4880H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW BOON TIN
NRIC No	S2081094G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97778291
Alternative Phone No	OFFICE-97778291

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD
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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-170087932MSH
Cover Note Number	

### Driver

Name of Driver	LOW BOON KUN
NRIC No	S1406204A
Date Of Birth	04/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1986
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97478752
Fax Number	
Contact Number	OFFICE-97478752
E-Mail Address	NOEMAIL

Address	BLK 407 SIN MING AVENUE #07-219
Postcode	570407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO STATEMENT.

### 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 Witness 1

Name	MS PENG
Phone Number	81439603
Email Address	

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9296X
Vehicle Make/Model/Colour	NISSAN NOTE
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)

## SKETCH PLAN

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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:

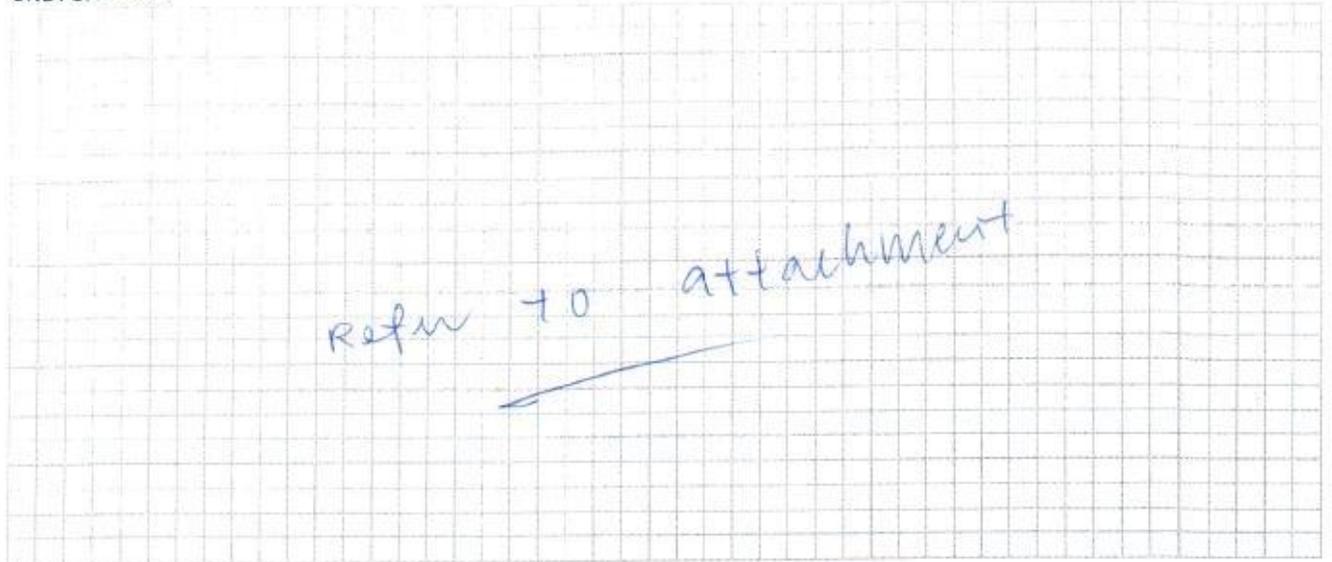
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along filter<sup>lane</sup> of  
 TADK Biangah Rd towards Kampong Bahru Rd on  
 16.05.2018 @ 0005hrs. I was slow down to  
 check vehicles along the main road. Suddenly  
 I heard a bang sound and felt an impact  
 from my behind. Vehicle B was collided onto  
 rear portion of my vehicle.

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.:

V ① SH482011

HP 97475752

V ② SL996X

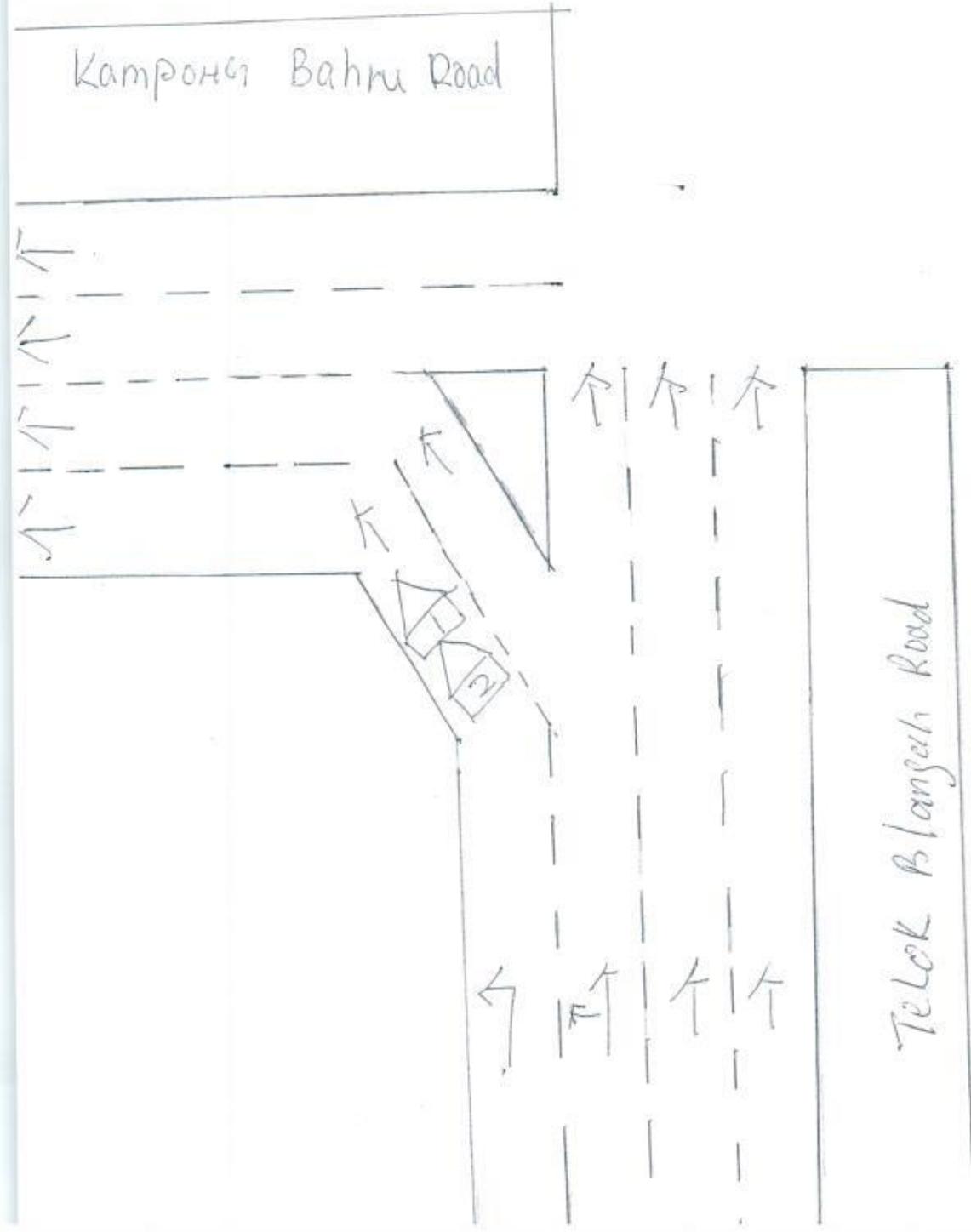
HP 93623614

80E/09/91

00500

Kampung Bahru Road

Teluk Blangseh Road



VEHICLE NO: SH 4880H

MAKE & MODEL: Toyota Axio

DATE OF ACCIDENT

16 / 03 / 2018

TIME OF ACCIDENT

0005 AM/PM

LOCATION OF ACCIDENT

Filter of Telok Blangah Rd towards Kampong Bahru Rd

Exact Purpose use during accident

lane

Bahru Rd

NAME OF OWNER

Low Boon Tin

TELP NO

97778291

NRIC

S 2081094G

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO.

FCI

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

D170087932 MSH

NAME OF DRIVER

As above / If No: Low Boon Kun

NRIC

S1406204A

Any passengers: 2 pax

DATE OF BIRTH

04 / 11 / 1960

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

17 / 07 / 1986

GENDER

Male / Female

CONTACT NO.

97478752

Office.

Home.

ADDRESS

Blk 407 Sin Ming Ave #07-219. S(2057)

DRIVER HAVE ANY OWN Vehicle

NO / If yes, Reg No.

RELATIONSHIP

Employee / If No: brother

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who? Low Boon Kun (S1406204A)

CONTACT NO.

97478752

POLICE REPORT

No / If yes: Where?

VEHICLE B NO.

SLC 9296X, nissan note

Any Passenger: unknown

NAME

CONTACT NO.

93623614

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

MS peng

WITNESS CONTACT NO.

81439603

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

huameng@live.com.sg

TELP NO

CONTACT PERSON

FAX NO.

Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No : S1406204A  
 Name : LOW BOON KUN  
 Issue Date : 11/10/2008  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1406204A



LOW BOON KUN

劉汝鏞

CHINESE

DATE OF BIRTH: 04-11-1960 SEX: M

PLACE OF BIRTH: SINGAPORE

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
02	TAXI VL	17/07/1986




0543909

NRIC No. S1406204A



DATE OF BIRTH: 29-09-1992

401, 814, 401, 10, SIN MING DRIVE, SINGAPORE 575701

NRIC No. S1406204A Date: 11-10-2008 No. 1616350



CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : TAXIS  
Type of Cover. : Comprehensive  
Certificate No. : D-170087932MSH  
Vehicle No / Chassis No : SH4880H / NZE1617065470  
Name of Insured : LOW BOON TIN  
Period Of Insurance : 26.06.2017 To 25.06.2018  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : YES MOTORING & CREDIT PTE LTD

**Excess :**

SGD1,000.00 ON SECTION I & II SEPARATELY EACH & EVERY LOSS

**Authorised Driver\***

LOW BOON TIN

**Persons or classes of persons entitled to drive\***

- a) Any licensed taxi driver driving on the Insured's order or with their permission.
- b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**Limitations as to use\***

Use as a taxi. Use for social, domestic and pleasure purposes.

**The Policy does not cover**

- (1) Use for racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward of any one disabled mechanically propelled vehicle).

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are, not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

First Capital Insurance Limited  
(Approved Insurers)

ITHMINAH/A0141/MZ400A 

Issued at Singapore on 15.05.2017

  
Authorised Signature