

NATIONAL Assessment Centre Services

Date In 26/03/18	Job description	Date & Time Completed	Done by
Ref No NA/FCI18005600/13	SAS e-filing		
Veh No SLM9390D	E-mail (w/In 8hrs, AD 2hrs)		
DOA 26/03/18 06:55	i-Motor Claim Form		
OD IR Reporting Only	i-Motor W/O (Within 100 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: (ZERO GRAVITY)	Tel:	Fax:
TP Particulars:	Veh No: SKW499T	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	Am't (\$) 1st Bill	Am't (\$) 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) iT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 \$0		
	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	26/03/2018 16:51
Date Of Accident	26/03/2018 06:55
Exact Location Of Accident	DUNEARN RD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9390D
Insured/Policyholder	
Name Of Registered Owner	CHIN OI LENG
NRIC No	S6825564C
Email Address	CHINOILENG@MSFIRSTCAPITAL.COM.SG
Mobile Phone No	(LOCAL) +65-81289901
Alternative Phone No	OTHERS-81289901

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17087740MVPC
Cover Note Number	

Driver

Name of Driver	CHIN OI LENG
NRIC No	S6825564C
Date Of Birth	09/07/1968
Occupation	INDOOR
Date Of Driving Pass	19/12/1985
Driving Experience	32 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81289901
Fax Number	
Contact Number	OTHERS-81289901
EMail Address	CHINOILENG@MSFIRSTCAPITAL.COM.SG

Address	BLK 257 TAMPINES ST 21 #07-218
Postcode	520257
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : LOW HWEE MINN GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW499T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	REGINA GOH
NRIC/Passport Number	S7478120I
Contact Number	96785867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

26/3/18
3:30 pm

Driver's Signature

(If driver is not the policyholder)

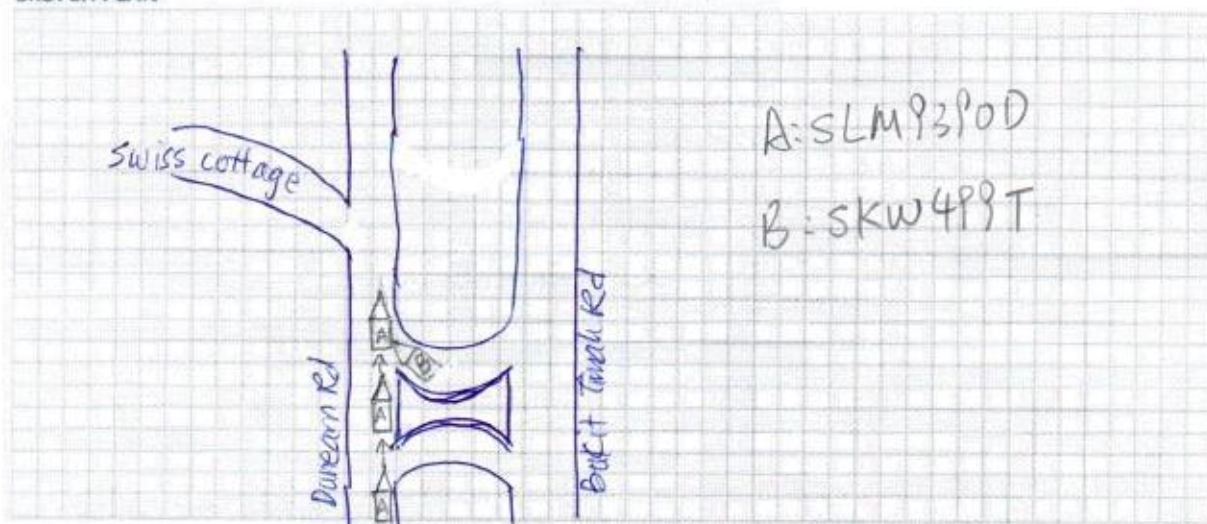
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/3/2018 around 6:50 am, I was travelling straight along Duncarn Road (towards city) on the extreme right lane.

Suddenly, a white car ^(Vehicle B) turning out from the filter lane (u-turn from Bukit Timah Rd in the opposite direction) drove out of the filter lane without stopping.

As a result, the white car (Kia) ^(Vehicle B) front left hit onto my right rear (Vehicle A).

DECLARATION

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

Policyholder's Signature

Date & Time: 26/3/18
3:30pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 26/3/2018 Time 0659 Hrs
 Exact Location Of Accident * Dunearn Road (towards City)

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLM 9390 D

Insured Policyholder

Name of Registered Owner * CHIN OI LENG

NRIC/FIN/Passport Number * S6825564C

Vehicle Information

Manufacturer Toyota

Model CH-R

Exact Purpose for which vehicle was being used at time of accident * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others ☐

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company MS* First Capital Insurance Ltd

Type of Coverage * Comprehensive

Fleet Policy Yes ☐ No ☒

Policy Number * D17087740MYPC

Cover Note Number

Driver

Name of Driver * CHIN OI LENG

NRIC/FIN/Passport Number * S6825564C

Date of Birth * 09 July 1968

Occupation * Chief GM

Date of Driving Pass * 19 Dec 1985

Gender * Male ☐ Female ☒

Mobile Number 81289901

Address B1K 257 Tampines St 21

#07-218 S(520257)

Email Address chinioileng@msfirstcapital.com.sg

Was driver an employee of the Insured's Company? * Yes ☐ No ☐ NA

If no, Relationship of the Driver with the Insured * Owner

SAS 1

Rear Passenger : Low Hwee Minn (daughter)

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
General Information of the Accident		
Type of Accident	* My rear right was hit by TP filtering out from side lane to main Road	
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>	
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="checkbox"/>	
Other Information		
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Injured Person(s)		
Name	*	
Address	*	
Approximate Age	*	
Injuries Sustained	*	
If vehicle Occupants, state in which vehicle?	*	
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station	*	
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, against whom?	*	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* SKW 499 T	
Vehicle Make / Model / Colour	Kia White	
Detail Of Properties	*	
Name of Driver	* Regina Goh	
NRIC/Passport Number	334781201	
Contact Number	* 9678 5867	
Email Address	*	
Address	*	
Insurance Company Name	*	
Nature of Damage	Left front dented	
Details Of Witness		
Name	*	
Phone Number	*	
Email Address	*	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6825564C



Name
CHIN OI LENG
钱爱玲

Race
CHINESE

Date of Birth
09-07-1968

Sex
F

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




0476382



Name No. S6825564C



Blood Group
AB+

Date of issue
17-08-1992











APT BLK 257 TAMPINES STREET 21 #07-218
SINGAPORE 520257

NRIC No. S6825564C Date: 11/04/2009 No. 6360274

REPUBLIC OF SINGAPORE DRIVING LICENCE (MOTOR VEHICLES)

PASS DATE
19 Dec 1992

MOTOR VEHICLES LICENCE includes the privilege of
which entitles the holder to drive the following vehicles:

MP 4260

REPUBLIC OF SINGAPORE - DRIVING LICENCE

Identification Number: **50825564C**

Name: **CHIN CHENG LING**

Birth Date: **09-Jul-1965**

Valid Until: **31-Dec-2020**



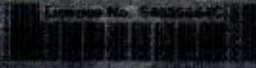


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which (including driver) does not exceed 2500 kilograms	16-Dec-2020



License No. **50825564C**



NP 436A

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

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. : PRIVATE MOTOR CAR INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-17087740MVPC
Vehicle No / Chassis No : SLM9390D / ZYX102006216
Name of Insured : CHIN OI LENG
Period Of Insurance : 18.04.2017 To 17.04.2018
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : TOKYO CENTURY LEASING (S) PTE LTD

Excess :

NIL FOR INSURED AND NAMED DRIVERS
SGD500.00 SECTION I FOR UNNAMED DRIVERS
SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

CHIN OI LENG, LOW CHEE KIONG AND CHIN OI CHING

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his 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 only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

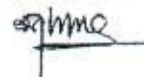
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

KARENS/D0004/MX1F

Issued at Singapore on 18.04.2017



Authorised Signature

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5564C
Vehicle Details	
Vehicle No.:	SLM9390D
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	2ZR8015055
Chassis No.:	ZYX102006216
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,632.00
Original Registration Date:	18 Apr 2017
First Registration Date:	18 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Apr 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	17 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,405.00
COE Rebate Amount:	\$43,524.00
Total Rebate Amount:	\$47,274.00

The information contained herein is correct as at 26 Mar 2018

OK