

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118 074564

Date In: 8/6/18-15:06	Job description	Date & Time Completed	Done by
Ref No: NA/FCI8010524/24	SAS e-filing		
Veh No: 5T52497	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/6/18-09:15	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: SDP682A	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

NA1803634	Invoice Preparation Checklist	Amf (\$) 1st Bill	Amf (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	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:-		
	OD:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
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 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	08/06/2018 15:06
Date Of Accident	08/06/2018 09:15
Exact Location Of Accident	SLIP RD AMK AVE 2 TWDS AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5249T
Insured/Policyholder	
Name Of Registered Owner	NEO SEE WAH @ NEO GIM SENG
NRIC No	S0232133E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92778133
Alternative Phone No	OFFICE-92778133

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17088909MVPC
Cover Note Number	

Driver

Name of Driver	NEO SEE WAH @NEO GIM SENG
NRIC No	S0232133E
Date Of Birth	18/01/1947
Occupation	INDOOR
Date Of Driving Pass	22/08/1972
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92778133
Fax Number	
Contact Number	OFFICE-92778133
Email Address	NOEMAIL

Address	108 YIO CHU KANG GARDENS
Postcode	568146
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 involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP682A
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SHAO SUAN
NRIC/Passport Number	S7032902F
Contact Number	
Address	116 TAGORE AVENUE
Postcode	787706
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:

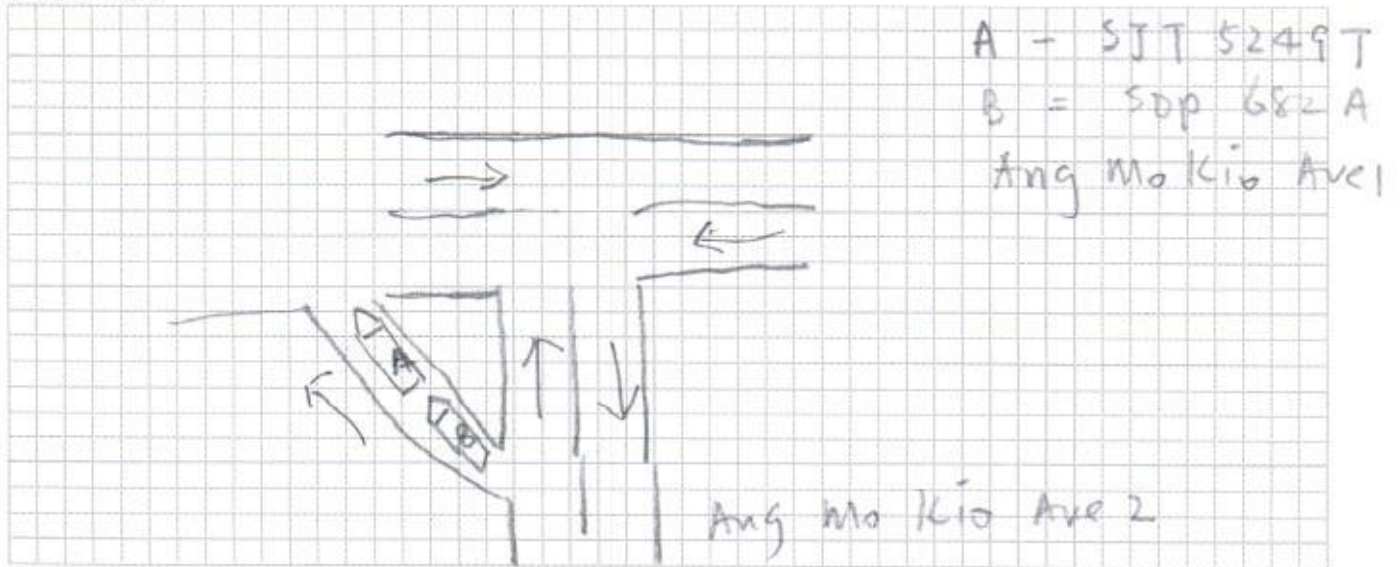
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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 8/6/2018 9:15 AM, I was driving on the slip road from Ang Mo Kio Ave 2 to Ang Mo Kio Ave 1, I stopped at the slip road to let car in the Ave 1 to pass first. I was hit by B car directly from behind.

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.:

ACCIDENT STATEMENT (Part 1)

WHATAPP

VIDEO

Accident Date/Time & Location

Date of Accident : 08/06/2018
Time of Accident : 09:15 AM / PM
Exact Location of Accident : Ang Mo Kio Ave 2 slip road to Ang Mo Kio Ave 1
Country / State of Loss : Singapore

Details of own vehicle

Vehicle Registration Number

SJT 5249T

Insured / Policy Holder (own vehicle)

Name of the Registered Owner
(See Insurance Certificate)

NEO SEE WAH @ NEO GIM SENG

NRIC (Singaporean /PR)

S 0232133E

Fin / Passport Number

Company Reg No

Email Address

gsneo@yahoo.com.sg

Mobile Phone no.

92778133

Alternate Phone no.

Vehicle Particulars (Own vehicle) (A)

Manufacturer

Toyota Vios Auto

Model

Vios Auto.

Exact Purpose for which vehicle was being used
at time of accident

Private Use / Commercial Use / Hire & Reward /
Parked

Are you claiming under your own insurance
policy for repair to your vehicle?

Yes / No
If No Please Indicate Intention: 3rd Party /
Reporting Only

Vehicle Category

Private / Commercial / Motorcycle / Taxi / Bus /

Goods Vehicle / Tanker / Motor Trade / Government / Pte Hire

Insurance Company (Own Vehicle)

Handling Insurer

First Capital Insurance

Type of the coverage

Comprehensive / 3rd Party / 3rd party Fire & theft

Fleet Policy

Yes / No

Policy Number

D-17088909MVPC

Cover Note Number

Is the driver same as Insured

YES / NO

Driver Particulars

Name of Driver : _____
NRIC (Singaporean /PR) : _____
Fin / Passport Number : _____
Date of Birth (as in DD/MM/YYYY) : 18 / 11 / 1947
Occupation : Indoor / Outdoor
Date of Driving passed : 1 / 19
Gender : Male / Female
Mobile Number : _____
Fax : _____
Alternative Phone no: _____
Address : 108, Yio Chu Kang Gardens
S'pore 3056
Email (Compulsory) : _____
Was driver an employee of the Insured's Company? : Yes / No
If no, Relationship of the Driver with the Insured : Owner / Paid Driver / Relatives / Friend / Parent / Spouse / Children / Sibling / Hirer
Does the Driver own any other vehicle? : No / Yes
Vehicle Registration Number of Driver's own Vehicle : _____
Insurance Company of driver's own vehicle (if applicable) : _____

ACCIDENT STATEMENT (Part 2)**General Information of the Accident**

Type of Accident : Front to Rear
(eg. Chain Collision, Head-on collision, Side Swipe, Front to Rear)
Weather Conditions : Clear / Raining / Other
If Other, please state the conditions
Road Surface : Wet / Dry

Other Information

- a. Was anybody injured in the Accident : No / Yes
If Yes, was any injured conveyed to hospital by ambulance? : No / Yes
b. Was any foreign vehicle involved in this accident? : No / Yes
c. Foreign vehicle registered number
d. Foreign vehicle category
e. Number of vehicles involved in the accident : 2
f. Was there any witness : No / Yes

Details of Police Action

Was the Accident Reported to the police ?

: ☒ No / Yes

if Yes, Please state which police Station

Was notice of intended Prosecution given ?

: ☒ No / Yes

If Yes, against whom ?

I have been approached by unknown person (s),
soliciting/ offering accident claims assistance
No of passengers (including driver): Yes / ☒ NoIf YES: Name
as there any video capture? :☒ No / Yes

SEX: Male / FEMALE

Details of Other Vehicle / Property (B)Vehicle Registration Number
Vehicle Make / Model / Colour
Details of Properties SDP 682 A
 Nissan Dashgari
Vehicle Category: PTE CAR/COMMERCIAL / TAXI/ PTE HIRE / BUS/ MOTORCYCLE / GOODS /
MOTOR TRADE / TANKER / GOVERNMENT / MOBILE EQUIPMENT**Insured / Policy Holder / Driver**

Name of Driver

 LOW SHAO SUAN**Personal Identification**

NRIC (Singaporean / PR)

 S7032902F

FIN / Passport Number

Contact

Address

 116 TAGORE AVE
 S'pore 2678**Insurance Company**

Name of the Insurance Company

Nature of Damage

 Front

No of Passengers (including Driver)

 2**Details of Witness**

Name

Phone

Email Address

Details of Other Vehicle / Property (C)

Vehicle Registration Number
Vehicle Make / Model / Colour
Details of Properties

Insured / Policy Holder / Driver

Name of Driver

Personal Identification

NRIC (Singaporean / PR)

FIN / Passport Number

Contact

Address

Insurance Company

Name of the Insurance Company

Nature of Damage

No of Passengers (including Driver)

Details of Witness

Name

Phone

Email Address

Details of Injured Person

Name

Address 1

Address 2

Postal Code

Approximate Age

Injured Sustained

Injured Person on which vehicle

Was seat belt worn ?

Was Injured conveyed to hospital by ambulance?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0232133E



Name



NEO SEE WAH
@NEO GIM SENG
梁錦星

Race

CHINESE

Date of Birth

18-01-1947

Sex

M

Country of Birth

SINGAPORE



owner | Driver

2405615



NRIC No. S0232133E



Blood Group Date of issue

A+ 21-09-1994

Address

108 YIO CHU KANG GARDENS
SINGAPORE 2056

lic pass 1972

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 0232133E**

Name:

NEO SEE WAH



Birth Date: **18 Jan 1947**

Issue Date: **30 Jul 2004**



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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

22 Aug 1972

S0232133E

S / No. 9000158601

Licence No: S0232133E



NP 428A

CERTIFICATE OF INSURANCE

COPY

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-17088909MVPC
Vehicle No / Chassis No : SJT5249T / MR053HY9305134517
Name of Insured : NEO SEE WAH @ NEO GIM SENG
Period Of Insurance : 16.10.2017 To 15.10.2018
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD.00 OWN DAMAGE EXCESS FOR INSURED & NAMED DRIVERS
SGD500.00 UNNAMED DRIVER EXCESS
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*

NEO SEE WAH @ NEO GIM SENG, HONG OI LENG HELEN, NEO XIN YIN MABEL AND WONG YONG JIA

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)

ITHMINAH/B0188/MX1F

Issued at Singapore on 09.10.2017


Authorised Signature