

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118075050

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 9/6/18-15:34 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FCZ18010541/24 | SAS e-filing | | |
| Veh No: JH 2807J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A : 7/6/18-23:40 | 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: FBK3059E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1803644 | 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) TP : 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:- | | |
| QC Checked by (Engr-In-Charge): | OD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments :- | TP (N11) : TP (Non INC) against INC \$20 | | |
| Dat. 1: | 9) N12: Idac Mobile 30 | | |
| Dat. 2 / 3: | 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 | 09/06/2018 15:34 |
| Date Of Accident | 07/06/2018 23:40 |
| Exact Location Of Accident | ALONG DESKER RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SH2807J |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO AH HEE |
| NRIC No | S0346046J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97478752 |
| Alternative Phone No | OFFICE-97478752 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA AXIO 1.5X A |
| 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-180089355MSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA TIN HENG |
| NRIC No | S1260710E |
| Date Of Birth | 03/07/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/11/2004 |
| Driving Experience | 13 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97636263 |
| Fax Number | |
| Contact Number | OFFICE-97636263 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 14 ST. GEORGE'S ROAD #05-68 |
| Postcode | 320014 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ROCHOR NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2949999 - FAX NO: 63918583 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180608/2017.

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 | FBK3059E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SHANMUGAM PALANIKUMAR |
| NRIC/Passport Number | S818554D |
| Contact Number | 81387862 |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA TIN HENG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SH2807J

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 Person's Signature
Name:
NRIC/FIN No.:

Please refer police report = T/20180608/2017

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.: _____

VEHICLE NO: SH2807J

MAKE & MODEL: Toyota Axi O

DATE OF ACCIDENT

07 / 106 / 2018

TIME OF ACCIDENT

2340 AM / PM

LOCATION OF ACCIDENT

Bekker Road

Exact Purpose use during accident

NAME OF OWNER

Yeo An Hee

TELP NO

97778752

NRIC

S0246046J

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO.

FCI

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

D-180089355MSH

NAME OF DRIVER

As above / If No: Chua Tin Heng

NRIC

S1260710E

Any passengers: 1 Pax

DATE OF BIRTH

03 / 07 / 1957

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

/ /

GENDER

Male / Female

CONTAC NO.

97636263

Office:

Home:

ADDRESS

Blk 14 St. George's Road #05-68. SL3200142

DRIVER HAVE ANY OWN Vehicle

No / If yes, Reg No.

RELATIONSHIP

Employee / If No.

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes, Who? Chua Tin Heng (S1260710E)

CONTAC NO.

97636263

POLICE REPORT

No / If yes, Where? Rochor N.P.C

VEHICLE B NO.

FBK 3059E

Any Passenger:

NAME

Shanmugam Palanikumar (S8185554D)

CONTAC NO.

81387862

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /

YES / NO

offering accident claims assistance?

PARTICULAR WORKSHOP

huaneng @live.com.sg

TELP NO

CONTACT PERSON

FAX NO.



**SINGAPORE
POLICE FORCE**



T/20180608/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20180608/2017

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 08/06/2018 10:20 | | Vide Report No.: | | Station Diary No.: 48 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA TIN HENG | | | Address: APT BLK 14 ST. GEORGE'S ROAD #05-68 SINGAPORE 320014 | | |
| ID Type / ID No.: NRIC NO / S1260710E | | | Contact No.: Home/Office: Mobile: 97636263 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 60 | Date of Birth: 03/07/1957 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/06/2018 23:40 | Type of Location: Straight Road |
| Location: Along Road 1 DESKER ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 |
|-------------|------------|------|-------|-------|-------------------|-----------------|
| FBK3059E | Motorcycle | | | | Slightly Damaged | 0 |
| SH2807J | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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



Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

Report No. T/20180608/2017

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-----------------------|--|--|-----------------------------------|
| Name | SHANMUGAM PALANIKUMAR | | ID No. | S8185554D |
| Related Vehicle | FBK3059E (Motorcycle) | | Contact No. | 81387862 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | CHUA TIN HENG | | ID No. | S1260710E |
| Related Vehicle | SH2807J (Car) | | Contact No. | 97636263 |
| Hospital/Clinic | UNITED MEDICAL CLINIC | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 08/06/2018 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |

Brief Details.

On the above mentioned date and time , I was driving my vehicle (registration no: SH2807J) along Desker Road when there was a taxi which stopped in front of mine. As such I proceeded to stop too . Out of a sudden, I felt a big impact on the rear of my vehicle and I realized that a motorcycle (registration no: FBK3059E) had knocked onto the rear of my vehicle. My vehicle rear bumper and lights were damaged due to the impact. I did not felt any discomfort at the point of time and as such we did not call for police or ambulance.

However I felt pain in my neck this morning and as such I proceeded to the clinic for medical assistance and was given 3 days of MC. I am lodging this report for police follow-up actions. That is all.



SINGAPORE
POLICE FORCE



T/20180608/2017

3 of 3

Report No. T/20180608/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Sgt 3 BENJAMIN TAN MIN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

SN 12

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/06/2018 10:20

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1260710E**

Name: **CHUA TIN HENG**

Birth Date: **03 Jul 1957**
Issue Date: **21 Feb 2003**

000220466F




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1260710E**



CHUA TIN HENG

蔡荣伟

Race

CHINESE

Date of Birth

03-07-1957

Sex

M

Country of Birth

SINGAPORE

Land Transport Authority


VOCATIONAL LICENCE

Licence No : **S1260710E**

Name : **CHUA TIN HENG**

Issue Date : **6/10/2008**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

20 Mar 1978



NRIC No: **S1260710E**



Driver's Group

A+

Date of expiry

06-11-1993



Licence No: **S1260710E**

APT BLK 14 ST. GEORGE'S ROAD #05-62
SINGAPORE 320014

NRIC No: **S1260710E**

Date: **21-08-2003**

No: **1408395**

NP 428A

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 |
|------|-------------|
| 02 | TAXI VL |

Issue Date

05/11/2004



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-180089355MSH
Vehicle No / Chassis No : SH2807J / NZE1617065453
Name of Insured : YEO AH HEE
Period Of Insurance : 09.01.2018 To 08.01.2019
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : YES MOTORING & CREDIT PTE LTD

Excess :

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

Authorised Driver*

YEO AH HEE

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 19.12.2017



Authorised Signature