

# NATIONAL Assessment Centre Services per order MMA 118090295.

Date In: 13/17/18 11:34	Job description: SAS e-filing	Date & Time Completed:	Hour In:
Ref No: MA1 FCZ 18012756/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: GDE 3190P	i-Motor Claim Form		
TP No: 417/18 23:15.	i-Motor W/O (within 2hrs, TP 4hrs)		
QIP: TP * <u>Registration</u> Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SDS 78910. 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

MA180444

## Invoice Preparation Checklist

Ant (\$)  
Int Bill

Ant (\$)  
Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

20.1.

20.2/3

1) AR: Accident Reporting (\$10).	30.00
2) DA: Damage Assessment (\$100), INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) rT: 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:-	
QIP:	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Coordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (M1) TP (Non INC) against DP \$20	
9) N12: Idac Mobile \$10	

Invoice dated

Free Charges

Invoice dated

Free Charges

## 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 willful 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	13/07/2018 11:34
Date Of Accident	04/07/2018 23:15
Exact Location Of Accident	PAYA LEBAR RD NEAR FLYOVER PIE/EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3190P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18090247MFCV/73
Cover Note Number	-

### Driver

Name of Driver	LEE JUNGKU
NRIC No	G5030627K
Date Of Birth	24/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96976993
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	30 BEDOK NORTH DR #14-51 BEDOK RESIDENCES
Postcode	465496
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

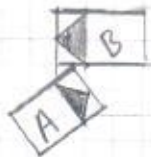
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDS7891B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOOY CHAN CHUNG
NRIC/Passport Number	S7110824D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN



A = GCE 3190P

B = SDS 7891B.

Paya Lebar Rd Near Flyover PIE Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Along Paya Lebar Rd. I

Accidentally hit onto veh B left hand side.

After the Incident, I do the private settle

with veh B.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Lee Jung Kim  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**PRIVATE SETTLEMENT FORM**

## 1. Details of Accident

Date Time: 04/7/18 | 11:15pmLocation: Paya Lebar Rd. Near Flyover. PIE/EXIT2a. Motor-vehicle registration no SOS 7891B driven by Booy Chan ChingS7110524D (Name & NRIC)

2b. Motor-vehicle registration no. \_\_\_\_\_ driven by \_\_\_\_\_

\_\_\_\_\_  
(Name & NRIC)

3. There were no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows:

a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

b. without any admission of liability, \_\_\_\_\_ (Party paying compensation) has paid a sum of \$ 7200 which Booy Chan Ching S7110524D (Owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

c. That \_\_\_\_\_ (Name & NRIC no.) have received the aforesaid vehicle in good running order and damages that were caused as a result of the above-mentioned accident were repaired to satisfaction.

5. Both parties have not and will not make a police report of this accident.

6. Both parties will not file any accident claims for this accident.

Name: Lee Jung KNRIC: 45030627KSignature: [Signature]Date: 06/07/2018Paying Party: S\$ 6200Name: Booy CHAN CHUNGNRIC: S7110524DSignature: [Signature]Date: 6/7/18

(Party receiving compensation)

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**SAMBO E&C CO. LTD (SINGAPORE BRANCH)**

Name  
**LEE JUNGKU**  
Occupation  
**SITE ENGINEER**

FIN  
**G5030627K**

Date of Application  
**28-04-2016**  
Date of Issue  
**18-05-2016**  
Date of Expiry  
**17-07-2019**

**L6832636**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G5030627K**  
Name  
**LEE JUNGKU**

Birth Date: **24 Jun 1982**  
Issue Date: **12 Dec 2016**  
Valid Till **15/12/2021**

**002637623E**

**VISIT PASS**  
Immigration Regulations

Name  
**LEE JUNGKU**

Date of Birth **24-06-1982** Sex **M** Nationality **KOREAN, SOUTH**

FIN **G5030627K** Date of Issue **18-05-2016** Date of Expiry **17-07-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	16 Dec 2011

NP 428A





**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: : COMMERCIAL VEHICLE - FLEET  
Type of Cover: : Comprehensive  
Certificate No.: : D-18090247MFCV/73  
Vehicle No / Chassis No: : GBE3190P / KPADA1ETSGP254071  
Name of Insured: : SIANG HOCK HOLDING PTE LTD  
Period Of Insurance: : 01.04.2018 To 31.03.2019  
Insured Estimated Value: : Market Value At Time Of Loss  
Financial Institution: : MOTOR-WAY CREDIT PTE LTD

EXCESS : AS INDICATED BELOW

**Authorised Driver\***

ANY AUTHORISED DRIVERS

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

- (1) Whilst the vehicle is being used in connection with the Insured's business:-  
(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.  
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-  
(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$2,000.00 on Section I & II separately (for Staff)

\* 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 in connection with the Insured's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
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 of any one disabled mechanically propelled vehicle.  
(3) Use for the carriage of passengers for hire or reward.


\* 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)

MS First Capital Insurance Limited  
(Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 31.03.2018

  
Authorised Signature

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No: \_\_\_\_\_

Member (i.e. holder NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_

(i.e. Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_

Place of Accident : \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or the following amendments:

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Lee Jung Kim  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



## SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - 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
  - complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- 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
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:
  - 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
  - for complying with requirements under any regulations, laws or court orders.



La Jung Ki

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Handwritten signature of Reporting Centre Personnel.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**PRIVATE SETTLEMENT FORM**

## 1. Details of Accident

Date Time: 04/7/18 11:15pm

Location: Paya Lebar Rd - Near Flyover - PIE/EXIT 7

2a. Motor-vehicle registration no. S057891B driven by Booy Chun Ching

S7110824D (Name &amp; NRIC)

2b. Motor-vehicle registration no. \_\_\_\_\_ driven by \_\_\_\_\_

(Name &amp; NRIC)

3. There were no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably, as follows:


a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

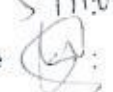
b. without any admission of liability, \_\_\_\_\_ (Party paying compensation) has paid a sum of \$ 7200 which Booy Chun Ching S7110824D (Owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

c. That \_\_\_\_\_ (Name & NRIC no.) have received the aforesaid vehicle in good running order and damages that were caused as a result of the above-mentioned accident were repaired to satisfaction.

5. Both parties have not and will not make a police report of this accident.

6. Both parties will not file any accident claims for this accident.

Name: Lee Jung K  
 NRIC: 45030627K  
 Signature:   
 Date: 06/07/2018  
 Paying Party: \$6200

Name: Booy CHAN CHUNG  
 NRIC: S7110824D  
 Signature:   
 Date: 6/7/18  
 (Party receiving compensation)