

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA 118118607.**

Date In: 12/19/18 17:18	Job description	Date & Time Completed	Done by
Ref No: NA1 FCZ18016669164	SAS e-filing		
Veh No: SKH 7344P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/19/18 15:00	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: Vch No: **SHA 5975 D.** 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

MA1805829	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	20.00	
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR : Re-inspection \$75		
Ref 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
	*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 (N'n 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	12/09/2018 17:18
Date Of Accident	08/09/2018 15:00
Exact Location Of Accident	OUT OF SCOTT SQUARE INTO YELLOW BOX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH7344P
Insured/Policyholder	
Name Of Registered Owner	EXCELFIN PTE LTD
Co Reg No	200004088M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88226581

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS LS460L 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?	YES
If No, Please state action to be taken	
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-18090063MFOC
Cover Note Number	-

Driver

Name of Driver	IRIAWAN BIN MISPAN
NRIC No	S8109208G
Date Of Birth	23/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88226581
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 265B PUNGGOL WAY #02-334
Postcode	822265
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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	SHA5975D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN HWEE HEONG
NRIC/Passport Number	S1229616I
Contact Number	96791248
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 willful 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 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.

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:

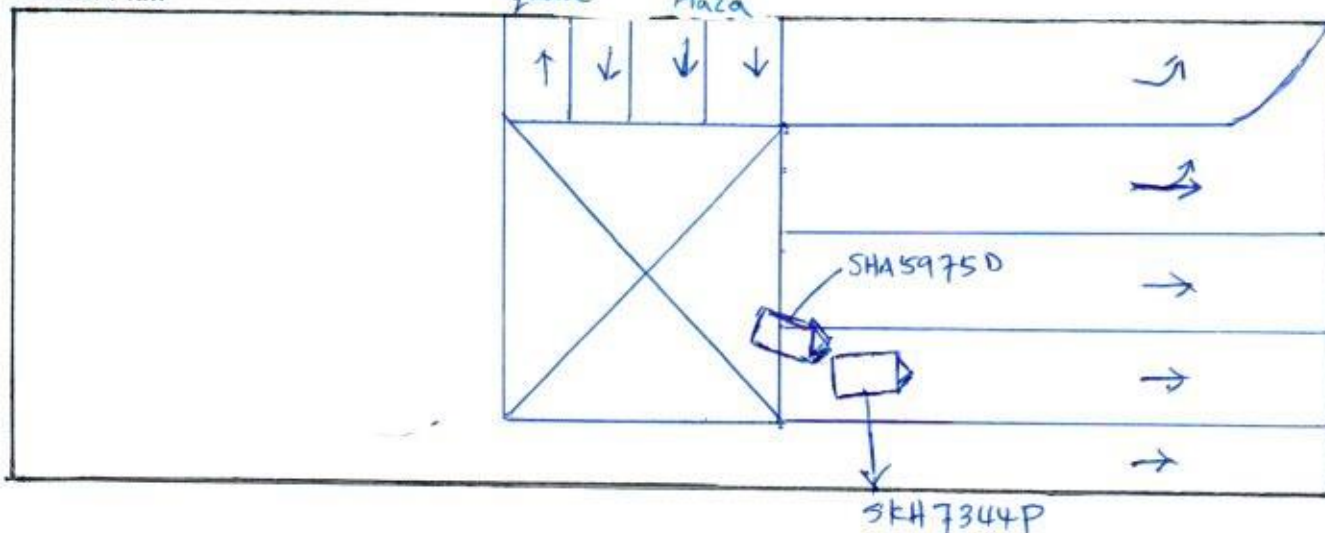
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was turning out of Scott Square into the yellow box, when the blue comfort taxi sha 5975 D hit my rear left bumper and rim. causing my bumper to come out.


Declaration

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



Witnessed by Reporting Centre Personnel

TYPE OF CLAIM: ☐ OD ☒ OD/UL ☐ DS

MCA: 127

MOTOR ACCIDENT REPORT

Date Of Report: 11.9.18 Time: 1245 Date Of Accident: 8.9.18 Time: 1500
Exact Location Of Accident: Out of Scott Square into yellow box
Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SKH 7344P Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: 200004088M
Name Of Registered Owner: Excelfin Pta Ltd
Mobile Number: 88226581 Alternative No: Awan Email Address:

Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☒ Suzuki ☐ Hino ☐ Model: LS460
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☒ Reporting Only ☐ Third Party ☐
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: First Capital
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: D-18090063MFOC

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Iriawan Bin Nispan NRIC/ Passport / FIN No: S8109208G
Date Of Birth: 23.3.1981 Occupation: Indoor ☐ Outdoor ☒
Date Of Driving Pass: 11.10.2013 Gender: Male ☒ Female ☐
Mobile Number: 88226581 Fax No: Alternative No:
Address: 265B Punggol Way #02-334 Postal Code: 822265
Email Address:
Was driver an employee of the Insured's Company? Yes ☒ No ☐ State relationship of the driver with the Insured: driver
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: Head to rear
Number of Passengers in the above vehicle (including Driver): / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☐
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☐ Yes ☐ Vehicle No: N/A Vehicle type:
Number of vehicles involved in the accident:
Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below
Witness Name: | Contact No.: | Email:
Was there any other vehicle or property damaged? No ☐ Yes ☒
Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒
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, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SHA 5975D Vehicle Make/Model/Colour: Taxi
Details Of Properties Damage in Accident:
Vehicle Category:
Name of Driver: Chan Hwee Jeong
NRIC/Passport/FIN Number: S1229616I Contact Number: 96791248
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: No. Of Passenger (Including Driver):

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8109208G



Name
IRIAWAN BIN MISPAN

Race
JAVANESE

Date of birth
23-03-1981

Sex
M


Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8109208G**
 Name:
IRIAWAN BIN MISPAN

Birth Date: **23 Mar 1981**
 Issue Date: **04 Aug 2009**




4071640



NRIC No. **S8109208G**



Date of issue
26-06-2007


APT BLK 265B PUNGGOL WAY #02-334
 SINGAPORE 822265
S8109208G 18/02/2014

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	18 Apr 2000
Class 2A Motorcycles between 201 CC and 400 CC	15 Jun 2002
Class 1 Motorcycles > 400 CC	11 Oct 2013
Class 3A Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	04 Aug 2009

S8109208G S/No. 9000180902

NP 428A Licence No. S8109208G



AUTHORIZATION LETTER

Date : 10.9.18To : First Capital

Cc : Borneo Motors (S) Pte Ltd (wally Tan , wally.tan@borneomotors.com.sg)

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) Excelfin Pte Ltd NRIC No. 200004088m hereby
authorized my (relationship) driver (full name) Iriawan Bin Mispan
NRIC No. 98109208G to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number SKH 7344P as I am
currently having tight official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :



Name :

DAVID BAN
Director

Contact No:

67314893

CERTIFICATE OF INSURANCE**ORIGINAL**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy : COMPANY CAR - FLEET
Type of Cover : Comprehensive
Certificate No. : D-18090063MFQC
Vehicle No / Chassis No : SKH7344P / JTHGL46F405047834
Name of Insured : EXCELFIN PTE LTD

Period Of Insurance : 01.04.2018 to 31.03.2019
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,500.00 SECTION I
COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-
(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR
(2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the Insured's order or with their permission.

ATTN: MR WALLY

VIA FAX: 6476 6247

* 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, pace-making, 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.

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)

JENNY/BD020/MX4A

Issued at Singapore on 29.03.2018


Authorised Signature