

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **NA118157760**

Date In: 5/12/8-19-23	Job description	Date & Time Completed	Done by
Ref No: NA/10218020956/24	SAS e-filing		
Veh No: JKV45362	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 4/11/8-2035	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: JKV45362	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

NA1807949	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Set 1:	TP (N11): TP (Non INC) against INC \$20		
Set 2 / 3:	9) N12: Idac Mobile 30		
	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 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. 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	05/12/2018 19:23
Date Of Accident	04/12/2018 20:35
Exact Location Of Accident	TAMPINES RD NEAR DEFU AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4536Z
Insured/Policyholder	
Name Of Registered Owner	ANGELINE CHUA TING YONG
NRIC No	S1823377J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92202813
Alternative Phone No	OFFICE-92202813

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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-18091611MVPC
Cover Note Number	

Driver

Name of Driver	JUAY KEVIN
NRIC No	S9445538C
Date Of Birth	06/12/1994
Occupation	INDOOR
Date Of Driving Pass	13/08/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92202813
Fax Number	
Contact Number	OFFICE-92202813
Email Address	NOEMAIL

Address	BLK 720 HOUGANG AVENUE 2 #01-397
Postcode	530720
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	SHB3237J
Vehicle Make/Model/Colour	TOYOTA/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SNG HUA KIAT
NRIC/Passport Number	S1255646B
Contact Number	90605110
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:

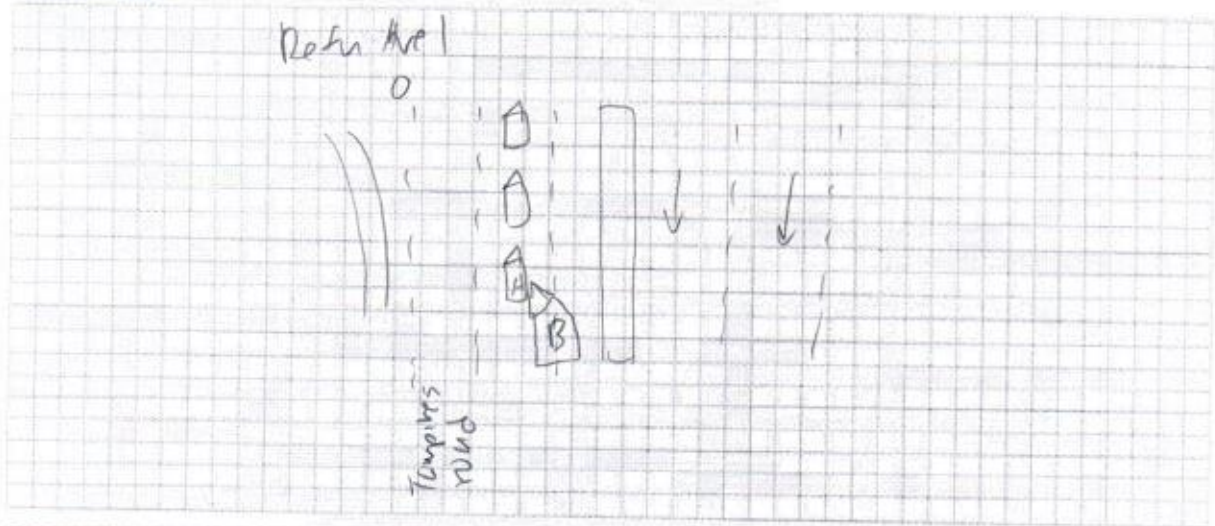
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

I was driving along Tampines road (car A). Suddenly, car B ~~from~~ cut in from the right lane and hit onto my rear right.

Vehicle A: "SKV45362"

Vehicle B: "SMB32375"

DECLARATION

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

Policyholder's Signature
Date & Time:

1 cars 5/12/18
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 * 4/11/18 Time 2038 Hrs
 Exact Location Of Accident * TAMPINES ROAD near DEPU LANE AVE 1

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SKV 4536 2

Insured Policyholder

Name of Registered Owner * Augustine Chua Ting Young
 NRIC/FIN/Passport Number * S1823377J

Vehicle Particulars

Manufacturer Nissan
 Model SYLPHY

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
 Type of Coverage * Comprehensive

Fleet Policy Yes ☐ No ☐

Policy Number * D-18091611MVPL

Cover Note Number

Driver

Name of Driver * JIAV KEVIN

NRIC/FIN/Passport Number * S944538C

Date of Birth * 6/12/1994

Occupation * STUDENT

Date of Driving Pass * 14/8/2015

Gender * Male ☒ Female ☐

Mobile Number * 92202813

Address * BLK 720 HOUKANG AVE 2 #01-397

Email Address

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

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

SAS 1

1 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	* <u>collision change cross line</u>
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 Persons	
Name	* <input type="text"/>
Address	<input type="text"/>
Approximate Age	* <input type="text"/>
Injuries Sustained	* <input type="text"/>
If vehicle Occupants, state in which vehicle?	<input type="text"/>
Were seat belts worn?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, against whom?	<input type="text"/>
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* <u>SMB 3237 J</u>
Vehicle Make / Model / Colour	<u>TOYOTA 1 Yellow</u>
Detail Of Properties	<input type="text"/>
Name of Driver	* <u>SNG HUA KIAT</u>
NRIC/Passport Number	<u>S12556468</u>
Contact Number	* <u>9060 5110</u>
Email Address	<input type="text"/>
Address	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
Details of Witness	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1823377J



Name

ANGELINE CHUA TING YONG

蔡丁蓉

Race

CHINESE

Date of birth

30-01-1967

Sex

F

S1823377J

Country of birth

SINGAPORE

4496933



NRIC No. S1823377J

Date of issue

11-12-2009

APT BLK 408 HOUGANG AVENUE 10 #07-1080
SINGAPORE 530408

NRIC No: S1823377J

Date 31/10/2018

Picollab

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1823377J

Name

ANGELINE CHUA TING YONG

Birth Date: 30 Jan 1967

Issue Date: 13 Aug 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE

19 Oct 1987



NP 428A

Picollab

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9445538C



Name
JUAY KEVIN

芮文俊

Race
CHINESE

Date of birth
06-12-1994

Sex
M

Country of birth
SINGAPORE



4372512



NRIC No. S9445538C



Date of issue
17-03-2009

Address
APT BLK 720 HOUGANG AVENUE 2
#01-397
SINGAPORE 530720



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9445538C**

Alias

JUAY KEVIN

Birth Date **06 Dec 1994**

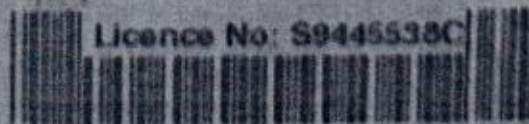
Issue Date **13 Aug 2014**



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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 13 Aug 2014



Licence No: S9445538C

NP 428A

20 AUG 2018



MS First Capital Insurance Limited Co. Reg. No. 1954001061 GST Reg. No. M2-0301676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547
Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

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-18091611MVPC
Vehicle No / Chassis No: SKV4536Z / MNTBBAB17Z0024358
Name of Insured: ANGELINE CHUA TING YONG
Period Of Insurance: 18.09.2018 To 17.09.2019
Insured Estimated Value: Market Value At Time Of Loss
Financial Institution: OVERSEAS UNION BANK LIMITED

Excess:

SGD500.00 OWN DAMAGE EXCESS
SGD700.00 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*

ANGELINE CHUA TING YONG, JUAY YONG SUAH, JUAY YEE CHIA CHRISTABEL AND JUAY KEVIN

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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/A0064/MX1F

Issued at Singapore on 17.08.2018


Authorised Signature