

**NATIONAL Assessment Centre Services** [Ref: JAN05]

Date In: <u>20/12/18</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/FCI/8025828/13</u>	SAS e-filing		
Veh No: <u>G863879B</u>	E-mail (within 8hrs; AIC 2hrs)		
DOA: <u>17/12/18</u> <u>1530</u>	i-Motor Claim Form		
OD: <u>(IP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( SIANG HOCK Tel:      Fax: )

TP Particulars:	Veh No: <u>XE316JK</u>	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	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 30		
	Invoice date / 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	20/12/2018 12:05
Date Of Accident	17/12/2018 15:30
Exact Location Of Accident	JALN BUKIT MERAH MAIN RD B4 REDHILL CLOSE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3879B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98792002

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18090225MFCV/28
Cover Note Number	

#### Driver

Name of Driver	ADALBERT FRANKLIN
NRIC No	S8732045F
Date Of Birth	10/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97876075
Fax Number	
Contact Number	
EMail Address	ADALBERT@METROPARKING.COM.SG

Address	8B DA SILVA LANE
Postcode	549734
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3162K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	93207698
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.
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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**.
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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.



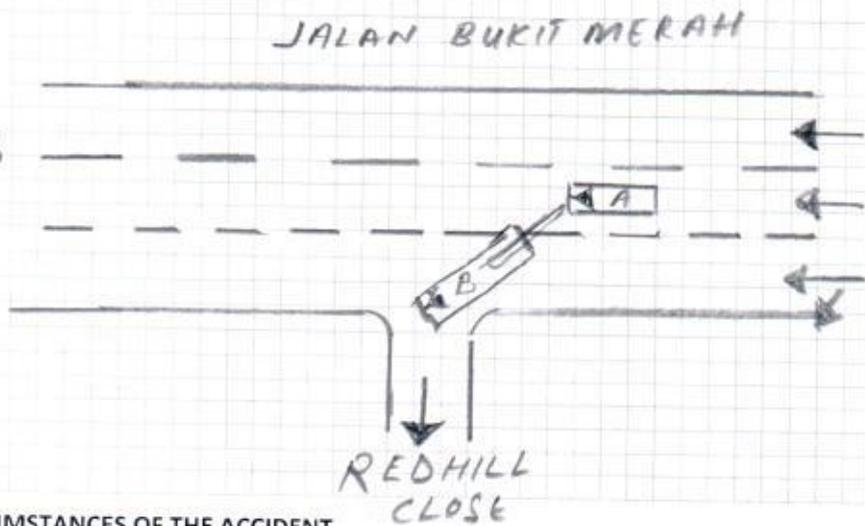
Policyholder's Signature  
Date & Time:

*Adam Wong* 19/12/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*Sym 20/12/18*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A - GB63879B  
 B - XE3162K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17th December 2018 at 1528hrs, I was travelling along the road of Jalan Bukit MERAH. THE Location that I was <sup>travelling</sup> slightly before red hill close, Ahead of me there was a long vehicle B carrying a load of 2-Beams that was making a right turn into redhill close, as vehicle B was making a turn the load of 2 beams that it was carrying came into my lane causing me to swerve my vehicle A to the right to avoid full frontal collision. In the event the 2 beam hit the left side of the vehicle A which I was driving.

I would like to highlight that the long vehicle B was making a turn in the last lane and I was travelling on the second when the following occurred.

DECLARATION

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



Policyholder's Signature  
 Date & Time:

*Alan What* 17/12/18

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

*sfyuo* 20/12/18

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

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 17 / 12 / 2018 ) (DD/MM/YYYY), TIME: ( 15 : 28 ) (HH:MM)

LOCATION: JALAN BUKIT MERAH MAIN ROAD BEFORE REDHILL GOLF

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GGG 3879B  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA H2ACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9879 2002  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ADALBERT FRANKLIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S893204SF CONTACT: 9787 6075  
c) ADDRESS: 8B DA S2LVA LANE S549734

\*d) DATE OF BIRTH: ( 10 / 10 / 1987 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 YEARS

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER (COMPANY)

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: XP 3162K MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9320 7698

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(      )

\* No of passenger  
(including driver)  
(      )

19/12/18

wanting for CTR VIDEO ✓

email = adalbert@metroparking.com.sg

fax =

video = yes

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S8732045F



Name  
**ADALBERT FRANKLIN**

Race  
 INDIAN

Date of birth  
 10-10-1987

Sex  
 M

Country/Place of birth  
 SINGAPORE



5971715



NRIC No. S8732045F



Date of issue  
 04-07-2018

Address  
 8B DA SILVA LANE  
 SINGAPORE 549734

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
 S8732045F

Name  
**ADALBERT FRANKLIN**

Birth Date  
 10 Oct 1987

Issue Date  
 04 Feb 2008

001567979E



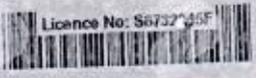
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 04 Feb 2008

MP 429A

Licence No: S8732045F



**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-18090225MFCV/28  
Vehicle No / Chassis No : GBG3879B / KDH2015025392  
Name of Insured : ROBINSON CAR RENTAL PTE LTD  
Period Of Insurance : 01.04.2018 To 31.03.2019  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : THINK ONE 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