

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119023770.

Date In: 20/2/19 14:34	Job description	Date & Time Completed	Done by
Ref No: MMA/CTZ19003174144	SAS e-filing		
Veh No: SKE 419 Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/2/19 04:50	I-Motor Claim Form		
<input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: Unknown 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	INC Ref No:	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

MMA1901329

Claimant's Particulars	Invoice Item / Description	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80);		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wof 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (Non INC) against INC \$20		
	9) N12: Idao 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 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	20/02/2019 14:34
Date Of Accident	18/02/2019 04:50
Exact Location Of Accident	MELAKA TO SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE418Y
Insured/Policyholder	
Name Of Registered Owner	FU CHEN LOK
NRIC No	S8708241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98230937
Alternative Phone No	OFFICE-98230937

Vehicle Particulars

Manufacturer	NISSAN
Model	GT-R 3.8 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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1817761800
Cover Note Number	-

Driver

Name of Driver	FU CHEN LOK
NRIC No	S8708241E
Date Of Birth	18/03/1987
Occupation	INDOOR
Date Of Driving Pass	11/11/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98230937
Fax Number	
Contact Number	OFFICE-98230937
Email Address	NOEMAIL

Address	54 KEW DRIVE
Postcode	467976
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMY7253 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK KULAIJAYA
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JMY7253
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.:

A hand-drawn map on grid paper showing a route from Melaka to Singapore. A vertical line represents a barrier. To the left of the barrier, there are two boxes labeled A1 and A2, and a box labeled B. To the right of the barrier, there is a box labeled C. A curved line with hatching represents a coastline. A dashed line indicates a path from A1 to A2. A solid line with an arrow points from A2 to C. A label 'Barrier.' with an arrow points to the vertical line. The text 'Melaka to Singapore' is written at the bottom.

A = SKE 418 Y
 B = Unknown
 C = JMY 7253

Melaka to Singapore

Please Refer to statement

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

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

I WAS TRAVELLING ALONG MELAKA TOWARDS SINGAPORE AT THE HIGHWAY, I WAS ON THE SECOND LANE FROM THE LEFT, WHEN SUDDENLY VEH B FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION, MY VEH LOST CONTROL SPIN TO THE RIGHT SIDE AND HIT ONTO THE ROAD BARRIER, THEN COME TO A STOP FACING AGAINST THE TRAFFIC, AFTER THE IMPACT MY VEH CANNOT BE DRIVEN AND I ALIGHTED FROM MY VEH, STAND ON THE ROAD SIDE MAKE MY CALL. AFTER 15 MIN LATER, ANOTHER VEH C (BEARING NO JMY7253) COME FROM THE FIRST LANE AND HIT ONTO MY VEH FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 2 / 19 (DD/MM/YYYY), TIME: 04:50 (HH:MM)

LOCATION: Melaka to Singapore.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 418Y.
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan GTR.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Fu Chen Lok. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98230937.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Trafik Kulaijaya.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMY 7253. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown. MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ngceseng auto works@hotmail.com.

fax =

VIDEO = No.



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK KULAIJAYA
Daerah : KULAIJAYA
Kontinjen : JOHOR
No Repot : TRAFIK KULAIJAYA/001564/19
Tarikh : 18/02/2019
Waktu : 0739 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R123905

Butir-butir Penerima Repot

Nama : MOHD ALIEF BIN SAMAT
Butir-butir Jurubahasa (Jika Ada)

No Personel : R193588

Pangkat : KONST/P

Nama : ---
No Pasport : ---
Alamat : ---

No K/P (Baru) : ---
Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu

Nama : FU CHEN LOK

No K/P (Baru) : ---
No Sijil Beranak : ---

No Polis/Tentera : ---

No Pasport : E6107493E

Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SWASTA

Tarikh Lahir : 18/03/1987
Warganegara : Singapore

Umur : 31 tahun 11 bulan

Alamat Tempat Tinggal : 54 KEW DRIVE, SINGAPORE, 467976

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6598230937

Pengadu Menyatakan:-

PADA 18/02/2019 JAM LEBIH KURANG 0450HRS SAYA MEMANDU BERSEORANGAN M/KAR NO. SKE418Y JENIS NISSAN DARI MELAKA HENDAK KE SINGAPURA. PADA KETIKA ITU, SEMASA BERADA DI LORONG KIRI KM 19.7 LEBUHRAYA UTARA-SELATAN(S) DALAM KEADAAN HUJAN LEBAT TIBA-TIBA M/KAR SAYA HILANG KAWALAN DISEBABKAN JALAN LICIN MENYEBABKAN M/KAR SAYA HILANG KAWALAN LALU TERLANGGAR BESI PEMBAHAGI KANAN JALAN DAN BERPUSING. PADA MASA YANG SAMA DATANG SEBUAH M/KAR NO. JMY7253 JENIS P/SAGA DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN DEPAN KIRI M/KAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN BUMPER, PANEL, CERMIN BESAR, BONET, TANGKI AIR/AIRCOND, MUDGUARD, TAYAR/ARM/RIM, SENSOR, CERMIN BESAR DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SAYA BUAT LAPORAN UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

f. f

f. f

ID Pencetak | Tarikh @ Masa Cetak : A7027669 | 18/02/2019 08:17:06 AM

SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

KRSPD IPD KULAI JOHOR

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8708241E**

Name: **FU CHEN LOK**

Date of Birth: **18 Mar 1987**

Issue Date: **11 Nov 2005**

001381687F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8708241E**

Name: **FU CHEN LOK**

胡 镇 洛

Race: **CHINESE**

Date of birth: **18-03-1987**

Country/Place of birth: **SINGAPORE**

Sex: **M**





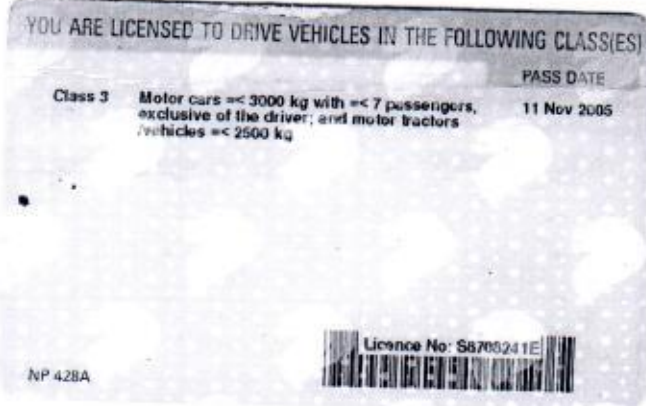

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE: **11 Nov 2005**

NP 428A

Licence No: **S8708241E**



5903116

NRIC No: **S8708241E**

Date of Issue: **31-03-2018**

Address: **54 KEW DRIVE
SINGAPORE 467976**




CERTIFICATE OF INSURANCE

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)

CERTIFICATE No. DMPCSN1817761800 Engine No : VR38006991A
Chassis No: R35004855

1. Index Mark and Registration Number of Vehicle SKE418Y

2. Name of Policy Holder FU CHEN LOK

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 6 JUNE 2018
NAMED DRIVERS EX SECT. I S\$3,000.00
ADDITIONAL EX OTHER THAN NAMED DRIVERS: S\$6,000.00
EX ON WINDSCREEN S\$350.00

4. Date of Expiry of Insurance 5 JUNE 2019

5. Persons or Classes of Persons entitled to drive *

AS PER NAMED DRIVER(S) STATED BELOW.

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.

THE INSURED,
FU WAI KONG

FU QIAN LI DRIVING ONLY

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST 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.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER

* 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).
Please see reverse



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory