

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In <u>08/03/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/FCI19004294/13</u>	SAS e-filing		
Veh No <u>SH2807J</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <u>08/02/19</u> <u>1320</u>	i-Motor Claim Form		
OD <u>(TP)</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</u> to <u>Owner/Wksp</u>		

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

TP Particulars:	Veh No: <u>SHD2311Z</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

<u>NA1901779</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	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		
Driver/Owner:	8) NTUC Additional Services:-		
	OD:		
Contact No:	*N5: Courtesy Car / Tpt Allowance \$5		
Damaged Portion:	*N6: Repair Co-ordination \$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	08/03/2019 16:36
Date Of Accident	08/03/2019 13:20
Exact Location Of Accident	INSIDE T4 PICK-UP POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH2807J
Insured/Policyholder	
Name Of Registered Owner	YEO AH HEE
NRIC No	S0346046J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OTHERS-62933950
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH
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	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-190092377MSH
Cover Note Number	
Driver	
Name of Driver	CHEE HIONG KIN
NRIC No	S1660180B
Date Of Birth	08/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97478752
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	12 VEERASAMY ROAD
Postcode	207320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2311Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHEE HIONG KIN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SH2807J

YES

NO

SKETCH PLAN

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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.
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:

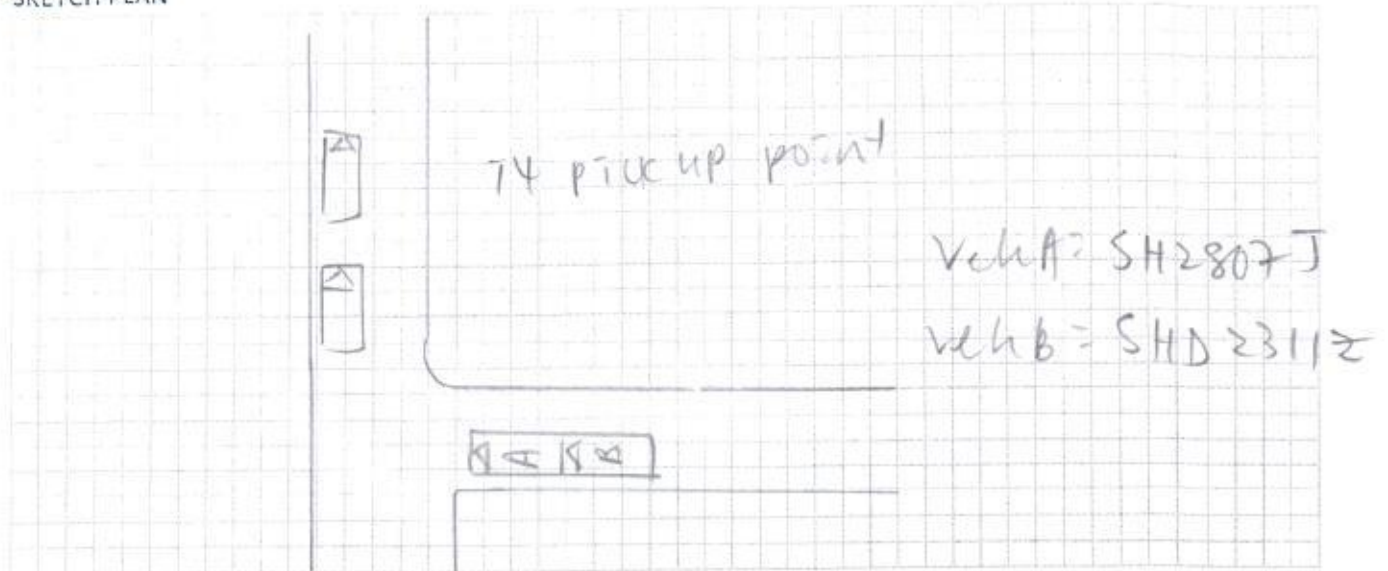


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Stationary inside Changi Airport TY
on 08.03.2019 @ 1320hrs. I was waiting
queuing for enter pick up point. Suddenly,
I heard a bang sound and felt an
impact from my rear. Vehicle B
was collided onto rear portion of my
vehicle.

DECLARATION

I/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:

 08/03/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO: SH 2807 J MAKE & MODEL: Toyota Axio

DATE OF ACCIDENT 08/03/2019

TIME OF ACCIDENT 1320 AM/PM

LOCATION OF ACCIDENT Inside TY pick up point

Exact Purpose use during accident

NAME OF OWNER Mrs An Hee

TELP NO 62933950

NRIC S03460467

CLAIM TYPE OD / THIRD PARTY / Reporting Only

INSURANCE CO. FCI

TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. D190092377 MSH

NAME OF DRIVER As above / If No. Chee Hing Kin

NRIC S1660180B Any passengers: -

DATE OF BIRTH 08/05/1964

OCCUPATION Outdoor / Indoor

DATE OF DRIVING PASS 04/Nov/1986

GENDER Male / Female

CONTACT NO. 97478752 Office, Home, .

ADDRESS 12 Veerasamy Road, S(0820)

DRIVER HAVE ANY OWN Vehicle NO / If yes, Reg No.

RELATIONSHIP Employee / If No.

WEATHER CONDITION Clear / Raining / Other,

ROAD SURFACE Dry / Wet / Other,

ANY INJURIES No / If yes, Who? NECK

CONTACT NO.

POLICE REPORT No / If yes, Where?

VEHICLE B NO. SHD 2311 Z, Toyota Any Passenger: -

NAME

CONTACT NO. 97858333

VEHICLE C NO. Any Passenger:

VEHICLE D NO. Any Passenger:

VEHICLE E NO. Any Passenger:

VEHICLE F NO. Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO

PARTICULAR WORKSHOP huameng @ live.com.sg

TELP NO

CONTACT PERSON

AX NO.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S1660180B**
 Name: **CHEE HIONG KIN**
 Birth Date: **08 May 1964**
 Issue Date: **03 Jan 2003**

000087995E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1660180B



CHEE HIONG KIN

徐 蒼 殷


Race:
CHINESE

Date of Birth: **08-05-1964** Sex: **F**

Country of Birth:
SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE


 Licence No: **S1660180B**
 Name: **CHEE HIONG KIN**
 Issue Date: **18/7/2016**
 Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Nov 1986



NP 428A

0543920


 NRIC No: **S1660180B**
 Blood Group: **B+** Date of issue: **29-09-1992**
 Address:
12 VEERASAMY ROAD
SINGAPORE 0820

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description
02	TAXI VL

Issue Date
20/07/2010



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: TAXIS
 Type of Cover: Comprehensive
 Certificate No.: D-190092377MSH
 Vehicle No / Chassis No: SH2807J / NZE1617065453
 Name of Insured: YEO AH HEE
 Period Of Insurance: 09.01.2019 To 08.01.2020
 Insured Estimated Value: Market Value At Time Of Loss
 Financial Institution: YES MOTORING & CREDIT PTE LTD

Excess :

SGD1,000.00 SECTION I & II SEPARATELY EACH AND EVERY LOSS

Authorised Driver*

YEO AH HEE

Persons or classes of persons entitled to drive*

- Any licensed taxi driver driving on the Insured's order or with their permission.
- Any person provided he is in the Insured's employ and is driving on their order or with their 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 as a taxi. Use for social, domestic and pleasure purposes.

The Policy does not cover

- Use for racing, pace-making, reliability trial or speed testing.
- Use whilst drawing a trailer except the towing (other than for reward of any one disabled mechanically propelled vehicle).

* 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)

ITHMINAH/A0141/MZ400A



Issued at Singapore on 11.12.2018



Authorised Signature