

NATIONAL Assessment Centre Services

1st Jan 2019

Date In: 18/04/2019 09:51	Job description	Date & Time Completed	Done by
Ref No. NA/FCI19006897/K4	SAS e-filing		
Veh No. SK96841H	E-trail (within 8hrs, AIC 2hrs)		
D.O.A. 17/04/2019 08:40	i-Motor Claim Form		
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLR8267H . 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

NA1902841	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp 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: 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	18/04/2019 09:51
Date Of Accident	17/04/2019 08:40
Exact Location Of Accident	JUNC OF DUKU RD AND TEMBELING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6841H
Insured/Policyholder	
Name Of Registered Owner	RAFFLES JAPANESE CLINIC P L
Co Reg No	-
Email Address	ONISHI.YOICHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96158841
Alternative Phone No	OFFICE-96158841

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	REPORTING ONLY
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-19092748MVQC/6
Cover Note Number	

Driver

Name of Driver	ONISHI YOICHI
NRIC No	S2718463D
Date Of Birth	18/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90233055
Fax Number	
Contact Number	OTHERS-90233055
Email Address	ONISHI.YOICHI@GMAIL.COM

Address 83 DUKU ROAD
#04-08

Postcode 429247

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 SIDE SWIPE

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? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR8267H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM WEI WEE

NRIC/Passport Number S7976490F

Contact Number 96585866

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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)**

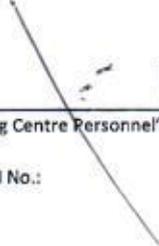
I understand, acknowledge, agree and consent that:

- (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: 17 APR 2019
6:30PM

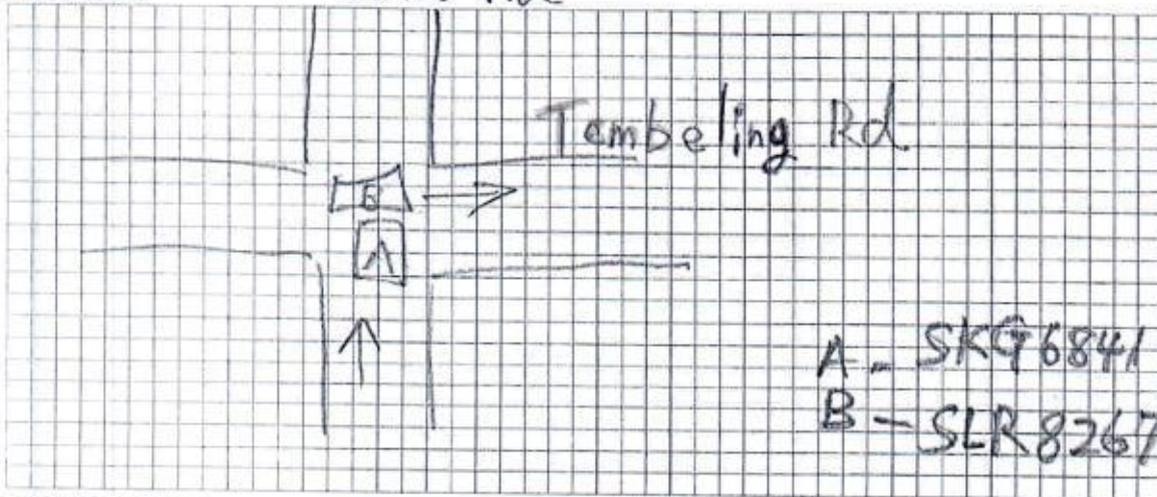


大西洋一
Driver's Signature
(if driver is not the policyholder)
Date & Time: 17 APR 2019


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

SKETCH PLAN

Duku Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A that is my car was driving Duku Rd and entered in the junction. Then Car A hit the right side of Car B that was running Tembeling Rd.

Car A : badly damage in front.

DECLARATION

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

X



大西洋一

Policyholder's Signature

Date & Time: 17 APR 2019 6:30pm

GIAMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17 APR 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/4/2019

Reported on 17/4/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (17/4/2019) (DD/MM/YYYY), TIME: (08:40 AM) (HH:MM)

LOCATION: Junc of Duku Rd & Lembehing Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 6841 H
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90233055
- 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: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 8267 H MODEL: _____
- b) DRIVER'S NAME: LIM WEI WEE
- c) NRIC/FIN/PASSPORT: S 7976490E CONTACT: 96585866

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Ms Siek → Ass: 96158841

Michelle

email = onishi.yoichi@gmail.com

fax = onishi.yoichi@gmail.com

VIDEO =

(FCI)

Waiting for Certificate?
& Company Chop?

Driver is going to oversea today 17/4/2019

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2718463D



Name

ONISHI YOICHI

Race

JAPANESE

Date of Birth

18-10-1966

Sex

M

Country of Birth

JAPAN

S2718463D

8508257



NRIC No. S2718463D

Nationality

JAPANESE

Blood Group: Date of Issue

31-03-2003

83 DUKU ROAD #04-08
SINGAPORE 429247

NRIC No: S2718463D

Date: 15/04/2019

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2718463D**
Name: **ONISHI YOICHI**

Birth Date: **18 Oct 1966**
Issue Date: **17 Jun 2003**

000585795G

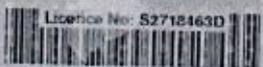


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	ISSUE DATE
Class 3 Motor Cars and Motor tractors the weight of which unladen does not exceed 2500 kilograms	20 Jul 2001

NP 423A

Licence No: **S2718463D**



RENEWAL CERTIFICATE

Agency : D0005 Policy No : D-19092748MVQC/6
Cover Note/Ref. No : Replacing CI No : D-17089257MVQC
Type of Policy : COMPANY CAR - PRIVATE INSURANCE

Insured : RAFFLES JAPANESE CLINIC P L

Address : 25 TANNERY LANE
SINGAPORE 347786

Period of Insurance : 01 FEBRUARY 2019 until midnight on 30 NOVEMBER 2019

Registration No	: SKG6841H	Tonnage/CC	: 1598
Year of Manufacture	: 2012	Seaters	: 4
Year of Registration	: 2012	Chassis No	: MR053REE104146865
Make/Body Type	: TOYOTA COROLLA ALTIS 1.6 AUTO SALOON	Engine No.	: 1ZRX225444
Insured Estimated Value	: MARKET VALUE AT THE TIME OF LOSS	Cover Type	: COMPREHENSIVE
Named Drivers	: ANY AUTHORISED DRIVERS		

The policy is subject to endorsements/clauses : 2, 25, 30, 31, 4(A), 57, 5A4,
72, ANCD, E28, E29, E33, E3B,
E45, E48B, E48J, E6, PDP And
SLEC

Premium	:	SGD705.62		
GST 7 %	:	49.39	NCD 50.00%	: SGD705.62
Total Due	:	<u>SGD755.01</u>		

Excess :
SGD500.00 SECTION I
SGD3,500.00 ON 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

Business : Healthcare Provider including Primary, Specialist and Tertiary
Healthcare Services, Diagnostic and Other Services and Property
Owner.