

# NATIONAL Assessment Centre Services

Date In <u>16/05/19</u>	Job description	Date & Time Completed	Done by
Ref No. <u>NA/FCI19008687/13</u>	SAS e-filing		
Veh No <u>FBH9617X</u>	E-mail (within 8hrs, AIC 2hrs)		
DOA <u>30/04/19</u> <u>8850</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 to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <u>SLZ1961R</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>NA1903656</u>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
<b>Auditors' Comments :-</b>	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 1:	OD*			
Cat. 2 / 3:	*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 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	16/05/2019 14:11
Date Of Accident	30/04/2019 08:50
Exact Location Of Accident	SCIENCE PARK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH9617X
Insured/Policyholder	
Name Of Registered Owner	CAI ZHIXIANG
NRIC No	S8832160Z
Email Address	EVAN.CZX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90289476
Alternative Phone No	OTHERS-90289476
Vehicle Particulars	
Manufacturer	HONDA
Model	WW150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-18092211MYCE
Cover Note Number	
Driver	
Name of Driver	CAI ZHIXIANG
NRIC No	S8832160Z
Date Of Birth	30/08/1988
Occupation	INDOOR
Date Of Driving Pass	01/02/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90289476
Fax Number	
Contact Number	OTHERS-90289476
EMail Address	EVAN.CZX@GMAIL.COM

Address	BLK 764 PASIR RIS ST 71 #09-246
Postcode	510764
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190430/7018

#### 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	SLZ1961R
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 INJURED PERSON 1**

Name CAI ZHIXIANG

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FBH9617X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## 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: 16/05/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

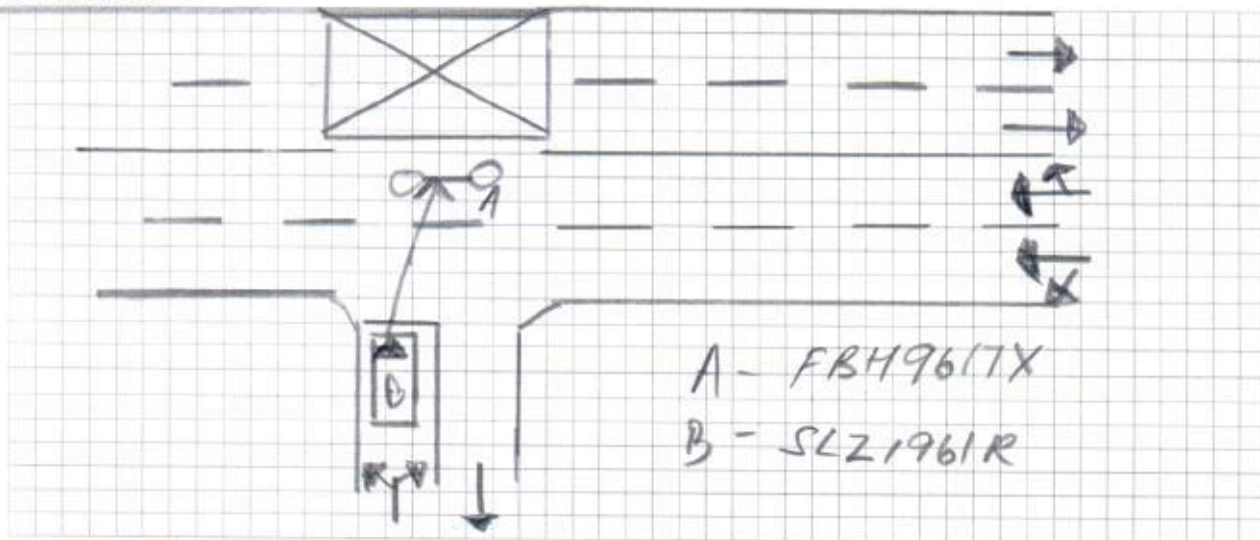
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SCIENCE PARK RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190430/7018

DECLARATION

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

Policyholder's Signature  
Date & Time: 16/05/19

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

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



# SINGAPORE POLICE FORCE



T/20190430/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190430/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 19:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CAI ZHIXIANG		Address: APT BLK 764 PASIR RIS STREET 71 #09-246 SINGAPORE 510764			
ID Type / ID No.: NRIC NO / S8832160Z		Contact No.: Home/Office:		Mobile: 90289476	
Nationality: SINGAPORE CITIZEN		Email: evan.czx@gmail.com			
Sex: Male	Age: 30	Date of Birth: 30/08/1988	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CUSTOMER SERVICE EXECUTIVE		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/04/2019 08:50	Type of Location: Straight Road
Location:  SCIENCE PARK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9617X	Motorcycle	HONDA	WW150	Black		0
SLZ1961R	Car		HONDA FIT	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9617X	FIRST CAPITAL INSURANCE LIMITED	D-18092211MYCE	23/11/2018	22/11/2019



**SINGAPORE  
POLICE FORCE**



T/20190430/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190430/7018

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CAI ZHIXIANG	ID No.	S8832160Z
Related Vehicle	FBH9617X (Motorcycle)	Contact No.	90289476
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	30/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

I was travelling on Science Park Road going straight toward THE CRIMSON building. The car with plate number SLZ1961R want to turn out from HENG MUI KENG TERRANCE and hit me head on from my left. The road I am travelling have two lane on both direction and I am on the right lane.



**SINGAPORE  
POLICE FORCE**



T/20190430/7018

3 of 3

Report No. T/20190430/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG CHEE HIEN  
Contact No.: 65476437

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/04/2019 19:31

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8832160Z



Name

CAI ZHIXIANG

蔡志翔

Race

CHINESE

Date of birth

30-08-1988

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8832160Z

Name

CAI ZHIXIANG

Birth Date 30 Aug 1988

Issue Date 01 Feb 2007



6035705

NRIC No. S8832160Z



Date of issue

02-10-2018

Address

APT BLK 764 PASIR RIS STREET 71  
#09-246  
SINGAPORE 510764

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motorcycles > 400 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE

01 Feb 2007

14 Sep 2010

20 Apr 2012

31 Dec 2018

S8832160Z

S/No. 9000143802

K2 436A





MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9

6 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims &amp; 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, 1980

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

Type of Policy: : MOTOR CYCLE INSURANCE  
 Type of Cover: : Third Party Fire and Theft  
 Certificate No. : D-18092211MYCE  
 Vehicle No / Chassis No : FBH9617X / MLHKF12A1C5003156  
 Name of Insured : CAI ZHIXIANG  
 Period Of Insurance : 23.11.2018 To 22.11.2019  
 Insured Estimated Value : Market Value At Time Of Loss

## Excess:

SGD360.00 SECTION I

## Authorised Driver\*

CAI ZHIXIANG

## Persons or classes of persons entitled to drive\*

\* 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 for social domestic and pleasure purposes and by the Insured in person in connection with his business or profession.

## The Policy does not cover:-

- (i) Use for hire or reward
- (ii) Use for racing, pacemaking, reliability trial or speed-testing.
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (iv) Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 5 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.

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/AD181/MY3C

Issued at Singapore on 16.11.2018

  
 Authorised Signatory