

**NATIONAL Assessment Centre Services** (wef 1 Jan 2019) **MAN 9077116**

Date In: 14/06/2019 15:57	Job description	Date & Time Completed	Done by
Ref No: N381/PC/19010583/4	SAS e-filing		
Veh No: SJT 6769E	E-mail (within 8hrs, ATC 2hrs)		
D.O.A: 10/06/2019 18:35	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SXK 4053H** 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:**

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

**Auditors' Comments:**

Cal. 1: \_\_\_\_\_

Cal. 2/3: \_\_\_\_\_

1/1 P

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		In Bill	Add Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: 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 2019)			
6) TR: Itc-inspection	\$75		
7) N1: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
N11			
• N3: 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		
N12: Idno Mobile	\$0		
Invoice dated:	Pen Charged		
Invoice total:	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	14/06/2019 15:57
Date Of Accident	10/06/2019 18:35
Exact Location Of Accident	39A WEST COAST PARK THE INFINITY BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6769E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO ENG SAY
NRIC No	S0109592G
Email Address	TEO.POTTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97546879
Alternative Phone No	OTHERS-97546879

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	I-CAR 4A/T MIVEC I-CASUAL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091711MVPC
Cover Note Number	

### Driver

Name of Driver	TEO ENG SAY
NRIC No	S0109592G
Date Of Birth	26/08/1954
Occupation	INDOOR
Date Of Driving Pass	23/10/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97546879
Fax Number	
Contact Number	OTHERS-97546879
E-Mail Address	TEO.POTTER@GMAIL.COM

Address 39B WEST COAST PARK  
#03-05

Postcode 127713

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) 0

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190613/2058

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK4053H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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:

13/06/2019

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

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

14/06/2019  
[Signature]  
[Signature]



SKETCH PLAN

UNKNOWN CAR WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
D/20190613/2058

DECLARATION

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

Policyholder's Signature  
Date & Time:

13/06/2019

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

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

14/06/2019  
ROSLINTA



**SINGAPORE  
POLICE FORCE**



D/20190613/2058

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20190613/2058

Police Station Of Origin  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Date/Time Report Made 13/06/2019 16:53	Vide Report No. D/20190613/0039	Station Diary No. 38		
Name Of Informant TEO ENG SAY	Address 39B WEST COAST PARK #03-05 SINGAPORE 127713			
ID Type / ID No. NRIC NO / S0109592G	Contact No. Home/Office Mobile 97546879			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Graphic designer	Sex Male	Age 64	Date of Birth 26/08/1954	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 12/06/2019 21:20 12	Location Of Incident 39A WEST COAST PARK THE INFINITI SINGAPORE 127712 Basement Carpark Lot 204			

**Brief details.**

On 12/06/2019 at about 2120hrs, i went to the basement carpark of my condo wanted to drive my vehicle (SJJ6769E) , I saw my rear left back bumper was dented. I informed my Condo management however they asked me to lodge a police report.

On 13/06/2019 at about 1000hrs, I called for police and they attended to my case (D/20190613/0039). The police came and viewed the CCTV and after which the police informed me that a vehicle

Signature Of Officer Recording The Report: D / Sgt 1 LIM TIAN WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2019 16:53
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN Contact No.: 68727241	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190613/2058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190613/2058

(SKK4053H) hit onto my vehicle and drove off.

I wish to state that the parking lot only allow residents to park however the said vehicle is not a resident there as informed by the management.

I am making this report for Insurance purpose.

Signature Of Officer Recording The Report:

D / Sgt 1 LIM TIAN WEN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp KIMBERLY LIM PEIXUAN  
Contact No.: 68727241

Authentication Stamp

Signature Of Informant:

Date/Time:  
13/06/2019 16:53

Classification Of Case:



Motor & Police Report

## ACCIDENT STATEMENT

ACCIDENT DATE: 10/06/2019 (DD/MM/YYYY), TIME: 18:35pm (HH:MM)  
LOCATION: 39B #03-05 The Infiniti West Coast Park

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS ~~6769~~ 6769 E  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: D-18091711MVP2  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi i MIVEC  
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: TEO ENG SAY (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 501095426 CONTACT: 97546879  
c) ADDRESS: BLK 39B #03-05 The Infiniti West Coast Park

\* 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: 26/08/54 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/10/1978

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: Queenstown Police Centre

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKR 4053 H MODEL: \_\_\_\_\_

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

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

### 9. THIRD PARTY VEHICLE

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

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

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

email = teo.potter@gmail.com


VIDEO

Rob-

Robert @ ablm . com . sg



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0109592G



Name  
TEO ENG SAY  
張 咏 新  
Race  
CHINESE  
Date of birth  
26-08-1954  
Sex  
M  
Country of birth  
SINGAPORE

4708367

REPUBLIC OF SINGAPORE DRIVING LICENCE

Birth Date: 26 Aug 1954  
Issue Date: 02 Jun 2003

000530716F

4708367



AMIC No. S0109592G



Date of issue  
31-10-2011

Address  
39B WEST COAST PARK  
#03-05  
SINGAPORE 127713

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

Class 3 Motor Cars and Motor Tractors the weight of which including does not exceed 2500 kilograms

23 Oct 2010

NP 575

License No. S0109592G

**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 : PRIVATE MOTOR CAR INSURANCE  
Type of Cover : Comprehensive  
Certificate No. : D-18091711MVPC  
Vehicle No / Chassis No : SJJ6769E / JMYLRHA1W8U500247  
Name of Insured : TEO ENG SAY  
Period Of Insurance : 23.09.2018 To 22.09.2019  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : MAYBANK

**Excess :**

SGD500.00 OWN DAMAGE EXCESS

SGD700.00 UNNAMED DRIVER EXCESS

SGD3,500.00 SECTION I &amp; II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***

TEO ENG SAY

**Persons or classes of persons entitled to drive\*****1) The Insured.**

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

**2) Any other person who is driving on the Insured's order or with his 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 only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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.

\* 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/A0001/MX1F



Issued at Singapore on 03.09.2018



Authorised Signatory