

# NATIONAL Assessment Centre Services

19/06/2019 14:52

Date In: 19/06/2019 14:52	Job description	Date & Time Completed	Done by
Ref No: NBR/FCI/9010857/Y	SAS e-filing		
Veh No: PA 578K	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 18/06/2019 11:30	i-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	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: SBT 229U	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

NA/904602	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) TP: 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 2009)		
Est. J:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1	8) NTUC Additional Services:		
	9) 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: Idm Mobile \$0		
	Invoice dated	Pen Charged	
	Excess dated	Excess Charged	

07-MAY-2019 16:39



## 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	19/06/2019 14:52
Date Of Accident	18/06/2019 11:30
Exact Location Of Accident	ALONG ROWELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5718K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEDIACORP TV SINGAPORE PTE. LTD.
Co Reg No	199406087N
Email Address	KIANSENG@MEDIACORP.COM.SG
Mobile Phone No	(LOCAL) +65-96438103
Alternative Phone No	OFFICE-62659425

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19092994MFBP/5
Cover Note Number	

### Driver

Name of Driver	PNG CHOO PEE
NRIC No	S1220095A
Date Of Birth	24/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96438103
Fax Number	
Contact Number	OFFICE-62659425
E-Mail Address	KIANSENG@MEDIACORP.COM.SG

Address -  
 Postcode -  
 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 COLLIDED INTO PARKED VEHICLE  
 Weather Conditions AFTER RAIN  
 Road Surface WET

**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**

PLEASE REFER TO SKETCH PLAN

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SBT2219U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver SAM YONG HENG  
 NRIC/Passport Number S7481178G  
 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: 18/6/2019

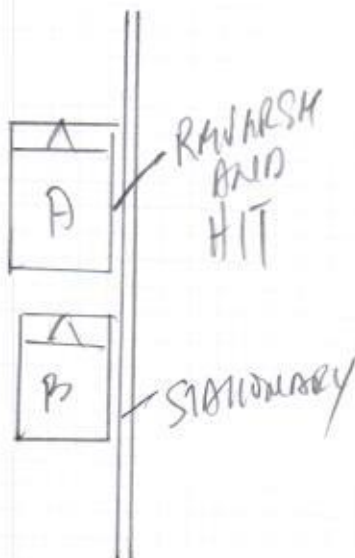
19/06/2019  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.: [Signature]

SKETCH PLAN

Along Bowhill Road

A) PA 518K

B) SBT 2219U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On this date 18/6/19 (Tues) 11:30am, while I was reversing, I accidentally hit the car behind me.

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:

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

19/06/2019

Roshan [Signature]



10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

25 May 2017

Our ref 2505171801N011002316

MEDIACORP TV SINGAPORE PTE LTD  
1 STARS AVENUE  
MEDIACORP CAMPUS  
SINGAPORE 138507

Certified True Copy

f. Registrar of Vehicles

Dear Sir/Madam

**PARTICULARS OF REGISTERED VEHICLE NO. PA5718K**

The particulars of the above mentioned registered vehicle, as at 25 May 2017, are as follows:

**Owner Particulars**

1. Name	: MEDIACORP TV SINGAPORE PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 199406087N
4. Place Of Passport Issue	: -
5. Registered Address	: 1 STARS AVENUE MEDIACORP CAMPUS SINGAPORE 138507
6. Mailing Address	: -

**Vehicle Particulars**

1. Vehicle No.	: PA5718K
2. Previous Vehicle No.	: -
3. Effective Date of Ownership	: 21 Feb 2014 / 16:00:53
4. Original Registration Date	: 21 Oct 2005
5. First Registration Date	: 21 Oct 2005
6. Vehicle Type	: Passenger Bus/Coach/Minibus
7. Vehicle Scheme	: Public Service Vehicle (Others)
8. Attachment 1	: Air-Conditioned
9. Attachment 2	: -
10. Attachment 3	: -
11. Vehicle Make	: NISSAN
12. Vehicle Model	: URVAN 3.0 M
13. Year of Manufacture	: 2005
14. Primary Colour	: White
15. Secondary Colour	: -
16. Passenger Capacity	: 9
17. Chassis No./Trailer Chassis No.	: JN1TG4E25Z0703286 / -

18. Propellant	: Diesel
19. Engine No./Motor No.	: ZD30016633K / -
20. Engine Capacity (cc)/Power Rating (kW)	: 2953 / -
21. Maximum Power Output (kW/bhp)	: - / -
22. Unladen Weight (kg)	: 1660
23. Maximum Laden Weight (kg)	: 3100
24. Open Market Value	: \$22,696.00
25. PARF Eligibility	: No
26. PARF Eligibility Expiry Date	: -
27. Minimum PARF Benefit	: -
28. No. of Transfers	: 2
29. IU Label No.	: 1550141469
30. COE No.	: 2005100105001031C
31. COE Expiry Date	: 20 Oct 2020
32. COE Category	: C - Goods Vehicle & Bus
33. Quota Premium/Prevailing Quota Premium	: \$7,264.00 / -
34. Actual Quota Premium Paid	: \$23,992.00
35. Quota Premium (Registration Category)	: \$7,264.00
36. ARF Rate (%)	: 5.00
37. Actual ARF Paid	: \$1,135.00
38. CO2 Emission (g/km)	: -
39. Actual CEVS Rebate Utilised	: -
40. CEVS Surcharge Paid	: -
41. Actual Green Vehicle Rebate Utilised	: -
42. Vehicle Lifespan Expiry Date	: 20 Oct 2025
43. Remarks	: -

Upon the expiry of the vehicle's 5-year COE on 20 Oct 2020, you may further renew the COE of your vehicle for another 5 years, subject to the statutory lifespan (if applicable) of the vehicle. This is a public service vehicle.

PHOW

## ACCIDENT STATEMENT

ACCIDENT DATE: 18.6.2019 (DD/MM/YYYY), TIME: 11:30 am (HH:MM)

LOCATION: Rowell Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 5718 K  
b) INSURANCE COMPANY: First Capital  
c) POLICY NUMBER: D19092994 WFBP/5  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Urvan 3.0 m  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mediacorp Pte Ltd (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: +65 62659425  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Png Choo Pee (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1220095A CONTACT: 96438103  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 28/02/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/07/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ATF Rain  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBT 2219 U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Sam Yong Heng  
c) NRIC/FIN/PASSPORT: S748178G CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

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

email = Kianseng@mediacorp.com.sg  
VIDEO




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1220095A



Name  
PNG CHOO PEE  
方秋边  
Race  
CHINESE  
Date of Birth  
24-02-1956  
Sex  
M  
Country of Birth  
SINGAPORE

2302598

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1220095A  
Name  
PNG CHOO PEE  
Birth Date: 24 Feb 1956  
Issue Date: 23 Apr 2004

001202882E

2302598



NRIC No: S1220095A



Blood Group: B+ Date of issue: 23-06-1994

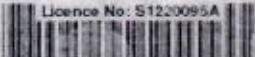
NRIC No: S1220095A Date: 06-01-1995 No: 2482881

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Apr 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jul 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Oct 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	06 Nov 1979

NP 428A

Licence No: S1220095A



**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. : BUSES - FLEET  
Type of Cover. : Third Party  
Certificate No. : D-19092994MFBP/5  
Vehicle No / Chassis No : PA5718K / JN1TG4E25Z0703286  
Name of Insured : MEDIACORP TV SINGAPORE PTE. LTD.  
Period Of Insurance : 01.04.2019 To 31.03.2020  
Insured Estimated Value : 0.00

**Excess :**

NIL

ADDITIONAL SGD3,500.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE  
BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***

ANY AUTHORISED DRIVERS

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

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 only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule).

The Policy does not cover:-

- (1) Use for racing, pacemaking, reliability trial or speed-testing.
- (2) 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)

JENNY/B0003/MZ601

Issued at Singapore on 20.03.2019

  
\_\_\_\_\_  
Authorised Signature