

NATIONAL Assessment Centre Services.

[ver 1 Jan 05] **NAH 908/225**

Date In: 22/06/2019 12:12	Job description	Date & Time Completed	Done by
Ref No: NA/KCI/9011030/Y	SAS e-filing		
Veh No: SH 2807 J	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 21/06/2019 11:55	I-Motor Claim Form		
OP 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: Vch No: **SCR 4142Y** 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% P: 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: **NAH 9048Y**

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NAH 9048Y

Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2:	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idas Mobile		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Coordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	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	22/06/2019 10:45
Date Of Accident	21/06/2019 11:55
Exact Location Of Accident	ALONG AIRPORT ROAD TOWARDS KPE
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) +65-97478752
Alternative Phone No	OTHERS-97575772

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	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	QUEK YEW CHOON, STEVEN
NRIC No	S0107596I
Date Of Birth	03/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1970
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-97478752
Fax Number	
Contact Number	OTHERS-97575772
Email Address	NOEMAIL

Address	BLK 589D MONTREAL DRIVE #04-124
Postcode	754589
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)	2
Passenger 1	NAME: : AZIZAH GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR4142Y
Vehicle Make/Model/Colour	HONDA VEZEL
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	QUEK YEW CHOON, STEVEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SH2807J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

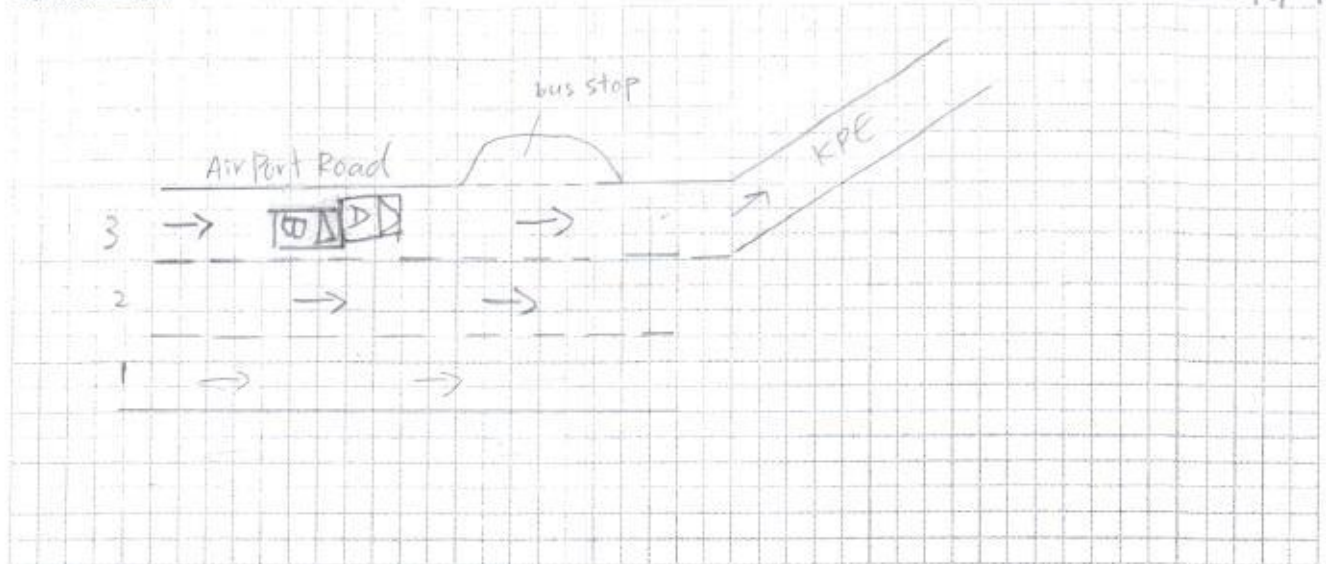
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

22/06/2019

Roshan

SKETCH PLAN

Vehicle A = SH2807J
Vehicle B = SKP4142Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I driving along Air Port Road towards KPE on 21.06.2019 @ 1155hrs.


I change from Lane 2 to Lane 3 and slow down my vehicle. Suddenly, I

heard a bang sound and felt an impact from my rear.

Vehicle B was collided onto right 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:


Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 1206/2019

VEHICLE NO: SH 2807 J

MAKE & MODEL: TOYOTA AX10

DATE OF ACCIDENT

21 / 06 / 2019

TIME OF ACCIDENT

1155 (AM) / PM

LOCATION OF ACCIDENT

AirPort Road TWDS KPE

Exact Purpose use during accident

NAME OF OWNER

Yeo Ah Hee

TELP NO

97478752

NRIC

S0346046J

CLAIM TYPE

OD

/

(THIRD PARTY)

/

Reporting Only

INSURANCE CO.

MS First Capital Insurance Ltd

TYPE OF CAVERAGE

(Comprehensive)

/

Third Party

/

Third Party Fire & Theft

POLICY NO.

D-190092377MSH

NAME OF DRIVER

As above

/

If No: Quek Yew Choon, Steven

NRIC

S0107596I

Any passengers:

1 pax

DATE OF BIRTH

03 / 09 / 1952

Azizah (F)

OCCUPATION

(Outdoor)

/

Indoor

DATE OF DRIVING PASS

25 / 08 / 1970

GENDER

(Male)

/

Female

CONTAC NO.

97575772

Office:

Home:

ADDRESS

Blk 589D Montreal Drive # 04-124 S (754589)

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?

Quek Yew Choon, Steven

CONTAC NO.

97575772

POLICE REPORT

No / If yes: Where?

VEHICLE B NO.

SKR 4142 Y (Honda Vezel)

Any Passenger:

Unknown

NAME

CONTAC NO.

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

FAX NO.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S01075961



QUEK YEW CHOON, STEVEN
郭有春
Race: CHINESE
Date of birth: 03-09-1952
Sex: M
Country of Birth: SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S01075961
Name: QUEK YEW CHOON, STEVEN
Birth Date: 03 Sep 1952
Issue Date: 04 Jun 2003





For LKK/NAC Use Only

Land Transport Authority

VOCATIONAL LICENCE

Licence No.: S01075961
Name: QUEK YEW CHOON STEVEN
Issue Date: 1/8/2008



Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

0635853




NRIC No: S01075961
Blood Group: O+
Date of issue: 27-11-1992

APT BLK 588D MONTREAL DRIVE #04-124
SINGAPORE 754589
NRIC No: S01075961
Date: 13-02-2005
No: 5085999

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS

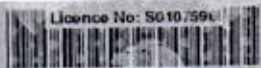
PASS DATE: 25 Aug 1978

Class	Description
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

S / No. 9000290155

S01075961


Licence No: S01075961



NP 428A

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

Type	Description	Issue Date
02	TAXI VL	01/08/1978



For LKK/NAC Use Only

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA11908125 Vehicle Registration No : SH 2807 J
Name (as shown in NRIC) : Quack Yaw Choon, Steven NRIC/FIN/Passport No : 801075961
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97575712
Email Address : _____
Date of Accident : 21/06/2019 Time of Accident : 11:55
Place of Accident : ALONG AIRPORT TOWARDS KPE
Insurance Company : FIRST COPIER

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Instant returned Person (Quack Yaw Choon, Steven)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paula
NRIC/FIN No.: 101103
Date: 21/06/2019