

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

MMA 119092973 - 01

Date In: 16/7/19 14:08	Job description	Date & Time Completed	Done by
Ref No: NA1FCI9012530/h4	SAS e-filing		
Veh No: SFG 29K	E-mail (within 2hrs, AIC 2hrs)		
DDA: 15/7/19 08:50	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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/Whse		

Preferred Wksp / INC Assgn Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJA 29U	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: (\$)	Landing: \$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: ()

Reminders:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NA1905217		AMOUNT (\$)	PAID (\$)
1) AL: Accident Reporting - (\$30)			3000
2) DA: Damage Assessment - (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) TP: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (over 10 Jan 2005)			
6) TR: Re-Inspection	\$75		
7) NT: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NR: Repair Coordination	\$10		
*NT: Post Repair Inspection	\$25		
*NN: DV / Collect Excess Coordination	\$5		
TP (NT): TP (Non INC) against INC	\$20		
9) NT: 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 16/07/2019 14:08
 Date Of Accident 15/07/2019 08:50
 Exact Location Of Accident 31 TOH HEIGHTS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG29K
Insured/Policyholder
 Name Of Registered Owner LEONG KAI FATT
 NRIC No S1102942F
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90120029
 Alternative Phone No OFFICE-90120029

Vehicle Particulars

Manufacturer TOYOTA
 Model ALPHARD
 Exact Purpose for which vehicle was being used at time of accident PARKED
 Are you claiming under your own insurance policy for repair to your vehicle? YES
 If No, Please state action to be taken

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-19092706MVPC
 Cover Note Number -

Driver

Name of Driver LEONG JIAQUAN BENJAMIN
 NRIC No S8509274Z
 Date Of Birth 21/03/1985
 Occupation INDOOR
 Date Of Driving Pass 01/04/2004
 Driving Experience 15 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90120029
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	31 TOH HEIGHTS
Postcode	507838
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA29U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS29M
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)	

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:

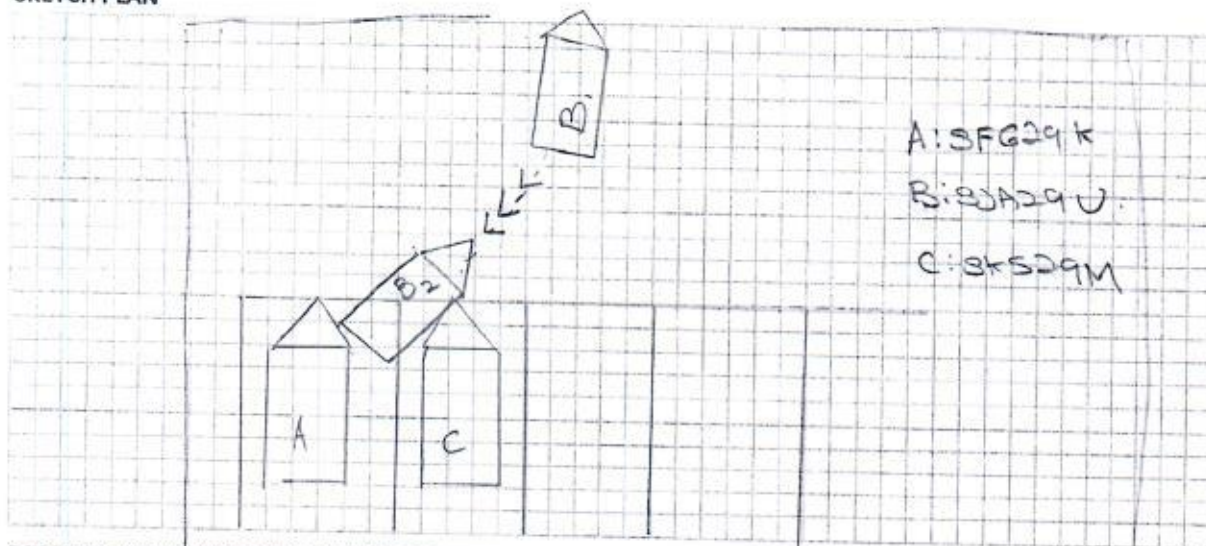
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/07/19 at about 8:48am. My vehicle was
 parked at 31 Tob Heights. Vehicle B hit 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:
 NRIC/FIN No.:

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 : MNA119092973 Vehicle Registration No: SFG129K
Name (as shown in NRIC) : Leong Kai Fatt NRIC/FIN/Passport No : S1102942F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 31 Toh heights Singapore (507838)
Contact (Tel) : _____ Mobile No. : 90120029
Email Address : _____
Date of Accident : 15/7/19 Time of Accident : 08:50
Place of Accident : 31 Toh Heights
Insurance Company : First Capital

(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:

Please Third party claim into own Damages

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 17/7/19.

Date of Accident : 15/07/19 Accident Time: 8:48am (24-HR-Format)
 Accident Place : 31 Toh Heights
 Vehicle No. (Car Plate No.) : SFG29 K Make/Model: Toyota Alphard
 Insurance Company : MS Fcap Policy No: D-19092706MVPC
 Owner or Company Name /IC No. : Leong Kai Fatt S100942F
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Leong JiaQuan, Benjamin S8504274Z
 DRIVER'S Date Of Birth : 21/03/19 DRIVER'S License Pass Date 01/04/2004
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: SSIS
 DRIVER'S Address : 31 31 Toh Heights Singapore 507838
 DRIVER'S Contact No./ Alt No. : 1) 9012 0029 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): NO DRIVER & NO Passengers
 Was there any video Captured by car camera YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>SJA29U</u>	Vehicle No: <u>SKS29M</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8509274Z



Name
LEONG JIAQUAN, BENJAMIN

梁家銓

Race
CHINESE

Date of birth
21-03-1985

Sex
M

Country of birth
SINGAPORE

5070235

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8509274Z

Name
LEONG JIAQUAN, BENJAMIN

Birth Date 21 Mar 1985

Issue Date 19 Nov 2012

002124571D

5070235




NRIC No. S8509274Z

Date of issue
05-06-2012

31 TOM HEIGHTS
SINGAPORE 507838

NRIC No. S8509274Z


Date 30/06/2017

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	28 Aug 2008
Class 2A Motorcycles between 201 cc and 400 cc	05 Jan 2010
Class 2 Motorcycles $>$ 400 cc	19 Nov 2012
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	01 Apr 2004
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	08 Aug 2012
Motor vehicles which are not constructed to carry load and the unladen weight $<$ 2500kg	

NP 428A

License No. S8509274Z



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-19092706MVPC
Vehicle No / Chassis No : SFG29K / JTEGD21H808199590
Name of Insured : LEONG KAI FATT
Period Of Insurance : 07.02.2019 To 06.02.2020
Insured Estimated Value : Market Value At Time Of Loss

Excess :

NIL EXCESS FOR INSURED AND NAMED DRIVERS
SGD500.00 ON SECTION I FOR UNNAMED DRIVERS
SGD3,500.00 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

Authorised Driver*

LEONG KAI FATT, TANG GAR KEOW, LEONG JIAQUAN BENJAMIN, LEONG JIA YI LENA, GOH LI LING LYNN AND RAY SIM
KIM KOON

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)

KARENS/B0188/MX1F

Issued at Singapore on 28.01.2019

Authorised Signature