

NATIONAL Assessment Centre Services

Date In 07/08/19	Job description	Date & Time Completed	Done by
Ref No NM/FCI19013836/13	SAS e-filing		
Veh No SGZ992K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 21/06/19 1855	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 / QW: (Tel:	Fax:
TP Particulars:	Veh No: E75900E	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

NA1905785

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OP*
- *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	07/08/2019 12:43
Date Of Accident	21/06/2019 18:55
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9922K
Insured/Policyholder	
Name Of Registered Owner	LAM PEY CHIN
NRIC No	S1749922Z
Email Address	PEYCHIN@HOTELPROP.COM.SG
Mobile Phone No	(LOCAL) +65-90623336
Alternative Phone No	OTHERS-90623336

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093105MFPC/9
Cover Note Number	

Driver

Name of Driver	LAM PEY CHIN
NRIC No	S1749922Z
Date Of Birth	28/06/1966
Occupation	INDOOR
Date Of Driving Pass	15/09/1990
Driving Experience	28 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90623336
Fax Number	
Contact Number	OTHERS-90623336
EMail Address	PEYCHIN@HOTELPROP.COM.SG

Address	53A DUNBAR WALK
Postcode	459354
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	COLLISION - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20190802/7020

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	ET5900E
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


IMPORTANT NOTICE

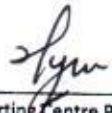
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

 07/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A-5GZ992JK
B-ETS900E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE towards Changi

Refer to police report: 6/2019 08 02 / 7020

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:

[Signature] 07/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



G/20190802/7020

1 of 2

POLICE REPORT (NP299)

Report No. G/20190802/7020

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 02/08/2019 12:29	Vide Report No.	Station Diary No.
Name Of Informant LAM PEY CHIN	Address 53A DUNBAR WALK SINGAPORE 459354	
ID Type / ID No. NRIC NO / S1749922Z	Contact No. Home/Office:	Mobile: 90623336
Nationality SINGAPORE CITIZEN	Email Address peychin@hotelprop.com.sg	
Occupation Accountant	Sex Female	Age 53
	Date of Birth 28/06/1966	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 21/06/2019 18:55	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

I am lodging this report based on a letter I received from Traffic Police Ref: TP/IP/42289/2019 (Date, time and place were based on letter as i cannot remember exactly now)

The only possible incident i can recall around the date and time and place stated was just a slight hit against my left side mirror by another car (if i am not wrong, a white BMW). I was trying to filter from Right to the left with my signal light on and this car came very fast from behind and rub/hit against my left mirror. The car continued speeding on thereafter. i checked my mirror when i got home and found no obvious damage. i suspect the car must have filtered out from the left into the same lane that i was trying to filter in at a very fast speed which is the reason why i did not notice it in time.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2019 12:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20190802/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190802/7020

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

02/08/2019 12:29

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 06 / 2019 (DD/MM/YYYY), TIME: 18 : 55 (HH:MM)

LOCATION: Pan Island Expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGZ 9922 K
b) INSURANCE COMPANY: First Capital
c) POLICY NUMBER: D-19093105 MFPC/19
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Land Rover Range Rover Evoque
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Lam Poy Chin (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S17499222 CONTACT: 90623336
C) ADDRESS: 50 Cuscaden Rd #08-01 HPL House
S(249724)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 28 / 06 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29 15 Sep 1990

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

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: ET5900E 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: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = peychin@hotmailprop.com.sg

Fax =

Video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1749922Z



Name

LAM PEY CHIN

姓 名 林 佩 清
Race

CHINESE

Date of Birth

28-06-1986

Sex

F

Country of Birth

SINGAPORE

For LKK/NAC Use Only

0010033



NRIC No. S1749922Z



For LKK/NAC Use Only

Blood Group

Date of issue

A0+

30-04-1993

53A DUNBAR WALK
SINGAPORE 459354

NRIC No. S1749922Z

Date: 13/07/2018

REPUBLIC OF SINGAPORE

Portrait of a man

Licence Number: S17499222

Name: LAM PEY CHIN

For LKK/NAC Use Only

Birth Date: 28 Jun 1966

Issue Date: 25 Sep 2003

000861662E

Barcode

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1980

For LKK/NAC Use Only

NP 428A

Licence No. S17499222

Barcode

Celine Fong (LKKAUTO)

From: Eileen Lee <EileenLee@msfirstcapital.com.sg>
Sent: Friday, 2 August 2019 5:28 PM
To: assignments; SUR; Bryan Ang (LKKAUTO)
Cc: May Chua; Rosliza Bte AB Rahman
Subject: URGENT: HPL Group - Policy no: D-18090108MFPC/4 - Accident involving SGZ9922K (DOA: 21.06.19)
Attachments: G201908027020.pdf

Dear LKK,

Please arrange your representative to attend to our insured for accident reporting.

Kindly acknowledge.

RENEWAL CERTIFICATE

Agency	: B0020	Policy No	: D-19093105MFPC/9
Cover Note/Ref. No	:	Replacing CI No	: D-18090078MFPC
Type of Policy	: PRIVATE CAR - FLEET		
Insured	: LAM PEY CHIN		
Address	: C/O 50 CUSCADEN ROAD #08-01 HPL HOUSE SINGAPORE 249724		
Period of Insurance	: 01 APRIL 2019 until midnight on 31 MARCH 2020		
Registration No	: SGZ9922K	Tonnage/CC	: 1997
Year of Manufacture	: 2017	Year of Registration	: 2018
Make/Body Type	: LAND ROVER RANGE ROVER EVOQUE 2.0P S/R STATIONWAGON (SUNROOF)		
Insured Estimated Value	: MARKET VALUE AT THE TIME OF LOSS	Seaters	: 4
Engine No.	: 171130Y0671PT204		
Chassis No.	: SALVA2AX4JH294993		
Cover Type	: COMPREHENSIVE		
Named Drivers	: LAM PEY CHIN AND ANY AUTHORISED DRIVERS		
The policy is subject to endorsements/clauses : 18, 2, 25, 30, 31, 33, 57, 72, 89, BRC4, E28, E29, E33, E45, E6, LTA2, PDP And SLEC			
Excess :			
SGD500.00 SECTION I			
COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-			
(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR			
(2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE			
Fleet Discount : Premium charged herein are net of 50% Fleet Discount			
The windscreen cover under Endorsement No. 89 is unlimited.			

Thank you.

Regards,
Eileen Lee (Ms)
Motor Claims Dept.



Email address

eileenlee@msfirstcapital.com.sg

Motor Claims E-mail : motorclaims@msfirstcapital.com.sg

Website: <http://www.msfirstcapital.com.sg>

Arrange your representative to attend to our insured for accident reporting.

Knowledge.

RENEWAL CERTIFICATE

Agency	: B0020	Policy No	: D-19093105MFPC/9
Cover Note/Ref. No :		Replacing CI No	: D-18090078MFPC
Type of Policy	: PRIVATE CAR - FLEET		
Insured	: LAM PEY CHIN		
Address	: C/O 50 CUSCADEN ROAD #08-01 HPL HOUSE SINGAPORE 249724		
Period of Insurance	: 01 APRIL 2019 until midnight on 31 MARCH 2020		
Registration No	: SGZ9922K	Tonnage/CC	: 1997
Year of Manufacture	: 2017	Year of Registration	: 2018
Make/Body Type	: LAND ROVER RANGE ROVER EVOQUE 2.0P S/R STATIONWAGON (SUNROOF)		
Insured Estimated Value	: MARKET VALUE AT THE TIME OF LOSS	Seaters	: 4
Engine No.	: 171130Y0671PT204		
Chassis No.	: SALVA2AX4JH294993		
Cover Type	: COMPREHENSIVE		
Named Drivers	: LAM PEY CHIN AND ANY AUTHORISED DRIVERS		

The policy is subject to endorsements/clauses : 18, 2, 25, 30, 31, 33, 57, 72, 89, BRC4, E28, E29, E33, E45, E6, LTA2, PDP And SLEC

Excess :

SGD500.00 SECTION I

COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-

- (1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR
- (2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

Fleet Discount : Premium charged herein are net of 50% Fleet Discount

The windscreen cover under Endorsement No. 89 is unlimited.

DU.

ee (Ms)
Claims Dept.