

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NA/20004666

Date In: 10/01/2000 18:58	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 20000622/4	SAS e-filing		
Veh No: S607 room	E-mail P (Within 2hrs, A/C 2hrs)		
D.O.A: 09/01/2000 19:20	I-Motor Claims Form		
OD 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:

Veh No: SJA 7 room

INC () / Non-INC ()

Tel:

Cover Type: ()

Period: ()

Confirmed by: ()

Date:

Time:

Insured/Driver Liability: ()

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 repair.

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

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

Customer's Declaration:

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

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Signature: ()

Signature: ()

Signature: ()

Signature: ()

NA/2000360

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref 1:

Ref 2:

Ref 3:

Ref 4:

Ref 5:

Ref 6:

Ref 7:

Ref 8:

Ref 9:

Ref 10:

1) ARI: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NIUC: Additional Services:	
ON:	
• NI: Courtesy Car / Tpl Allowance	\$5
• NI: Repairs Co-ordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Excess Coordination	\$5
• NI: TP (Non INC) against INC	\$20
• NI: Idas Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

NA/2000360

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	10/01/2020 18:09
Date Of Accident	09/01/2020 19:20
Exact Location Of Accident	OUTSIDE LIFELONG LEARNING INSTITUTE (PAYA LEBAR)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7700M
Insured/Policyholder	
Name Of Registered Owner	TAN FUH GIH
NRIC No	SXXXX045I
Email Address	WHYJAE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96699315
Alternative Phone No	OTHERS-93872969

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E CLASS
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19092490MVPC
Cover Note Number	

Driver

Name of Driver	TAN YOU JIANG
NRIC No	SXXXX104J
Date Of Birth	10/07/1986
Occupation	INDOOR
Date Of Driving Pass	07/04/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872969
Fax Number	
Contact Number	OTHERS-93872969
Email Address	WHYJAE@GMAIL.COM

Address	7 SWETTENHAM ROAD
Postcode	248089
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	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA205C
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RAZAK BIN AHMAD
NRIC/Passport Number	SXXXX695G
Contact Number	97343414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN


IMPORTANT NOTICE


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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: 10/11/2020
2:10 pm


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

SKETCH PLAN

OUTSIDE LIFELONG LEARNING INSTITUTE (PAYA LEBAR)

B / SJA 205C
A / SLD 7100M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MOVED OFF TOO EARLY FROM STATIONARY POSITION, HITTING CAR IN FRONT WHO BRAKED AFTER INITIALLY MOVING OFF.

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: 10/1/2020

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

210pm

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2020 (DD/MM/YYYY), TIME: 19:20 (HH:MM)

LOCATION: Outside Life Long Learning Institute (Paya Lehar)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 7700 M
 b) INSURANCE COMPANY: FIRST CAPITAL
 c) POLICY NUMBER: D-19092490 MVR/1
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mercedes Benz E Class
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL
 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: TAN PHU GIAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0213445 CONTACT: 96699315
 c) ADDRESS: 7 SWETTENHAM ROAD S248089

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN YIM JIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SE6191047 CONTACT: 93872967
 c) ADDRESS: 7 SWETTENHAM ROAD S248089

* d) DATE OF BIRTH: 15/07/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 07/04/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS NIGHTTIME

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: SJA 205C MODEL: TOYOTA VIOS
 b) DRIVER'S NAME: ABDUL RAZAK BIN AHMAD
 c) NRIC/FIN/PASSPORT: S15676915 CONTACT: 97343419

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email: WHY WHYJAE@GMAIL.COM
 VIDEO NIL

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-19092490MVPIC
Vehicle No / Chassis No: SGD7700M / WDD2130422A136010
Name of Insured: TAN FUH GIH
Period Of Insurance: 12.01.2019 To 11.01.2020
Insured Estimated Value: Market Value At Time Of Loss

Excess:

NIL ON SECTION I FOR INSURED AND NAMED DRIVER
SGD150.00 SECTION I FOR UNNAMED DRIVER
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*

TAN FUH GIH, GOH BOH TANG AND TAN YOU JIANG

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 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

(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)

YTHMNAH00188MX1P

Issued at Singapore on 24.12.2018

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: MIA/20000666 Vehicle Registration No: SGD 700M

Name (as shown in NRIC): Tan You Joon NRIC/FIN/Passport No: Sxxx104J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____

Contact (Tel): _____ Mobile No.: 93872869 Singapore ()

Email Address: 09/01/2020

Date of Accident: 09/01/2020 Time of Accident: 19:20

Place of Accident: OUTSIDE LIFELONG HARBOUR LUNAR (BOYA LARAR)


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:

DRIVER NAME TO TAN YOU JOON

Policyholder / Driver's Signature
Date:

 10/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: