

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] **MA120012547**

Date In: 20/01/2020 20:53	Job description	Date & Time Completed	Done by
Ref No: NBA/FCI 200015204	SAS e-filing		
Veh No: YN 2578R	E-mail (5-jobs sheet, AIC 2hrs)		
D.O.A: 28/01/2020 17:15	I-Motor Claims Form		
OD <input checked="" type="radio"/> TP <input type="radio"/> Reporting Only	I-Motor W/O (withins OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vch No: **YN 8684D** 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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$9000) ()

Injury: ()

Signature: _____

Date: _____

MA7001053

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Vehicle Comments: _____

Call I: _____

2/2

1) All: 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: IDA+EMRT Survey	\$160
8) NTUC Additional Services:	
• NS: Courtesy Car / Tpt Allowance	\$3
• NG: Repair Coordination	\$10
• NT: Post Repair Inspection	\$25
• ND: DV / Collect Excess Coordination	\$35
• TE (NTI) / TP (Non INC) against INC	\$20
9) NI: IDA 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	28/01/2020 20:53
Date Of Accident	23/01/2020 17:15
Exact Location Of Accident	TIONG BAHRU PLAZA LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2518R
Insured/Policyholder	
Name Of Registered Owner	CHIA TAI CONSUMER PRODUCTS PTE LTD
Co Reg No	-
Email Address	GIM.HOCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90219598
Alternative Phone No	OFFICE-90219598

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093859MFCV/1
Cover Note Number	

Driver

Name of Driver	LEE GIM HOCK
NRIC No	SXXXX613D
Date Of Birth	03/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90219598
Fax Number	
Contact Number	OTHERS-90219598
Email Address	GIM.HOCK@HOTMAIL.COM

Address	BLK 242 KIM KEAT LINK #02-163
Postcode	310242
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	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	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

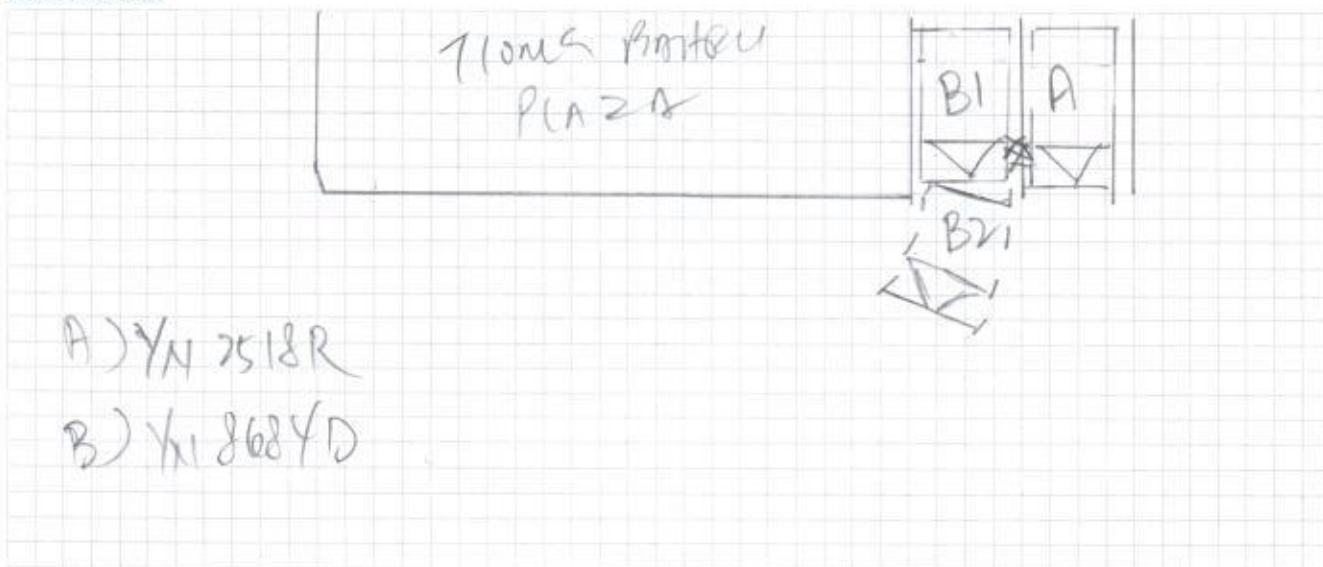
Attachment(s)

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	YN8684D
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAW YUEN SENG
NRIC/Passport Number	GXXXX195Q
Contact Number	83086129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A) YN 2518R

B) YN 8684D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

23/01/2020 AT ABOUT 17:15 HRS I WAS AT TIONG BAHU PLAZA LOADING & UNLOADING BAY AND MY DRIVER DOOR WAS OPEN DURING THE ACCIDENT. I WAS WAITING FROM MY PRINTER TO PRINT OUT THE INVOICES WHEN A CARRY YN 8684D WHICH PARKED ON MY RIGHT SUDDENLY MOVED OUT FROM THE LOADING BAY & DAMAGED MY DRIVER SIDE DOOR.

DECLARATION

I declare the foregoing particulars are true in every respect.

CHIA TAI CONSUMER PRODUCTS PTE LTD
301 PENJURU LANE
SINGAPORE 609204
SINGAPORE 609204

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

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.

OMIA TAI CONSUMER PRODUCTS PTE LTD
36 PENJURU LANE
SINGAPORE 609204

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23/01/2020 (DD/MM/YYYY), TIME: 17:15 (HH/MM)

LOCATION: LIONS BOTTLER PLAZA LADANGS BAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 2518R
 b) INSURANCE COMPANY: FCI
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
 e) MAKE & MODEL: MTSURI SHAR EURO 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SALOON
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
 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: CHIA JAY CONSUMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE GIM HOCK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90219598
 c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) DATE OF DRIVING PASS PASS

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) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: YN 8684D MODEL: MTSURI SHAR
 b) DRIVER'S NAME: LEE YUEN SENG
 c) NRIC/FIN/PASSPORT: 82721958 CONTACT: 83086128

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email: gm.hock @ Hotmail . Com
 VIDEO

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. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-19093859MFCV/1
Vehicle No / Chassis No : YN2518R / FE84BEA20212
Name of Insured : CHIA TAI CONSUMER PRODUCTS PTE LTD
Period Of Insurance : 01.08.2019 To 31.07.2020
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD750.00 SECTION I
ADDITIONAL SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS
WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE
SGD100.00 WINDSCREEN

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's 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*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

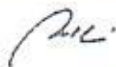
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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/MZ300C

Issued at Singapore on 23.07.2019



Authorised Signature