

NATIONAL Assessment Centre Services. [ver 1 Jan 05]		M/A 120022985	
Date In: 26/01/2020 17:33	Job description	Date & Time Completed	Done by
Ref No: N/A/FCI 200029614	SAS e-Milling		
Veh No: SJR 8885	E-mail (5 jobs 3hrs, AIC 2hrs)		
D.O.A: 12/02/2020 06:45	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/VK32		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars:	Veh No: SLV 9705	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: ()			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time: ()			
Driver/Owner: ()			
Contact No: ()			
Damaged Portion: ()			
QC Checked by (Engr-In-Charge): ()			
Auditors Comments: ()			
2nd 1: ()			
2nd 2: ()			

N/A 2001584		M/A 120022985	
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)	
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45	
Damaged Portion:	3) TP: Towing Fee	\$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75	
2nd 1:	6) TR: Re-inspection	\$160	
2nd 2:	7) NI: Idas DA + SMRT Survey		
	8) NIUC Additional Services:		
	ON:	\$5	
	*NS: Courtesy Car / Tpl Allowance	\$10	
	*NG: Repairs Co-ordination	\$25	
	*NT: Post Repair Inspection	\$5	
	*NB: DV / Collect Excess Coordination	\$30	
	TE (NI): TP (N/A INC) against INC	\$0	
	9) NI2: Idas Mobile		
	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	20/02/2020 17:33
Date Of Accident	12/02/2020 06:45
Exact Location Of Accident	AYE JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR888S
Insured/Policyholder	
Name Of Registered Owner	COGENT HOLDINGS PTE. LTD.
Co Reg No	-
Email Address	BENSON@SH-COGENT.COM.SG
Mobile Phone No	(LOCAL) +65-96417049
Alternative Phone No	OFFICE-96417049
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19094571MVQC
Cover Note Number	
Driver	
Name of Driver	TAN MIN CHEOW, BENSON
NRIC No	SXXXX434G
Date Of Birth	18/03/1982
Occupation	INDOOR
Date Of Driving Pass	03/10/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96417049
Fax Number	
Contact Number	OTHERS-96417049
Email Address	BENSON@SH-COGENT.COM.SG

Address	28 DUCHESS ROAD #01-12
Postcode	269030
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	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	SLV970S
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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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

Ayk

Ju Ahmad Ibrahim

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 6.45am while driving to my office, along AYE Jalan Ahmad Ibrahim, the traffic was initially smooth and suddenly the car (SLV 970S) in front of me came to a stop. I immediately apply emergency brake but my car (SJR 888S) still came into contact with the rear of (SLV 970S).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

[Signature]

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

20/02/2020
4.52pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

[Signature] 20/02/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 02 / 2020 (DD/MM/YYYY), TIME: 06.45 (HH:MM)

LOCATION: AYE Jalan Ahmad Ibrahim

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 8885
 b) INSURANCE COMPANY: M First Capital
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Range Rover
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Work
 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: Cogent Holdings Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 1 Buroh Crescent

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Benson Tan Min Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S92084349 CONTACT: 96417049
 c) ADDRESS: _____

* d) DATE OF BIRTH: 18 / 03 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03/10/2000

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

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: SLV 970S MODEL: Subaru Forester
 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: benson@sh-cogent.com.sg
 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. : COMPANY CAR - PRIVATE INSURANCE
 Type of Cover. : Comprehensive
 Certificate No. : D-19094571MVQC
 Vehicle No / Chassis No : SJR888S / SALGA2VE4FA199870
 Name of Insured : COGENT HOLDINGS PTE. LTD.
 Period Of Insurance : 23.12.2019 To 22.12.2020
 Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,000.00 OWN DAMAGE EXCESS
 SGD1,200.00 UNNAMED DRIVER EXCESS
 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 MIN CHEOW

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*

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, pace-making, 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)

JENNY/B0033/MX4A

Issued at Singapore on 14.11.2019


 Authorised Signature

Your ref : SJR888S
Our Ref : D20/00997M/PTE/MC
Date : 12/2/20

**URGENT
REGISTERED**

NOTIFICATION OF NON-REPORT

COGENT HOLDINGS PTE. LTD.
1 BUROH CRESCENT #6M-01
COGENT 1. LOGISTICS HUB
SINGAPORE 627545

REMINDER

17/2/2020

Dear Sirs,

ALLEGED ACCIDENT INVOLVING SJR888S & SLV970S ON 12/2/20

- () We refer to the above captioned accident and to the letter dated _____ sent to you by the third party.
- (X) We refer to the above captioned accident and write to inform that we are in receipt of a PRI/SURVEY REQUEST by TP.

From our record, we cannot trace having received the accident report from you and/or your driver. **This is tantamount to a breach of the policy terms and conditions which require the accident report to be made within 24 hours.**

To enable us to investigate further, please arrange to e-file the accident report at any of the Premier Workshops (list available in our website: www.msfirstcapital.com.sg) or IDAC Centres within the next 7 days together with your explanation for your failure to make the required report.

In the meantime, all our rights under the policy are reserved.

Thank you

Yours faithfully,



May Chua
Motor Claims Department
TEL : 6507 3859
FAX : 6507 3849

c.c PACIFIC INSURANCE BROKERS PTE LTD
845 GEYLANG ROAD #04-17
TANJONG KATONG COMPLEX
SINGAPORE 400845