

NATIONAL Assessment Centre Services [ref: Jan 05] MAA/2003599/			
Date In: 24/03/2020 11:56	Job description	Date & Time Completed	Done by
Ref No: N88/FC/20004411/Y	SAS e-filing		
Veh No: SKN 2580 A	E-mail (within 3hrs, AIG 3hrs)		
D.O.A: 13/11/2019 08:30	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (within: OD 3hrs, 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: JTS 5076	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

NA2002289	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	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: Idnc DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TR (N11): TP (Nyn INC) against INC \$20			
Car 1:	9) N12: Idnc Mobile \$0			
Car 2 / 3:	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	24/03/2020 11:26
Date Of Accident	13/11/2019 08:30
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVENUE 1 EXIT TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2580A
Insured/Policyholder	
Name Of Registered Owner	TAY AI HOAN
NRIC No	SXXXX278C
Email Address	GRACETAY7@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97560345
Alternative Phone No	OTHERS-97560345
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
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	NO
Policy Number	D-19093123MFPC
Cover Note Number	
Driver	
Name of Driver	TAY AI HOAN
NRIC No	SXXXX278C
Date Of Birth	21/06/1964
Occupation	INDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97560345
Fax Number	
Contact Number	OTHERS-97560345
Email Address	GRACETAY7@YAHOO.COM.SG

Address	36 BEGONIA WALK
Postcode	805816
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTS5076 (MOTORCYCLE)
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT

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	JTS5076
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ASRIZAN BIN MOHAMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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: 24/3/2020

11 20 am

Driver's Signature

(If driver is not the policyholder)

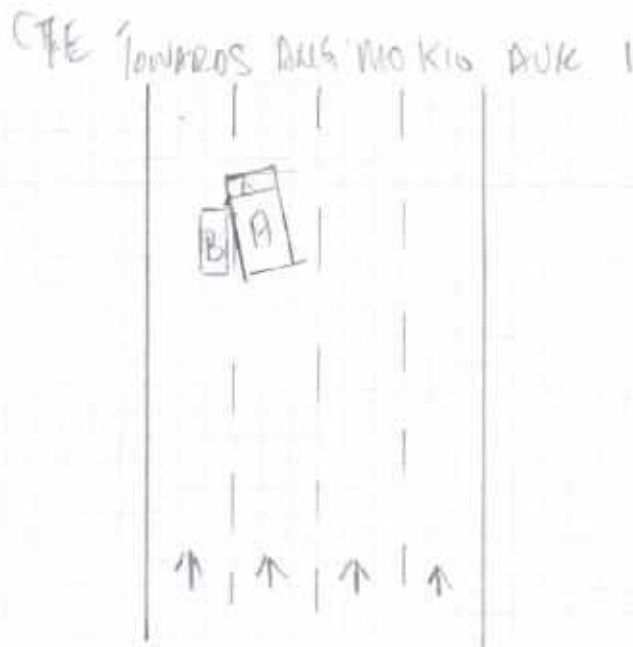
Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) SKN 2580 A
B) JTS 5076

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/2020, at around 8+ am, I was driving on the CTE near Ang Mo Kio Ave 1.
I decided to switch lane and failed to check properly and end up hitting a motorbike.
No serious injury as the motor cyclist said he suffered a minor cut on his finger.
I asked him if he wanted to report and ~~do~~ make an insurance claim. He said it should be ok.
I gave him my contact number if he decide to claim from my insurance.

Police Report 1/20200314/2044

DECLARATION

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

Policyholder's Signature

Date & Time: 23/3/2020

11.25 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/03/2020

Red [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13/11/2019) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: CTE Ang Mo Kio Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 2580 A
b) INSURANCE COMPANY: MS First Capital
c) POLICY NUMBER: D-19093123 MFPC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes A-180
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: TAY AI HOAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1641278C CONTACT: 97560345
c) ADDRESS: 36 BEGONIA WALK
S'PORE 805816

* 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: (21/06/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: JT55076 MODEL:
b) DRIVER'S NAME: ASRIZAN BIN MOHAMED
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = gracetay7@yahoo.com.sg
VIDEO



SINGAPORE POLICE FORCE



T/20200324/2044

1 of 3

Report No. T/20200324/2044

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 12:17		Vide Report No.:		Station Diary No.: 17
Informant's Particulars				
Name of Informant: TAY AI HOAN		Address: 36 BEGONIA WALK SINGAPORE 805816		
ID Type / ID No.: NRIC NO / S1641278C		Contact No.: Home/Office: Mobile: 97560345		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 55	Date of Birth: 21/06/1964	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: OFFICER MANAGER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/11/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE EXIT 11 TOWARDS ANG MO KIO AVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTS5076	Motorcycle				Slightly Damaged	0
SKN2580A	Car	MERCEDES BENZ	A180 (R17)	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20200324/2044

CONTINUATION OF REPORT

Name	ASRIZAN BIN MOHAMED		ID No.	NIL
Related Vehicle	JTS5076 (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	TAY AI HOAN		ID No.	S1641278C
Related Vehicle	SKN2580A (Car)		Contact No.	97560345
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 13/11/2019 at about 0830hrs, I was driving my car, SKN2580A, along CTE on Lane 3, heading to work. There are a total of 4 lanes along CTE. As I wanted to make a left turn to exit to Ang Mo Kio Ave 1, I signaled my intention and wanted to make a lane change to Lane 4. I checked my side mirror and blind spot on the left and proceed to change lane. Suddenly, I felt an impact on my car. I noticed that my left side mirror has hit onto a motorcycle, JTS5076. The motorcyclist and I drove our respective vehicles to the road shoulder. I came out of my car and approached the motorcyclist. Both of us exchanged particulars and took pictures of the damages. I asked the motorcyclist if he requires any medical attention but he said he is okay and does not require ambulance. I told him to contact me if he needed to claim for any damages or medical fees. My left side mirror was damaged. I noticed a few parts of his motorcycle was slightly damaged as well and he suffered a few scratches his fingers. I did not think to make a Police report as he said that he is okay. I did not know that it was necessary to make a Police report thus I did not make one. No ambulance, Police was activated. No government property was damaged.

I am making this delayed accident report as on 23/03/2020 at about 1900hrs, I have just received a lawyer's letter from the said motorcyclist. I have consulted with my insurance agency and was advised to make a Police report for them to process my application further.



**SINGAPORE
POLICE FORCE**



T/20200324/2044

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20200324/2044

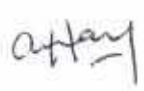
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 CHOW YUN NI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 24/03/2020 12:17
Classification Of Case:

SIGNATURE

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 CAR - FLEET
Type of Cover: Comprehensive
Certificate No.: D-19093123MFPC
Vehicle No / Chassis No: SKN2580A / WDD1760422J245627
Name of Insured: TAY AI HOAN
Period Of Insurance: 01.04.2019 To 31.03.2020
Insured Estimated Value: Market Value At Time Of Loss

Excess:

SGD300.00 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

Authorised Driver*

TAY AI HOAN AND ANY AUTHORISED DRIVERS

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)

JENNY/B0020/MX1F

Issued at Singapore on 27.03.2019

Authorised Signature