

# NATIONAL Assessment Centre Services.

(part 1 of 2)

NA/2003869

Date In: 01/06/2020 16:17	Job description	Date & Time Completed	Done by
Ref No: X/BA/FCT20006061/Y	SAS e-filing		
Veh No: STT 52497	E-mail (Update Slip, AIC Slip)		
D.O.A: 30/05/2020 18:30	I-Motor Claims Form		
OID (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/Vision		

Preferred Wreck / INC Assign Wreck / QW: (	Tel:	Fax:
TP Particulars:	Veh No: STT 7267R	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 repair.

( ) 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 > \$3000) ( )

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2003869	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PF: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$100
	7) NI: Idea DA + SMRT Survey	
	8) NIUC: Additional Services	
	9) NI: Idea Mobile	
	10) NI: Idea Mobile	
	11) NI: Idea Mobile	
	12) NI: Idea Mobile	
	13) NI: Idea Mobile	
	14) NI: Idea Mobile	
	15) NI: Idea Mobile	
	16) NI: Idea Mobile	
	17) NI: Idea Mobile	
	18) NI: Idea Mobile	
	19) NI: Idea Mobile	
	20) NI: Idea 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	01/06/2020 16:17
Date Of Accident	30/05/2020 18:30
Exact Location Of Accident	108 YIO CHU KANG GARDENS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5249T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO SEE WAH @NEO GIM SENG
NRIC No	SXXXX133E
Email Address	HELEN.HONG@SWIBER.COM
Mobile Phone No	(LOCAL) +65-92778133
Alternative Phone No	OTHERS-92778133

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
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-19094256MVPC
Cover Note Number	

### Driver

Name of Driver	HELEN HONG OI LENG
NRIC No	SXXXX621B
Date Of Birth	11/04/1954
Occupation	INDOOR
Date Of Driving Pass	12/08/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92778133
Fax Number	
Contact Number	OTHERS-92778133
Email Address	HELEN.HONG@SWIBER.COM



Address	108 YIO CHU KANG GARDENS
Postcode	568146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	0

#### 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

ON 30/05/2020 AT ABOUT 18:30HRS I WAS PARKED MY EHICLE (A) SJT5249T AT 108 YIO CHU KANG GARDENS INFRONT OF MY HOUSE, SUDDENLY I HEARD A "BANG" SOUND FROM MY VEHICLE I GOING TO CHECK AND I FOUND OUT THE VEHICLE (B) SJH7367R HIT ONTO MY VEHICLE (A)

#### 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	SJH7267R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IRWAN BIN JOHAN
NRIC/Passport Number	SXXXX207J
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:

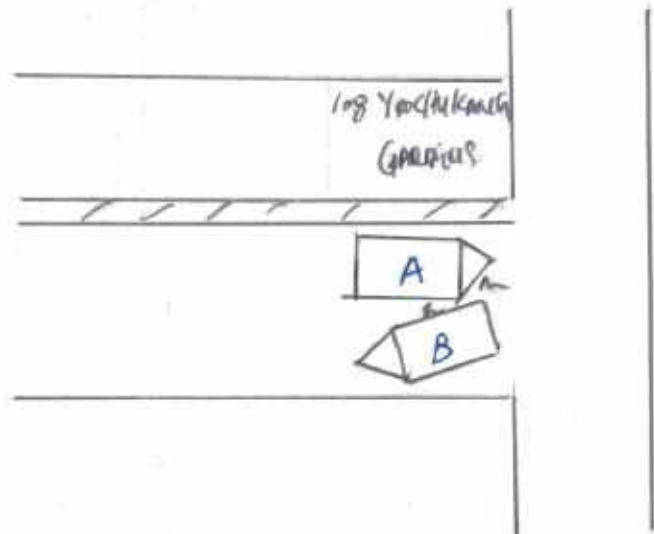
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

# SKETCH PLAN



A SJ15249T  
B SJ17267R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/05/2020 at about 18:30hrs I was parked my vehicle (A) SJ15249T at 108 Yoo Chai Kang Gardens Infront of my house Suddenly I heard a "BANG" sound from my vehicle I going to check out I found out the vehicle (B) SJ17267R has come my vehicle (A)

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 01/06/2020  
Reporting Contro Personnel's Signature  
Name:  
NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 5/05/2020	TIME: 12:30	(hh:mm) 24 hrs Format
LOCATION: 108 YIO CHU KANG GARDENS		
VEHICLE NUMBER: SJT 5249T		
INSURED NAME: NED SEE WAH		
NRIC / FIN: 502321336	CONTACT: 9277 8135	
MAKE: TOYOTA	MODEL: VIOS	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: HIS FIRST CAPITAL INSURANCE LIMITED		
TYPE OF POLICY: ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: D-190942564VPL		
NAME DRIVER: HELEN HONG OI LEH ( ) SAME AS INSURED		
NRIC / FIN: 502196218	CONTACT: 9277 8135	
DATE OF BIRTH: 11-09-1954		
DRIVING PASS DATE: 13-08-1977		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( ) MALE ( <input checked="" type="checkbox"/> ) FEMALE		
EMAIL ADDRESS: helen.hong@swiber.com.sg ( ) NO EMAIL		
ADDRESS OF DRIVER: 108 YIO CHU KANG GARDENS		
Number Of Passenger Include Driver: 0		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle:		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If YES, Injured details:		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any):		
Details Of 3rd Party:	Name / NRIC: S72122072	No. of Pass (incl'driver)
Veh B: SJ 7267B	IRVAN BIN JOHAN	( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh C:		( ) / Not Sure ( )
Veh D:		( ) / Not Sure ( )
Veh E:		( ) / Not Sure ( )
Veh F:		( ) / Not Sure ( )
Veh G:		( ) / Not Sure ( )



# CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

Type of Policy: PRIVATE MOTOR CAR INSURANCE  
Type of Cover: Comprehensive  
Certificate No.: D-18094256MVPG  
Vehicle No / Chassis No: SJT5249T / MR053HY9305134517  
Name of Insured: NEO SEE WAH @ NEO GIM SENG  
Period Of Insurance: 16.10.2019 To 15.10.2020  
Insured Estimated Value: Market Value At Time Of Loss

## Excess:

SGD 00 OWN DAMAGE EXCESS FOR INSURED & NAMED DRIVERS  
SGD 500.00 UNNAMED DRIVER EXCESS  
SGD 1,500.00 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\*

NEO SEE WAH @ NEO GIM SENG, HONG OI LENG HELEN, NEO XIN YIN MABEL AND WONG YONG JIA

## 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 85 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)

ITIMINAH/50188/001F

Issued at Singapore on 24.09.2019



Authorized Signature