

# NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

Date In: 27/8/20	Job description	Date & Time Completed	Done by
Ref No: NB4/FC/20009089/TI	SAS e-filing	27/8/20	MTH
Veh No: SK75688D	E-mail (by date time, AIC time)		
D.O.A. 27/8/20	I-Motor Claim Form		
QD: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tot:	Fact:
TP Participant(s):	Veh No:	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: \_\_\_\_\_


X1A2000490 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Authority: _____ Date: 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 + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
• NS: Repair Coordination	\$10	
• NS: Post Repair Inspection	\$25	
• NS: DV / Collect Excess Coordination	\$3	
• TP (NI): TP Fee INC against INC	\$10	
• 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	27/08/2020 16:07
Date Of Accident	24/08/2020 19:40
Exact Location Of Accident	B1 EXECUTIVE CARPARK AT RESORTS WORLD SENTOSA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3688D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RESORTS WORLD AT SENTOSA PTE. LTD.
Co Reg No	2XXXXX573D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90058922
Alternative Phone No	OFFICE-90058922

### Vehicle Particulars

Manufacturer	AUDI
Model	A8
Exact Purpose for which vehicle was being used at time of accident	WORK
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

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19094732MFQC
Cover Note Number	

### Driver

Name of Driver	EU KOK HOONG
NRIC No	SXXXXX526G
Date Of Birth	10/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90058922
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 838 YISHUN STREET 81 #09-322
Postcode	730838
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

AS PER 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

## SKETCH PLAN


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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.

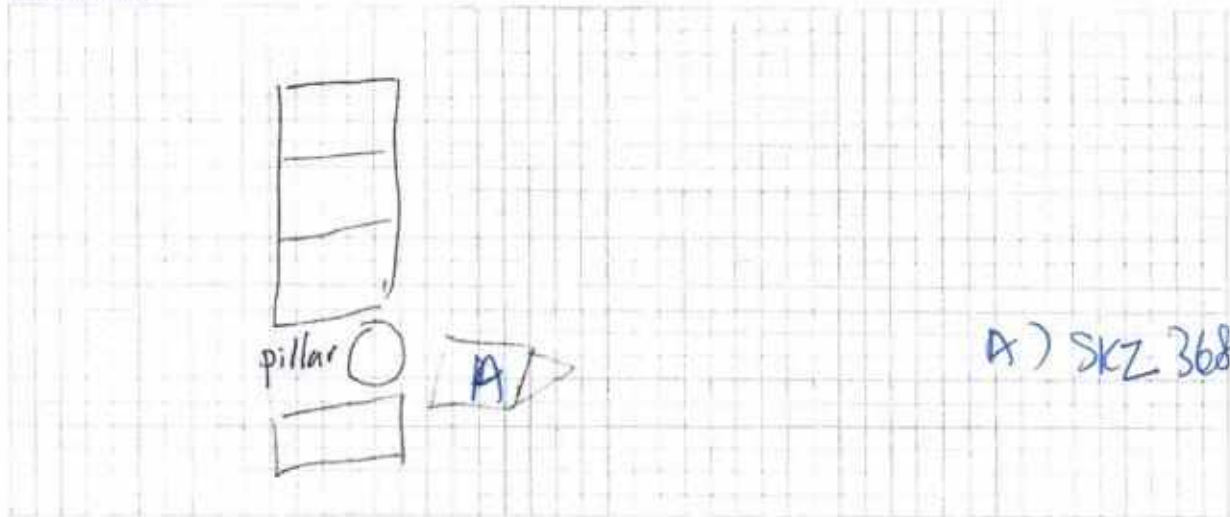
  
Policyholder's Signature  
Date & Time: 27/8/20 11:15am

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was adjusting the position my car while parking due to wrong estimation, I hit the pillar while reverse parking. There is no damage to the pillar.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 27/8/20 11:15 am

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 08 / 2020 (DD/MM/YYYY) TIME: 19 : 40 (HH:MM) PM

ACCIDENT LOCATION: B1 carpark at RWS B1 Executive carpark at Resorts World Sentosa

## DETAILS OF VEHICLE

VEHICLE NO.: SKZ 2688 D

INSURANCE COMPANY: MS First Capital

POLICY NO.: D-19094732 MFC

TYPE OF COVERAGE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT

MAKE & MODEL: Audi A8

VEHICLE CATEGORY: ☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE

PURPOSE OF USING AT ACCIDENT TIME: work

CLAIMING UNDER OWN INSURANCE: ☒ YES / ☐ NO IF NO, PLEASE STATE: THIRD PARTY CLAIM / REPORTING ONLY

## INSURED / POLICY HOLDER

NAME: Resorts World at Sentosa Pte Ltd

GENDER: FEMALE / MALE

NRIC NO. / FIN / PASSPORT: 200502573D

MOBILE NO.:

EMAIL ADDRESS:

ADDRESS:

## DRIVER

NAME OF DRIVER: Eu Kok Hoong

GENDER: FEMALE / ☒ MALE

NRIC NO. / FIN / PASSPORT: S1657526/4

DATE OF BIRTH: 10/09/1964 (DD/MM/YYYY)

MOBILE NO.: 90058922

EMAIL ADDRESS: rucmai

OCCUPATION: INDOOR / ☒ OUTDOOR

ADDRESS: B16 838 Gichuan Street #1 #09-322 SE 710838

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ☒ YES / ☐ NO

IF NO, RELATIONSHIP OF THE DRIVER WITH THE INSURED:

## GENERAL INFORMATION OF THE ACCIDENT

WEATHER CONDITIONS: ☒ CLEAR / ☐ RAINING / ☐ OTHERS:

ROAD SURFACE: ☒ DRY / ☐ WET / ☐ OTHERS:

WAS ANY BODY INJURED: YES / ☒ NO

WAS THERE ANY VIDEO CAPTURED BY CAR CAMERA? YES / ☒ NO

NUMBER OF PASSENGERS (INCLUDING DRIVER): 1

REPORTED TO POLICE: YES / ☒ NO IF YES, PLEASE STATE WHICH POLICE STATION:

## THIRD PARTY VEHICLE

VEHICLE NO.:

MAKE & MODEL:-

DRIVER'S NAME:

NRIC NO. / FIN / PASSPORT:

CONTACT NO.:

NUMBER OF PASSENGERS (INCLUDING DRIVER):

VEHICLE NO.:

MAKE & MODEL:

DRIVER'S NAME:

NRIC NO. / FIN / PASSPORT:

CONTACT NO.:

NUMBER OF PASSENGERS (INCLUDING DRIVER):



**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 - FLEET
Type of Cover	Comprehensive
Certificate No.	D-19094732MFQC
Vehicle No / Chassis No	SKZ3688D / WAUZZZ4H9FN009483
Name of Insured	RESORTS WORLD AT SENTOSA PTE. LTD.
Period Of Insurance	30.12.2019 To 29.12.2020
Insured Estimated Value	Market Value At Time Of Loss

**Excess :**SGD400.00 SECTION I (FOR NAMED DRIVER & UNNAMED DRIVER)  
ADDITIONAL SGD2,250.00 ON 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\***

EU KOK HOONG

**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)

SUSAN/B0020/MX4A

Issued at Singapore on 26.12.2019

  
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Authorised Signature