

NATIONAL Assessment Centre Services [wef 1 Jan'09] **SM0821510004**

Date In: 18/05/2021 14:29	Job description	Date & Time Completed	Done by:
Ref No: NBA/FCI2100591914	SAS e-filing		
Veh No: SK40 9355 R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/05/2021 14:29	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Asslgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SK 4805X** 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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

Claimant's Particulars:	Invoice Preparation Checklist	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Anditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Pat. 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idaho DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idaho 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 Submission 18/05/2021 14:29 (SGT)
Date of Accident 12/05/2021 07:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS TUAS BETWEEN EXIT 7B AND EXIT 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW9355R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KENG SOON AUTO PTE LTD
Company Reg No 1XXXXX812E
Email Address incident.mgmt@kengsoonauto.com
Mobile Phone No (Phone) +65-85358267
Alternative Phone No (Office) +65-63377533

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2360

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097484MFZH/1
Cover Note Number -

DRIVER

Name of Driver CHOI YEONGGEUN
Passport No/FIN GXXXX749M

Date Of Birth	10/09/1979
Occupation	Indoor
Date Of Driving Pass	30/07/2020
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85358267
Alt. Phone Number	-
Email Address	incident.mgmt@kengsoonauto.com
Address	500 JALAN SULTAN
Address complement	HOTEL BOSS
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KIM SUNG GON
Gender	Male

PASSENGER 2

Name	YOON HYUN SOO
Gender	Male

PASSENGER 3

Name	KIM SANG GHUL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLF4865X
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OYVIND MONG
Contact Number	(Phone) +65-92321442
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
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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.



[Signature]
18/05/2021

Policyholder's Signature / Date & Time

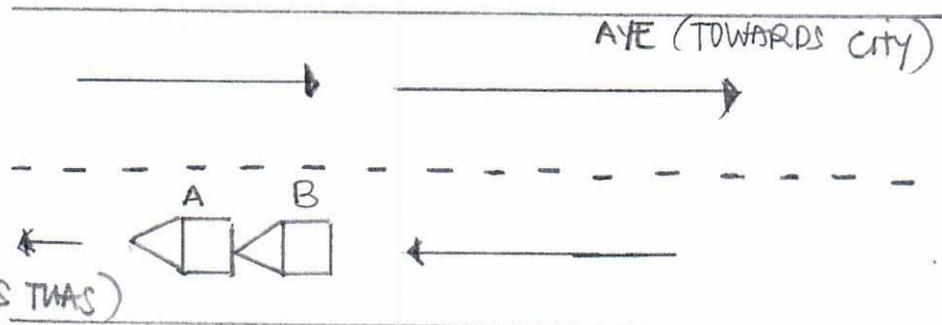
[Signature]
Choi Yeung Gwan

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

[Signature]
18/05/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



A - JLF4865X

B - JKW9355R

Describe Circumstances of the Accident

I WAS ON MY WAY TO WORK DRIVING ALONG AYE TOWARDS TUAS BETWEEN EXIT 7B AND EXIT 8. THERE WAS A HEAVY TRAFFIC ON THE ROAD WHEN SUDDENLY THE 3RD PARTY CAR SIF4865X SUDDENLY APPLIED BRAKES AND I COULD NOT STOP IN TIME.

Declaration

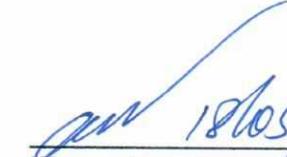
We declare the foregoing particulars are true in every respect.




18/05/2021
Policyholder's Signature / Date & Time

Choi Yung Kwun

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


18/05/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 12 MAY 2021 Accident Time: 0700 AM (24-HR-Format)

Accident Place : ALONG AYE TOWARDS MAS BETWEEN EXIT 7B and EXIT 8

Vehicle No. (Car Plate No.) : SKW9355R Make/Model: MITSUBISHI OUTLANDER

Insurance Company : MS FIRST CAPITAL INSURANCE LIMITED Policy No: D-21097484MF2H/1

Owner or Company Name /IC No. : KENG SOON AUTO PTE LTD.

Owner or Company Contact No. : 63377533 Owner's Hp 95358267 Company Tel

DRIVER'S Name / IC No. : CHOI YEONG GEUN G4014749M

DRIVER'S Date Of Birth : 10 SEP 1979 DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: None

DRIVER'S Address : HOTEL BOSS, 500 JALAN SULTAN S(199020)

DRIVER'S Contact No./ Alt No. : 1) 63377533 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : incident.mgmt@kengsoonauto.com

Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 4

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLF 4865X</u>	Vehicle No: _____
Vehicle Make/Model: <u>NISSAN QASHQAI</u>	Vehicle Make/Model: _____
Name Driver: <u>OYVIND MONG</u>	Name Driver: _____
IC No. Driver/Contact: <u>9232-1442</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- 1) KIMI SUNG GON - MALE
- 2) YOUN HYUN SOO - MALE
- 3) KIM SANG CHUL - MALE

Text size + -

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	SKW9355R IU No. 1126-1649-78		
Vehicle Type:	R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	With Sun Roof		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI	Vehicle Model:	OUTLANDER 2.4 CVT ABS D/AIRBAG AWD BASIC
Chassis No.:	JMYXTGF3WFZ001184	Engine No.:	4B12NX9507
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	6
Engine Capacity:	2360 cc	Power Rating:	-
Maximum Power Output:	123.0 kW (164 bhp)		
Unladen Weight:	1520 kg	Maximum Laden Weight:	2210 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	23 Nov 2015	Original Registration Date:	23 Nov 2015
Manufacturing Year:	2014	Open Market Value:	
PARF Eligibility:	Yes	Minimum PARF Benefit	
No. of Transfers:	0	Additional Registration Fee Rate:	

Owner Particulars

Owner Name:	KENG SOON AUTO PTE LTD
Owner ID Type:	Company
Owner ID:	197701812E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	104
Registered Street Name:	PRINSEP STREET
Registered Unit No.:	# 01 - 00
Registered Building Name:	-
Registered Postal Code:	188653
COE No. / Expiry Date:	2015080103001539N / 22 Nov 2025
COE Bid Category:	B - Car (above 1600cc or 97kW (130bhp))
QP Paid:	

**Transaction Details**

Business Transaction Ref. No.:	20151123085712702832
Business Transaction Date:	23 Nov 2015
Business Transaction Time:	08:57:12

Message

The above vehicle has been successfully registered.

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. : HIRED CARS - HIRER DRIVING - FLEET
Type of Cover. : Third Party
Certificate No. : D-21097484MFZH/1
Vehicle No / Chassis No : SKW9355R / JMYXTGF3WFZ001184
Name of Insured : KENG SOON AUTO PTE LTD
Period Of Insurance : 01.04.2021 To 31.03.2022
Insured Estimated Value : 0.00

Excess :

SGD3,000.00 EACH AND EVERY LOSS ON ALL CLAIMS
SGD6,000.00 EACH AND EVERY LOSS ON ALL CLAIMS FOR DRIVER BELOW 21 YEARS OLD
AND/OR WHO HAVE LESS THAN ONE YEAR VALID DRIVING DRIVING EXPERIENCE
SGD5,000.00 EACH AND EVERY LOSS ON ALL CLAIMS FOR DRIVER ABOVE 75 YEARS OLD

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*

Use only for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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/B0046/MZ406H

Issued at Singapore on 31.03.2021


Authorised Signature