

NATIONAL ASSOCIATION OF COMPARE SHOPPERS, Inc. **SNR2100002**

Date In: 17/12/2021 17:49	Job description	DATE & TIME COMPLETED	Done by
Ref No: NBSA/PA 21012992/V	SAS Billing		
Val. No: SFH TRP	Terminal (by date, time, & place)		
COA: 17/12/2021 10:45	1-Motor Claim Form		
	1-Motor W/O (Within 30 days of loss)		
	1-Photo Uploaded		
	Assessment Survey Report		
	Final Report by Tax/Hand to Owner/Driver		

(1) / TP / Reporting Only

TP Insured

Preferred Wksp / HO / Avail Wksp / DWI () Toll Fax

PI (Insured/Driver) () Year (201) **SOE 2974** NOC () / Non-NOC () Toll

Owner/Driver ()

Policy No () Period () Cover Type ()

Continued by () Date () Time ()

Insured/Driver Class () % (New Use Selct (WO) N10-20%, P121-70%, P180-100%)

Year of Restriction () Womenly Yrs () / NO ()

Deduct (\$) Lossing \$1,000 () / \$2,000 ()

() Walk-In Customer | Customer's information is highly confidential & strictly NO for or of replication

() Total Loss Case | to email Insurer URGENTLY

Driver-In () / Insured-In () / Favorable Vns () / NO () / Towling Cost ()

- 1) Apply for Transfer Allowance () / Courtesy Car ()
- 2) QO Check / Pay Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury ()

NA204706

Driver/Owner	1) All add-on coverage ()	
Contract No	2) DA (Deductible) ()	\$1000
Contracted Period	3) TP / Towling ()	
QC Checked by (Engi-Inv-Clm) ()	4) PT / Follow up ()	
	5) PT / Follow up with owner ()	
	6) PT / Follow up with owner ()	
	7) PT / Follow up with owner ()	
	8) PT / Follow up with owner ()	
	9) PT / Follow up with owner ()	
	10) PT / Follow up with owner ()	
	11) PT / Follow up with owner ()	
	12) PT / Follow up with owner ()	
	13) PT / Follow up with owner ()	
	14) PT / Follow up with owner ()	
	15) PT / Follow up with owner ()	
	16) PT / Follow up with owner ()	
	17) PT / Follow up with owner ()	
	18) PT / Follow up with owner ()	
	19) PT / Follow up with owner ()	
	20) PT / Follow up with owner ()	

Per Owner
Per Owner

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	17/12/2021 17:49 (SGT)
Date of Accident	17/12/2021 10:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH1728P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JEFF TAN GEOK HONG
NRIC No	SXXXX281E
Email Address	ghong_tan@yahoo.com.sg
Mobile Phone No	(Phone) +65-96196751
Alternative Phone No	+65-96196751

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Serena
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21098557MVPC
Cover Note Number	-

DRIVER

Name of Driver	JEFF TAN GEOK HONG
NRIC No	SXXXX281E

Date Of Birth	28/07/1958
Occupation	Indoor
Date Of Driving Pass	05/05/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96196751
Alt. Phone Number	+65-96196751
Email Address	ghong_tan@yahoo.com.sg
Address	107 HIGHGATE CRESCENT
Address complement	-
Postcode	598871
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	SON FRIEND
Gender	Male

PASSENGER 4

Name	SON FRIEND
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? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE2197H
Vehicle Manufacturer Toyota
Vehicle Model Wish
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CK
Contact Number (Phone) +65-90041369
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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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.

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.

Policyholder's Signature / Date & Time
16.06

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AJH Towares City

A) SFH 1728P

B) SJE 297H

Label

My car
A

Third Party
B

AYE → City

Describe Circumstances of the Accident

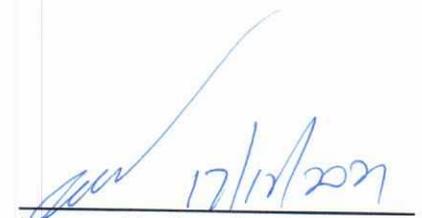
I was travelling along AYE to city at about 10.45am.
My car was at lane 1 and the road surface was wet.
I knocked into the rear of the car in front, SJE2197H.
There was no crying to anyone, no damage to both cars. It was only a slight nudge.
Owner of car SJE2197H said he was not going to make any claim. He was only concerned with his rear sensor. I asked to him to check the rear sensor.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
16.06. 17/11/2021

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


Witnessed by Reporting Centre Personnel
17/11/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2021) (DD/MM/YYYY), TIME: (10:45) (HH:MM)

LOCATION: AVE towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SPH 1728 P
b) INSURANCE COMPANY: First Capital
c) POLICY NUMBER: D-21098557MUPC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan Sereng E Power
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: Jeff Tan Grest Hong (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S129281E CONTACT: 96196751
C) ADDRESS: 107 Highgate Crescent
S 598871

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (28/7/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 5 May 1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SJE 2197H MODEL: Toyota Wish
b) DRIVER'S NAME: CK
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90041369

9. THIRD PARTY VEHICLE

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

Email = ghong_tan@yahoo.com.sg
VIDEO

Wife
my son
my friend 2

* No of passenger
(including driver)
(5)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Rosli

From: G Tan <ghong_tan@yahoo.com.sg>
Sent: Friday, 17 December, 2021 4:09 PM
To: LKK Bukit Merah



MS First Capital Insurance Limited Co. L
6 Raffles Quay #21-00 Singapore 04856
Tel: (65) 6222 2311 Fax: (65) 6222 354
Claims & Motor Underwriting Dept: 36 Robinson
Tel: (65) 6507 3848 Fax: (65) 6507 384
www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Ch
Motor Vehicles (Third-Party Risks and Compensation) Rule
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malay)

Type of Policy. : PRIVATE MOTOR CAR INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-21098557MVPC
Vehicle No / Chassis No : SFH1728P / JN1EBAC27Z0000299
Name of Insured : JEFF TAN GEOK HONG
Period Of Insurance : 12.12.2021 To 11.12.2022
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD500.00 SECTION I FOR INSURED AND NAMED DRIVER
SGD700.00 SECTION I FOR UNNAMED DRIVER
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
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

JEFF TAN GEOK HONG, BENJAMIN CHEN ENGIE, AMANDA CHEN ENRUI AND CAL

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) his employer or his partner.