

# NATIONAL Assessment Centre Services

Date In: <b>03/01/2022</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NA/FCI 22000059/m4</b>	E-mail (within 2hrs):		
Veh No: <b>SJF 5618K</b>	i-Motor Claim Form		
DGA: <b>31/12/2021 15:00</b>	i-Motor W/O (Within 2hrs TP 4hrs)		
OD: <b>P</b> Reporting Only	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: <b>SMX 224C</b>	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

<b>NA 2200011</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR: Re-inspection \$75		
<b>Cat 2/3:</b>	7) NI: Idac 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: Idac 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	03/01/2022 13:56 (SGT)
Date of Accident	31/12/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRAYCOTT DRIVE TOWARDS STEVENS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5618K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WAN SIEW KHIM
NRIC No	SXXXX381F
Email Address	ecv@elitecarventures.com
Mobile Phone No	(Phone) +65-90122890
Alternative Phone No	+65-90122890

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097797MVPC
Cover Note Number	-

### DRIVER

Name of Driver	LEONG AN-JIE, ISAAC
NRIC No	SXXXX171F

Date Of Birth	02/07/1993
Occupation	Indoor
Date Of Driving Pass	13/02/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96209373
Alt. Phone Number	-
Email Address	leongaj@outlook.com
Address	BLK 322A JURONG EAST STREET 31
Address complement	#06-246
Postcode	601322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	SMX2241C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA MUI HANG
NRIC No	SXXXX020G
Contact Number	-
Address	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Wan Siew Khim

Policyholder's Signature  
Date & Time:

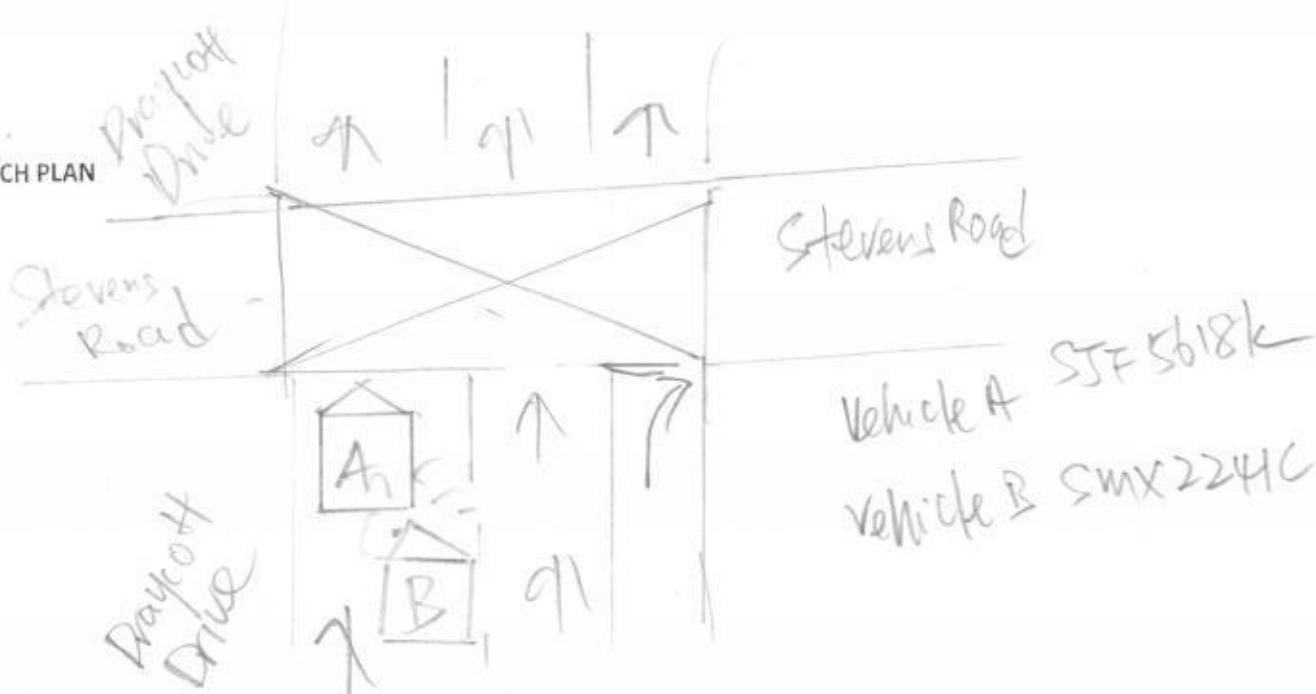
A

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

R 03/1/2022

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Draycott Drive and Stevens Road at (Vehicle A SJF 5618K) about 3pm. just at the junction of Draycott Drive when suddenly vehicle B SMX 2241C hit onto my rear. I alighted and ~~noticed that~~ realised that my vehicle was badly damaged on the ~~left~~ right rear portion. We exchanged particulars and nobody was injured at the point of accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD / TP at other workshop

DECLARATION

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

Wan Siew Khim

03/1/2022

Policyholder's Signature

Date & Time:

Driver's Signature

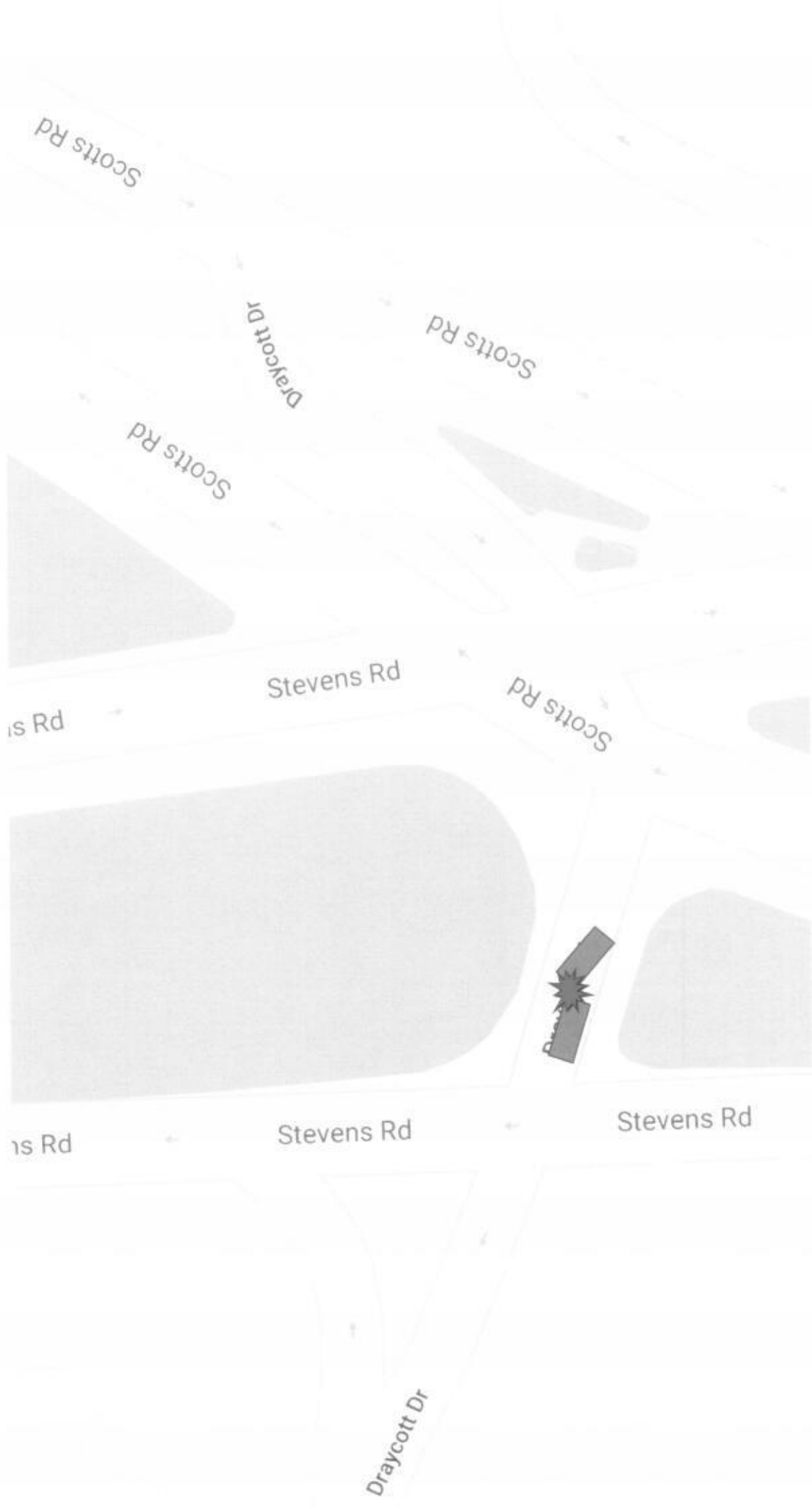
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Sample image taken from Google



Car A

Car A



Car B



Car B was on the lane divider lines after knocking Car A

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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.

## ACCIDENT STATEMENT

Date Of Report 03 01 2022  
 ☆ Date Of Accident 31 12 2021 3 pm (1500)  
 ☆ Exact Location Of Accident Drycott Drive towards Steven Road  
 ☆ Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SJT 5618K  
Insured/Policyholder  
 Name Of Registered Owner / Company Wan Stew Khim  
 RIC No / Work Permit No / ROC No S1828381F  
 Email Address ecv@elitecarventures.com  
 Mobile Phone No (LOCAL) 90122890  
 Alternative Phone No  
 Others-

## Vehicle Particulars

☆ Manufacturer Honda  
 ☆ Model Honda Vezel (1496 cc)  
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use  
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?  
 If No, Please state action to be taken Yes / No / Third Party

☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

## Insurance Company

Name of Insurance Company First Capital  
 ☆ Type Of Coverage Comprehensive  
 Get Policy  
 ☆ Policy Number Yes / No  
 Cover Note Number D-21097797MVPC

## Driver

☆ Name of Driver Leong An Jie, Isaac  
 ☆ NRIC No S9323171F  
 ☆ Date Of Birth 02 07 1993  
 ☆ Occupation Indoor Outdoor  
 ☆ Date Of Driving Pass 13 02 2014  
 Driving Experience  
 ☆ Gender Male  
 ☆ Mobile Number (Local) 96209373  
 Fax Number  
 Contact Number  
 Email Address leongaj@outlook.com

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Blk 322A Jurong East St31 #06-246 S(601322)

Yes / No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

### General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Collision :

Raining / Clear / Other :

Wet / Dry / Other :

Head to Rear

### Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

☆ Number of Passengers (Including Driver)

Yes / No

Yes / No

Name:

Yes / No

Yes / No

1

### Details of Police Action

☆ Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Yes / No

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

FAX NO:

Yes / No

### Attachment(s)

Are accident photos available for attachment?

Yes / No

☆ Was there any video captured by Car Camera?

Yes / No

Was there any audio recorded?

Yes / No

### DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

SMX 2241C

Toyota Prius

Chia Mui Hang

S1718020G

**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 MOTOR CAR INSURANCE  
Type of Cover : Comprehensive  
Certificate No. : D-21097797MVPC  
Vehicle No / Chassis No : SJF5618K / RU11116775  
Name of Insured : WAN SIEW KHIM  
Period Of Insurance : 14.07.2021 To 13.07.2022  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : OVERSEA-CHINESE BANKING CORPORATION LTD

**Excess :**

SGD500.00 SECTION I FOR 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

**Authorised Driver\***

WAN SIEW KHIM, LEONG KONG THYE, LEONG AN-JIE ISAAC AND LEONG AN-QI CHRISTEL

**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)

ITHMINAH/D0004/MX1F

Issued at Singapore on 16.06.2021

Authorised Signature