

Date In: 26/04/2022 11:51	Job description	Date & Time Completed	Done by
Ref No: N/A/F/22003850/Y	SAS e-filing		
Veh No: SMT 41314	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/04/2022 14:30	i-Motor Claim Form		
⑥ 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 Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SJC 3542B 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 &amp; 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 &amp; Time Completed: Done by:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: ( )

Date/Time Actions


NAD201106	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
t. 1:	6) TR: Re-inspection \$75		
t. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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 \$30		
	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	26/04/2022 11:51 (SGT)
Date of Accident	23/04/2022 14:30 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS CTE (AFTER BISHAN FLYOVER)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4131U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN TZE MOI
NRIC No	SXXXX198Z
Email Address	dscy1993@gmail.com
Mobile Phone No	(Phone) +65-96826427
Alternative Phone No	+65-92396360

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	328i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1997

## INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21098183MVPC
Cover Note Number	-

## DRIVER

Name of Driver	DENNIS SEAH CHONG YONG
NRIC No	SXXXX118H

Date Of Birth	28/05/1993
Occupation	Indoor
Date Of Driving Pass	23/04/2014
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-92396360
Alt. Phone Number	-
Email Address	dscy1993@gmail.com
Address	BLK 138 BISHAN STREET 12 #08-448
Address complement	-
Postcode	570138
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 - Major/Minor Rd
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 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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL3542B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA WEI SIANG, BENJAMIN
NRIC No	SXXXX483H
Contact Number	-

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

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

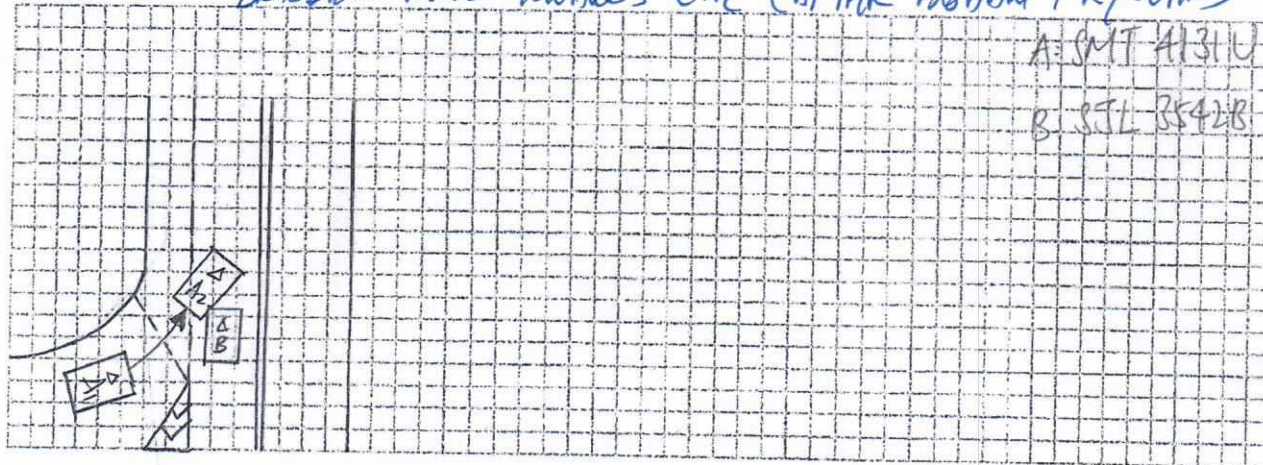
Witnessed by Reporting Centre Personnel

Sketch Plan

BRADDELL ROAD TOWARDS CTR (AFTER BUSSTOP FLYOVER)

A: SMT A131U

B: STL 3542B






**Describe Circumstances of the Accident**

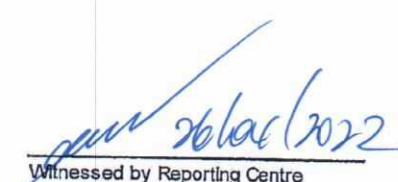
On 23/04/2022 at about 14:30 PM. I was travelling along Braddell Road towards CTE (After Bisham Flyover). As I drove out from the slip road towards the 1st lane of Braddell Road, Vehicle B could not stop in time and hit the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



Date of Accident : 23/04/2022 Accident Time: 14:30PM (24-HR-Format)  
Accident Place : Braddell Road twds CTE (After Bishan Flyover)  
Vehicle No. (Car Plate No.) : SMT 4131U Make/Model: BMW 328I A  
Insurance Company : MS First Capital Policy No: D-21098183MVPC  
Owner or Company Name /IC No. : Tan Tze Moi (S1615198Z)  
Owner or Company Contact No. : 9682 6427 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Dennis Seah Chong Yong (S9319118H)  
DRIVER'S Date Of Birth : 28/05/1993 DRIVER'S License Pass Date 23/04/2014  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : B1K 138 Bishan St 12 #08-448 S(570138)  
DRIVER'S Contact No./ Alt No. : 1) 9239 6360 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : dscy1993@gmail.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): 1 Driver  
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): NO

**Other Party Driver's Particular (if any)**

Vehicle No: <u>STL 3542B</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Chua Wei Seng, Benjamin</u>	Name Driver: _____
IC No. Driver/Contact: <u>S8604483H</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

**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-21098183MVPC  
Vehicle No / Chassis No : SMT4131U / WBA3X32030DZ23232  
Name of Insured : TAN TZE MOI  
Period Of Insurance : 24.09.2021 To 23.09.2022  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : OVERSEA-CHINESE BANKING CORPORATION LTD

**Excess :**

SGD750.00 SECTION I FOR NAMED DRIVER  
SGD950.00 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\***

TAN TZE MOI AND SEAH MEI WEI

**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)

KARENS/A0064/MX1F *Q8*

Issued at Singapore on 01.09.2021

  
\_\_\_\_\_  
Authorised Signature