

NATIONAL Assessment Centre Services: (wef 1 Jan'08) SN08225A0001			
Date In: 10/05/2022 09:34	Job description	Date & Time Completed	Done by
Ref No: NBA/FC12200431914	SAS e-filing		
Veh No: SDT 311	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 09/05/2022 14:36	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 Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLT7MQJ	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

X/19200/253	Invoice Preparation Checklist:	Am't (\$) Inc Bill	Am't (\$) Add Bill
Plaintiff's Particulars:	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: 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		
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors Comments:	Invoice dated	Fee Charged	
L.I:			
L 2 / 3:			

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	10/05/2022 09:34 (SGT)
Date of Accident	09/05/2022 14:36 (SGT)
Exact Location of Accident	Lucky Heights, Singapore
Additional Location Information	TURNING RIGHT INTO UPPER EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT31H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE MIN CHOO JOANNE
NRIC No	SXXXX773J
Email Address	joanne.mj@hotmail.com
Mobile Phone No	(Phone) +65-96174373
Alternative Phone No	+65-96174373

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2487

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21098524MVPC
Cover Note Number	-

DRIVER

Name of Driver	LEE MIN CHOO JOANNE
NRIC No	SXXXX773J

Date Of Birth	31/12/1968
Occupation	Outdoor
Date Of Driving Pass	24/12/1990
Driving experience	31 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96174373
Alt. Phone Number	+65-96174373
Email Address	joanne.mj@hotmail.com
Address	9 RIVIERA DRIVE #10-06
Address complement	-
Postcode	467202
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	Side Swipe
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL7770J
Vehicle Manufacturer	BMW
Vehicle Model	X3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STEPHANIE LEE
Contact Number	(Phone) +65-86860777
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

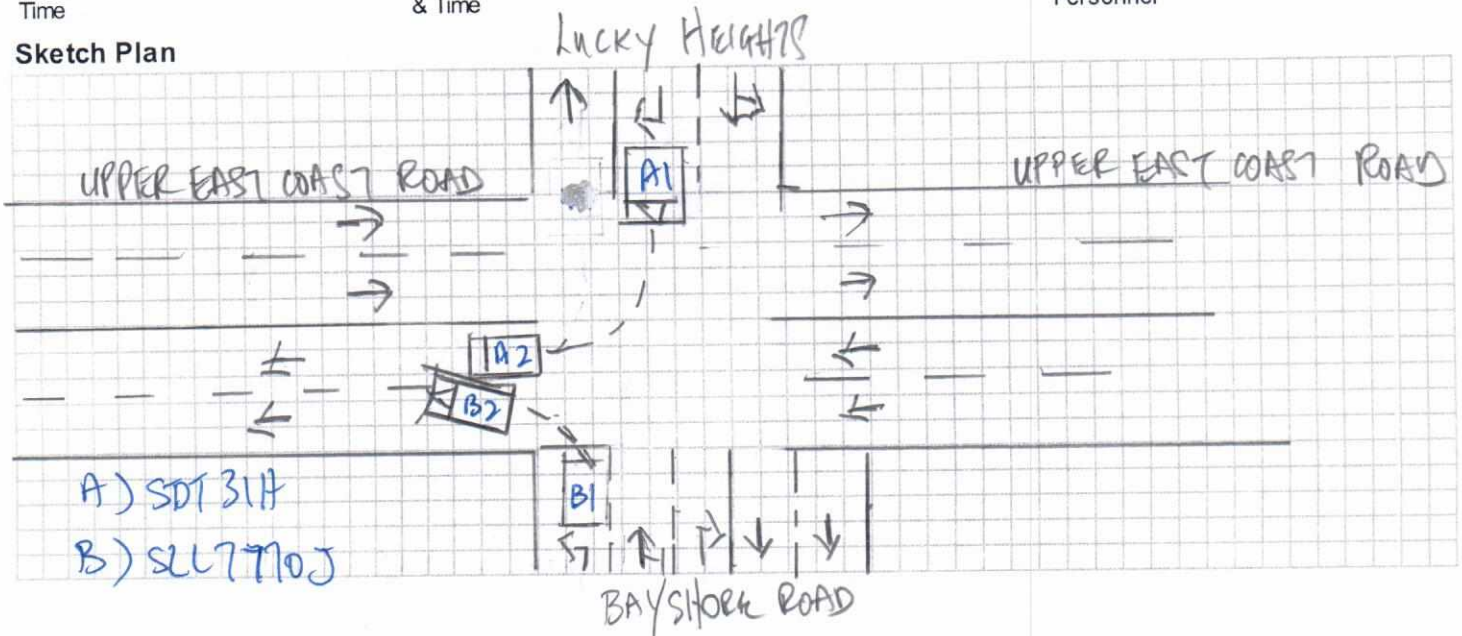
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

1. I was turning right from Lucky Height into Upper East Coast Road.
2. A BMW P3 5LL7770J in the opposite direction was turning left into Upper East Coast Road. She cut into my lane at Upper East Coast Road without signal. (Video available to support & provide clarity).

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

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 5 / 22) (DD/MM/YYYY), TIME: (2 : 36) (HH:MM)

LOCATION: Lucky Heights turn right to Upper East Coast Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDT 31H
 b) INSURANCE COMPANY: First Capital
 c) POLICY NUMBER: B-21098524MYPC
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS ES 250
 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: LEE MIN CHOO JOANNE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 568487737 CONTACT: 96174373
 c) ADDRESS: 9 RIVIERA DRIVE #10-06
5467202

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: AS ABONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: (31 / 12 / 1968) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 24 Dec 1990
 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

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SLL 7770J MODEL: BMW X3
 b) DRIVER'S NAME: Stephanie Lee
 c) NRIC/FIN/PASSPORT: Sxxx4217 CONTACT: 86860777

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email = joanne.mj@hotmail.com
 VIDEO

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-21098524MVPC
Vehicle No / Chassis No : SDT31H / JTHB11B1802006455
Name of Insured : LEE MIN CHOO JOANNE
Period Of Insurance : 24.12.2021 To 23.12.2022
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD600.00 SECTION I FOR INSURED AND NAMED DRIVERS
SGD3,000.00 SECTION I FOR TAN GUAN SHENG KENDRICK
SGD1,500.00 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*

LEE MIN CHOO JOANNE, TAN CHIN ANN VICTOR, TAN GUAN SHENG KENDRICK, MICHELLE JIMENEZ MENDOZA AND
NARVASA RUFINA CASTILLO

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)

Authorised Signature

KARENS/B0188/MX1F

Issued at Singapore on 16.11.2021