

NATIONAL Assessment Centre Services

Date In 08/09/12	Job description	Date & Time Completed	Done by
Ref No NA/FCI2008836/13	SAS e-filing		
Veh No SGA29E	E-mail (within 3hrs, A/C 2hrs)		
DOA 07/09/12 1203	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: QBG4937K	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

NA2202487

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	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	30		
Cal 1:	Invoice date:	Fee Charged		
Cal 2/3:	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 Actual 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	08/09/2022 14:10 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 12:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK RD NEAR BLK 443D BUKIT BATOK WEST AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA29E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG GAR KEOW
NRIC No	SXXXX953D
Email Address	angietang@franklin.com.sg
Mobile Phone No	(Phone) +65-96307877
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	LS600HL AUTO 5 SEATER
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	4969

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099084MVPC

DRIVER

Name of Driver	SIM KIM KOON
NRIC No	SXXXX230I
Date Of Birth	11/09/1962
Occupation	Outdoor

Date Of Driving Pass	27/07/1980
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91452717
Alt. Phone Number	-
Email Address	angietang@franklin.com.sg
Address	BLK 60 FLORA DRIVE
Address complement	#06-39
Postcode	506858
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4937K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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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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.
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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.
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.

ANGIE TANG

Policyholder's Signature / Date &
Time 8/9/2022

SK

Driver's Signature (If driver is not the policyholder) / Date
& Time 8/9/2022

Shy 08/09/22

Witnessed by Reporting Centre
Personnel

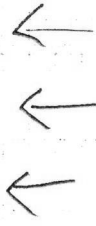
Sketch Plan

BUKIT BATOK RD NEAR BLK 443D BUKIT BATOK WES
AVE 8

A-SGA29E

B-GBG4937K

A B



Describe Circumstances of the Accident


I WAS DRIVING ALONG PUKIT BATOK RD ON LANE 2,
I WAS SHOWN DOWN TO STOP AT TRAFFIC TURN
RED. SUDDENLY BEHIND VEHICLE NO. GBG 4937K
COULDN'T BRAKE IN TIME & HIT TO MY BACK.

Declaration

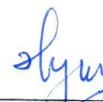
We declare the foregoing particulars are true in every respect.

ANGIE TANG

Policyholder's Signature / Date &
Time 8/9/2022



Driver's Signature (If driver is not the policyholder) / Date
& Time 8/9/2022

 08/09/22

Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922980005 Vehicle Registration No: SGA29E
Name (as shown in NRIC): SIM KIM KOON NRIC/FIN/Passport No: 500002301
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 60 FLORA DRIVE H06-39 Singapore (506858)
Contact (Tel): _____ Mobile No.: 91450717
Email Address: _____
Date of Accident: 07/09/22 Time of Accident: 1223
Place of Accident: BUKIT BATOK RD NEAR BLK 443D BUKIT BATOK WEST
Insurance Company: FIRST CAPITAL AVE 8

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WAS THERE ANY VIDEO CAPTURE BY CAR CAMERA - YES

Policyholder / Driver's Signature
Date:

Shym 08/09/22

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

VEHICLE NO: SGA 29E

MAKE & MODEL: LEXUS LS 600hL

AUTO MANUAL

DATE OF ACCIDENT

07 / 09 / 2022

*C.C. 6000

TIME OF ACCIDENT

1223 AM / PM

LOCATION OF ACCIDENT

BUKIT BATAK RD (NEAR BIK 443D BUKIT BATAK WEST AVE 8)

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE

NAME OF OWNER

TANG GAR KEDW

EMAIL: angietang@franklin.com.sg

Office:

MOBILE: 96307877

NRIC

S1255953D

CLAIM TYPE

OD / (THIRD PARTY) / REPORTING ONLY

FLEET POLICY:

YES / (NO) ?

INSURANCE CO.

MS FIRST CAPITAL

TYPE OF COVERAGE

Comprehensive / (Third Party) / Third Party Fire & Theft

POLICY NO.

D-22099084MV/PC

NAME OF DRIVER

AS ABOVE / IF NO: SIM KIM KOON

NRIC

S1538230I

DATE OF BIRTH

11 / 09 / 1962

ANY PASSENGER

YES / (NO) :

NAME OF PASSENGER

NA

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

(Outdoor) / Indoor

DATE OF DRIVING PASS

22 / JUL / 1980

GENDER

(Male) / Female

CONTACT NO.

Mobile: 91452717 Office:

Home:

EMAIL:

angietang@franklin.com.sg

ADDRESS

BIK 60 FLORA DRIVE #06-39 SINGAPORE 506858

DOES DRIVER OWN OTHER VEHICLES?

(NO) / If yes: Reg No.

INSURER:

RELATIONSHIP

(Employee) / If No.

WEATHER CONDITION

(Clear) / Raining / Other:

ROAD SURFACE

(Dry) / Wet / Other:

ANY INJURIES

(No) / If yes: Who?

CONVEYED BY AMBULANCE

(No) / If yes: Who?

POLICE REPORT

(No) / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

(NO) / IF YES: WHO?

VEHICLE B NO.

GBG 4937K Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

**WORKSHOP:

Y&K AUTO WORKSHOP

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / (NO)

CERTIFICATE OF INSURANCE

COPY

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. : Third Party Fire and Theft
Certificate No. : D-22099084MVPC
Vehicle No / Chassis No : SGA29E / JTHDU46F705009823
Name of Insured : TANG GAR KEOW
Period Of Insurance : 08.04.2022 To 07.04.2023
Insured Estimated Value : Market Value At Time Of Loss

Excess :

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*

TANG GAR KEOW, LEONG KAI FATT, LEONG JIAQUAN BENJAMIN, LEONG JIA YI LENA, GOH LI LING LYNN AND RAY SIM
KIM KOON

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/B0188/MX1F

Issued at Singapore on 22.03.2022



Authorised Signature