

NATIONAL Assessment Centre Services

Date In 25/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/PCL23000 TSI/W	SAS e-filing		
Veh No GBE 1951Z	E-mail (within Bns. Aft 2hrs)		
DOA 20/01/2023 8.30	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: STD 6820X INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; P: 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

Claimant's Particulars	Invoice Preparation Checklist	
	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
Checked by (Engr-In-Charge):	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) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OR*	

VEHICLE NO: 6BE195/ZMAKE & MODEL : Nissan NV200AUTO ~~MANUAL~~

DATE OF ACCIDENT	<u>20 / 01 / 2023</u>	*C.C: <u>1.5</u>
TIME OF ACCIDENT	<u>0830 AM / PM</u>	
LOCATION OF ACCIDENT	<u>Bukit Batok West Ave 6</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>On Engineers Pte Ltd Email: eugeneguay4@gmail.com</u>	
TELP NO	<u>Mobile: 91772232</u>	<u>Office: 67954666</u> Home:
NRIC	<u>200007306C</u>	
CLAIM TYPE	<u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / <u>NO</u> ?</u>	
INSURANCE CO.	<u>First Capital</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>D-23100276MFCV/2</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: Eugene Guay Chun Ying</u>	
NRIC	<u>59905016J</u>	
DATE OF BIRTH	<u>04 / 02 / 1999</u>	
ANY PASSENGER	<u>YES / <u>NO</u> :</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>02 / Mar / 2019</u>	
GENDER	<u>Male / Female</u>	
CONTACT NO.	<u>Mobile: 9177 2232</u>	<u>Office:</u> Home:
EMAIL:	<u>eugeneguay4@gmail.com</u>	
ADDRESS	<u>25 Yunnan Road S (638238)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes : Reg No.</u>	INSURER:
RELATIONSHIP	<u>Employee / If No.</u>	
WEATHER CONDITION	<u>Clear / Raining / Other :</u>	
ROAD SURFACE	<u>Dry / Wet / Other :</u>	
ANY INJURIES	<u>No / If yes : Who? ① Eugene Guay Chun Ying</u>	
CONTACT NO.		
POLICE REPORT	<u>No / If yes : Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	<u>SJD6820X</u>	Any Passenger : <u>NO</u>
NAME	<u>Sarasvathy (58237080C)</u>	
CONTACT NO.	<u>97330854</u>	
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?	<u>YES / <u>NO</u></u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / <u>NO</u></u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES / <u>NO</u></u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

SKETCH PLAN

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. 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' 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.



25/11/2023

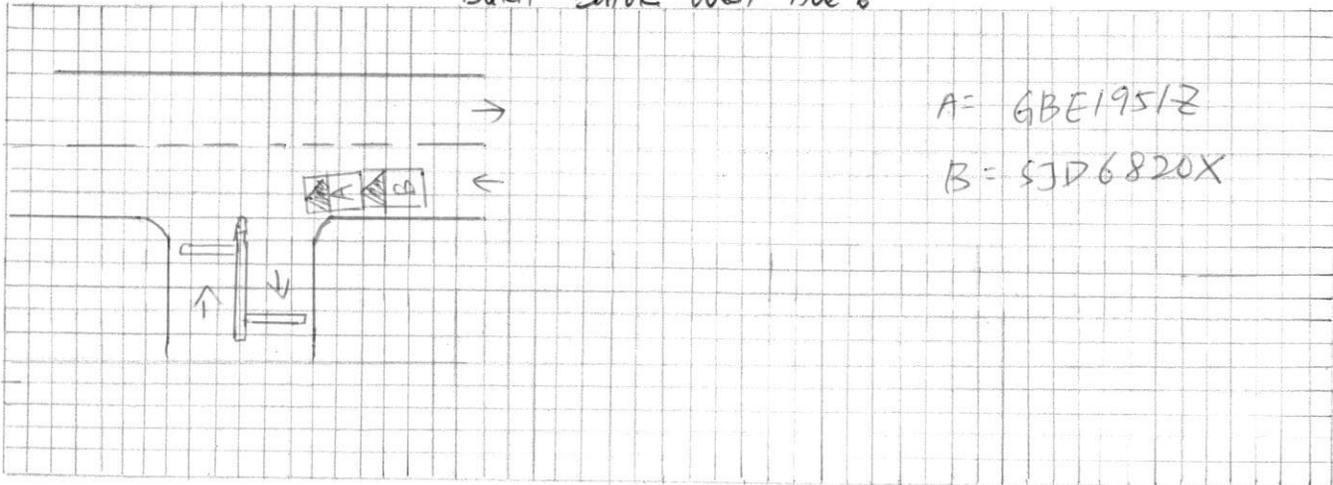
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Batok West Ave 6



Describe Circumstances of the Accident

Refer to Police Report No = T/20230121 / 7045

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

25/01/2023



**SINGAPORE
POLICE FORCE**



T/20230121/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230121/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 18:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: EUGENE GUAY CHUN YING		Address: 25 YUNNAN ROAD SINGAPORE 638238	
ID Type / ID No.: NRIC NO / S9905016J		Contact No.: Home/Office: Mobile: 91772232	
Nationality: SINGAPORE CITIZEN		Email: eugeneguay4@gmail.com	
Sex: Male	Age: 23	Date of Birth: 04/02/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 08:30	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE1951Z	Van	NISSAN	NV200	Multi-Colored	Slightly Damaged	1
SJD6820X	Car	MAZDA	DEMIO	Black	Slightly Damaged	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EUGENE GUAY CHUN YING	ID No.	S9905016J
Related Vehicle	GBE1951Z (Van)	Contact No.	91772232
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/01/2023	Date	21/01/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SARASVATHY	ID No.	S8237080C
Related Vehicle	SJD6820X (Car)	Contact No.	97330854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

The accident took place in front of a carpark gantry (entering to carpark). There was an elderly crossing in front of my vehicle so i had to give way to him. Out of nowhere the involved accident party slammed into rear of my vehicle. I have pictures of the accident.



**SINGAPORE
POLICE FORCE**



T/20230121/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230121/7045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/01/2023 18:20

Classification Of Case:

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. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-23100276MFCV/2
Vehicle No / Chassis No : GBE1951Z / VSKYBAM20Z0109643
Name of Insured : ON ENGINEERS PTE LTD
Period Of Insurance : 01.01.2023 To 31.12.2023
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD500.00 SECTION I
AN ADDITIONAL EXCESS OF SGD750.00 ON SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with their 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*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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)

SUSAN/B0029/MZ300C

Issued at Singapore on 29.11.2022



Authorised Signature