

Date In: 08/12/2018 15:16	Job description	Date & Time Completed	Done by
Ref No: NBA/GA170283117	SAS e-filing		
Veh No: SKV 2690Z	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 01/12/2018 21:00	I-Motor Claim Form		
OD / TP (Reporting Only)	I-Motor W/O (within 20 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insureh	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SBW 95197	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 5646	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	Action

Human's Particulars:	Invoice Preparation Checklist:	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$10	
	5) WT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$10	
	7) NI: (24h DA + SMRT Survey)	\$160	
	8) NTUC Additional Services:		
	9) NTUC Additional Services:		
C. Checked by (Engr-In-Charge):	10) NTUC Additional Services:		
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	100) NTUC Additional Services:		

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 ability.
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 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 Report	08/12/2017 15:16
Date Of Accident	07/12/2017 21:00
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2690Z
Insured/Policyholder	
Name Of Registered Owner	LOH WENG YEW
NRIC No	S6871062F
Email Address	LOHWY2003@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93886466
Alternative Phone No	OTHERS-93886466

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000000867-01-000
Cover Note Number	

Driver

Name of Driver	LOH WENG YEW
NRIC No	S6871062F
Date Of Birth	08/12/1968
Occupation	INDOOR
Date Of Driving Pass	27/02/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93886466
Fax Number	
Contact Number	OTHERS-93886466
Email Address	LOHWY2003@GMAIL.COM

Address	6 MARTIN PLACE #04-09
Postcode	237990
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBW9579T
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Name of Driver	ONG BOKANG, LOUIS
NRIC/Passport Number	S8819810G
Contact Number	97551840
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

Policyholder's Signature

Date & Time:

08/12/17
12:00 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/12/2017
Keshi n n n n n

B: SRW 95797

SKETCH PLAN

River Valley Rd

Kim Seng Rd

Irwell Rd

construction site

B

A: SKV 26902

B: SBW 95797

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on River Valley Rd at about 9pm. There is a temporary road diversion at the junction of River Valley Rd & Irwell Rd / Kim Seng Rd. ~~at~~ While manoeuvring the curvy road junction, I hit onto the car B. The right side of the car body was ~~a~~ scratch.

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

Date & Time: 08/12/17
12:00 pm

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

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/17 (DD/MM/YYYY) TIME: 9 pm (HH:MM)

LOCATION: Along River Valley Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 2690Z
 b) INSURANCE COMPANY: Great American Insurance
 c) POLICY NUMBER: MDMP000000867-01-00
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Alphard
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: own 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: Loh Weng Kew (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S681069F CONTACT: 93886466
 c) ADDRESS: 6 Martin Place #04-09
S 622990

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(3)

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

* d) DATE OF BIRTH: 08/12/68 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 11 02 1992

f) DATE OF DRIVING LICENSE: 11 02 1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SBW 9579 T MODEL: mini cooper S
 b) DRIVER'S NAME: ONG Bokang Louis
 c) NRIC/FIN/PASSPORT: S5819810 G CONTACT: 97551840

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

Email = loh weng 2003 @ gmail . com
 Fax = _____
 V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6871062F



Name

LOH WENG YEW

羅永耀

Race

CHINESE

Date of Birth

08-12-1968

Sex

M

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6871062F

Name

LOH WENG YEW

Birth Date 08 Dec 1968

Issue Date 20 Jun 2003



8280604

NRIC No: S6871062F



Nationality

MALAYSIAN

Blood Group: Date of issue:

O+ 30-03-1998

5 MARTIN PLACE #04-09
SINGAPORE 237990

NRIC No: S6871062F

Date: 19/12/2011

No: 8906735

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PAGE 0011

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

27 Feb 1992



NP 22/1A

CERTIFICATE OF INSURANCE

- 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).

Policy Details

Certificate Number	: MOMVP000000867-01-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Loh Weng Yew	Chassis Number	: GGH300004472
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 2GRK095117
Hire Purchase	: MALAYAN BANKING BERHAD	Registration Number	: SKV2690Z
Period of Insurance	: From 13/08/2017 (00:00) To 12/08/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
- b) Any person who is driving on the Policyholder'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 or so has been Vehicle 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 Policyholder's business.
This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with 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

Excess (Section 1)	: SGD 600.00	Workshop	: Any Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Loh Weng Yew
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Newstate Stenhouse (S) Pte Ltd
Date of Issue	:

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory