

NATIONAL Assessment Centre Services. (wef 1 Jan 2008)

Date In: 27/03/2018 09:56	Job description	Date & Time Completed	Done by
Ref No: NA/GAI18005638/K4	SAS e-tiling		
Veh No: SLR4842Z	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 26/03/2018 15:35	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SGP74-SSH, 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC hotline 6788 6016	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

NA 1801941	Invoice Breakdown: Credit/Debit	Amount (\$)	Amount (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$100/\$12		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	Excluding appeal INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: IDA + SMRT Survey \$160		
	8) NTUC Additional Service Fee		
	9) NI: IDA Mobile		
C. Checked by (Engi-In-Charge):	10) NI: IDA Mobile		
	*NI: Courtesy Car / Tpl Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DY / Collision Excess Coordination \$3		
	TP (NI): TP (Run INC) against INC \$20		
	NI: IDA Mobile \$10		
	Invoice dated	Fee Charged	Fee Charged
	Invoice dated	Fee Charged	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 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 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	27/03/2018 09:56
Date Of Accident	26/03/2018 15:35
Exact Location Of Accident	LUCKY PLAZA CARPARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4842Z
Insured/Policyholder	
Name Of Registered Owner	YEO SIEW KIANG
NRIC No	S0102328D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81260390
Alternative Phone No	OTHERS-81260390

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	
Cover Note Number	MT20175446

Driver

Name of Driver	YIP JIANWEI (YE JIANWEI)
NRIC No	S8801402B
Date Of Birth	16/01/1988
Occupation	INDOOR
Date Of Driving Pass	09/03/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81260390
Fax Number	
Contact Number	OTHERS-81260390
Email Address	NOEMAIL

Address	BLK 622 BEDOK RESERVOIR ROAD #07-1500
Postcode	470622
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SGP7455H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD SHAFIQU L ISLAM
NRIC/Passport Number	S7483328D
Contact Number	90218654
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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:

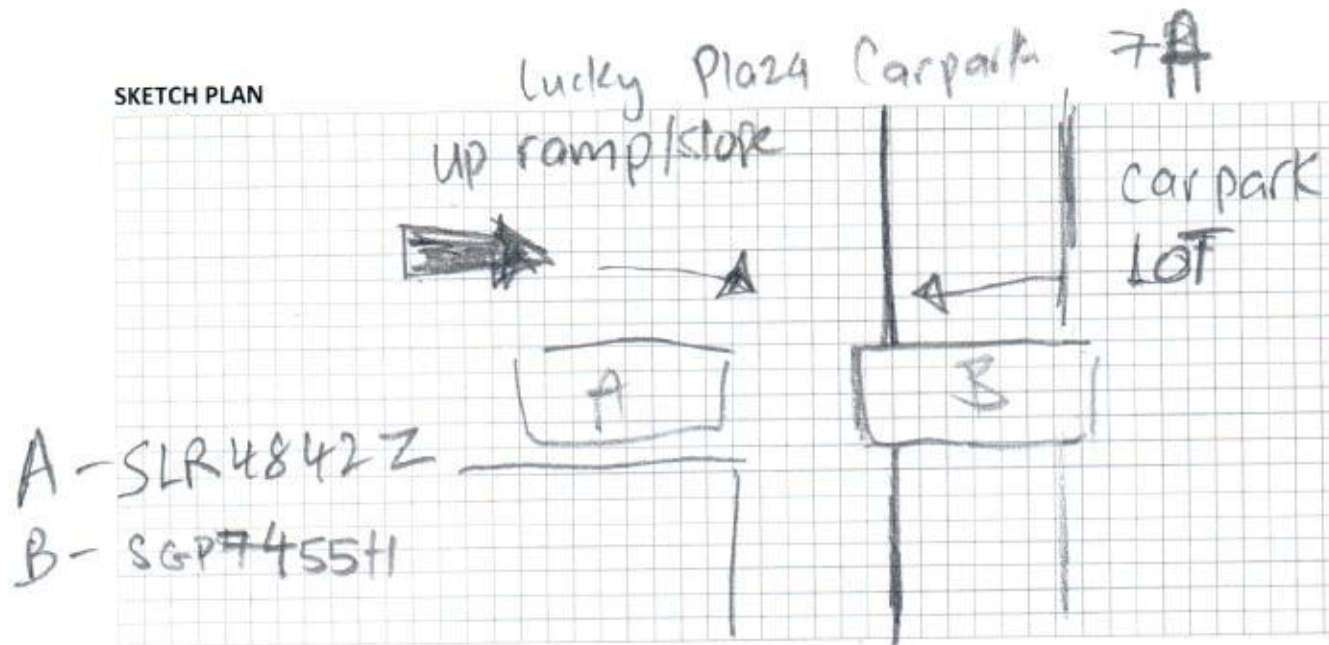
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- going up a ramp and a car hit my left bumper.
- car was just exiting car park lot and did not stop to give way: I was going up the slope and had lower visibility compared to car B (higher ground)
- car B made a wide right turn and "ate" into my lane.

DECLARATION

I/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:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8801402B

Name
YIP JIANWEI
(YE JIANWEI)
葉健威

Race
CHINESE

Date of Birth
16-01-1988

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8801402B

Name
YIP JIANWEI
(YE JIANWEI)

Birth Date: 16 Jan 1988

Issue Date: 29 Sep 2017

002720719B



3297699

Barcode

NRIC No. S8801402B

Fingerprint

Blood Group
-

Date of issue
27-01-2003

Address
APT BLK 622 BEDOK RESERVOIR ROAD
#07-1500
SINGAPORE 470622

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 09 Mar 2011

NP 428A



OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0102328D

Name

YEO SIEW KIANG
@TAN SIEW WAH
姚守娟

Race
CHINESE

Date of Birth 18-04-1954 Sex F

Country of Birth
SINGAPORE



1588899

Barcode

NRIC No. S0102328D

Fingerprint

Blood Group A+ Date of Issue 13-01-1994

Address
ART BLK 823 BEDOK RESERVOIR ROAD #07-1500
SINGAPORE 470823

NRIC No. S0102328D Date: 08-10-1998 No: 2035376

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT20175446

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: YEO SIEW KIANG
Insured Nric/Passport No/ Roc	: S0102328D
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: NISSAN TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
Vehicle Registration No.	: SLR4842Z
Year Of Manufacture	: 2008
Engine No.	: VQ25416706A
Chassis No.	: JN1BBUJ32Z0001502
Engine Capacity/ Tonnage/ Seater	: 2496 cc
Hire Purchase	: NIL
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 03/10/2017 TO: 02/10/2018
Excess (S\$)	: Section I : Nil : Section II : Nil : Windscreen Excess : \$100
Great American Authorized Workshop	: YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

Date of Issue : 02/10/2017

Intermediary : OKI

MTR/COVERNOTE/V02/16



Elaine Lee
97489011