ATIONAL Assessment Centre	Services West		- 1	
11 11000 17:53	Jcb description	Date & Time Completed	Doue py.	
Date In 11/04/2018 13.32				
Res NA [GAI 18006660 Ky	E-mail (within 8hrs, A	IC 2hrs;		
Veh No SJH 20/8C	i-Motor Claim Fo	The state of the s		
DOA 11/04/2018 07:30	i-Motor W/O (With			
OD TP : Reporting Only	i-Photo Uploaded			
OD 17 Tepfing	Assessment/Survey			
mm (Assessment by Fa	x / Hand to Owner/Wksp		-
TP Insurer:	Ass't Report by Fa		X:)
Preferred Wksp / INC Assign Wksp / QW: (
rp Particulars: Veh No:	FW 2155G	Tel:)	
Owner / Driver: () Cover Type: ()	
Policy No: () Po	riod: (ate: Time:)	
	- 0: (WO)	n: N: 0-20%; P: 21-79%. F: \$0-1	00%]	
Insured/Driver Liability: (%) [Note-Est. Status (WO)	/NO()		
Vegr of Repisitation.	Truttuin,)		
Excess: (S) Loading: \$1,	000 ()/\$2,000 (NAME OF A PARTIES AND A LABOR.	The second	
General Remarks:-	100 (1188)		Table - Sellies	
General Remarks:- () Walk-In Customer: Customer's inf	ormation strictly Connu	lemand outer,		
() Total Loss Case : to e-mail Insu	rer URGENTET.		Salara B)
Drive-In ()/Towed-In (); Invoice	ce: YES () / NO	(); Towing Co. (Done by	
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 	\$3000] ()			
Injury:		The second secon	William F	
Date/Time Actions		Schröderen State Spiller	#5 <u>6/8/8/5/5/5/5/5/5</u>	ov.
Date Time 1.551			I all all all all all all all all all al	
		and the second s	Amt (5)	Amt (S
NA188226	,8	Invoice Preparation Chricklist	1st Bill	Age es
		1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC	C (\$80)	
Claimant's Particulars :-		2) TF : Towing Fee	\$40/\$45	
Driver/Owner:		4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) 5) FT: Follow-Through Survey (Resurvey)	\$30	
Contact No:		5) FT : Follow-Through Survey (Reserved For claiming against INC Only (wef 10 Jan 6) TR : Re-inspection	The second secon	
		TO NIL + Idae DA + SMRT Survey	\$160	
Damaged Portion:		8) NTUC Additional Services:- OD*	\$5	
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	310	-
QC Checked by (2.18	The second secon	Part Panir Inspection	\$25 \$5	
Auditors' Comments :-		*N8: DV / Collect Excess Coordination TP (N11): TP (N:n INC) against INC	\$20	
Cat. 1:		9) N12: Idae Mobile	30 grged	1 (1)
	-10,00	Invoice dated Fee Ch	1000	
Cat 2/3:		Invoice dated		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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.

- 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

foresaid.	ACCIDENT STATEMENT
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	11/04/2018 13:52 11/04/2018 07:30 DAKOTA CRESCENT TWDS OLD AIRPORT RD SINGAPORE DETAILS OF OWN VEHICLE
	SU - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Vehicle Registration Number	SJH2078C
Insured/Policyholder	THE CHANG VANIANG
Name Of Registered Owner	CHIONG YIN LENG (JIANG YANLING)
NRIC No	S7210088C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81257938
Alternative Phone No	OTHERS-81257938
Vehicle Particulars	
Manufacturer	TOYOTA
	CAMRY 2 4G A

CAMRY 2.4G A Model PRIVATE USE

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

GREAT AMERICAN INSURANCE COMPANY Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MOMVP000001899-01-000 Policy Number

Cover Note Number

Driver

CHIONG YIN LENG (JIANG YANLING) Name of Driver

S7210088C NRIC No. 18/03/1972 Date Of Birth INDOOR Occupation 09/10/1990 Date Of Driving Pass

27 YEARS AND 6 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-81257938 Mobile Number

Fax Number

OTHERS-81257938 Contact Number

NOEMAIL EMail Address

3 TAMPINES AVENUE 8 Address #14-04

529595

NO

YES

NO

1

NO

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SFW2155G

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

JAREBB CHUA CHING-E Name of Driver

S7618168C NRIC/Passport Number 97971832 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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)
 - (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
- 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 Signatur

Name:

NRIC/FIN No.:

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.:





Dakota MRT Station (CC8) 201 Old Airport Road (S)397973

Map

Building Directory

Directions

Photos

What's Nearby

Get Tips

Getting Here

5 Things You Shouldnt Do If Hes Cheating On You

Dakota MRT Station (CC8), 201 Old Airport Ro.











REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7210088C





CHIONG YIN LENG (JIANG YANLING)

蒋燕玲

CHINESE

18-03-1972

SINGAPORE

0975868





22-05-1993

3 TAMPINES AVENUE 8 #14-04 SINGAPORE 529595

NRIC No: \$72100880

Date: 19/03/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE S7210088C CHIONG YIN LENG (JIANG YANLING) Birth Date: 18 Mar 1972 Issue Date: 10 Sep 2004

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

PASS DATE

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 pessengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg.

09 Oct 1990

NP 428A

Licence No: \$7210088C



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

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

MOMVP000001899-01-000

Private Car (Comprehensive)

Policyholder Name NCD Entitlement

Chiong Yin Leng (Jiang Yanling) 20% No Claim Discount

Chassis Number Engine Number

: ACV403157287

Hire Purchase

2AZC387311

DBS BANK LTD.

Registration Number

: SJH2078C

Period of Insurance

From 29/01/2018 (00:00) To 28/07/2018 (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)
- b) Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business C)
- Use for any purpose in connection with Motor Trade d)

* 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

Chiong Yin Leng (Jiang Yanling)

Named Driver 1

N/A

Named Driver 2

N/A

Named Driver 3

N/A

Name of Intermediary

RVC & Associates 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

mlow