

NATIONAL Assessment Centre Services

[Ref: Jan-05]

Date In: 13/04/2018 15:57	Job description	Date & Time Completed	Done by
Ref No: NA/GAI18006882/K4	SAS e-filing		
Veh No: SKV 83P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/04/2018 12:15	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: UNKNOWN	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:-	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

NA1802346	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iFT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	7) N1: 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			
	Invoice dated	Fee Charged		
	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 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	13/04/2018 15:57
Date Of Accident	13/04/2018 12:15
Exact Location Of Accident	ROADSIDE OF TAMPINES PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV83P
Insured/Policyholder	
Name Of Registered Owner	TAN KEONG JIN
NRIC No	S1548829H
Email Address	JESS.FRANCIS@EUROKARS.COM.SG
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-63958784

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000000647-01-000
Cover Note Number	

Driver

Name of Driver	TAN KEONG JIN
NRIC No	S1548829H
Date Of Birth	22/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-63958784
Email Address	JESS.FRANCIS@EUROKARS.COM.SG

Address	BLK 570 PASIR RIS STREET 53 #03-68
Postcode	510570
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
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SINGAPORE ACCIDENT STATEMENT

ELUCKERS GROUP

ACCIDENT STATEMENT			
Date Of Accident	13/04/18	Time Of Accident	2:15
Location of Accident	ROADSIDE TAMPAINEE PLATE		
Type of Accident	HEAD TO REAR / REAR TO HEAD / PARK & HIT / HIT & RUN / SIDE SWAP		
Weather condition	SUNNY / RAINY / FAIR	Road Surface	DRY / WET
DETAILS OF INSURED / POLICHHOLDER			
Vehicle Registration No.	SKV 82	Make / Model	M6
Name of Insurance Company	GREAT AMERICAN	Policy No	
Type of Claim	50 CLAIM	# Of Passengers Incl Driver	D
Insured's Name / NRIC No	TAN KEONG JIN	Insured's NRIC No	S1548829H
Address	570 BRIDGE RD #03-18		
Occupation			
Pass date of Licence	08/07/2000		
Contact No			
Email Address			
DETAILS OF DRIVER			
Driver's Name / NRIC No	N/A		
Address			
Occupation			
Date Of Driving Pass			
Contact No	Alternative Contact No		
Email Address			
Relationship With Owner			
DETAILS OF INJURED PERSON 1, 2, 3			
Name / Approximate Age			
Address			
Injuries Sustain			
In Which Vehicle			
Was Seat Belt Worn?	YES / NO / NA	YES / NO / NA	YES / NO / NA
Conveyed To Hospital?	YES / NO / NA	YES / NO / NA	YES / NO / NA
DETAILS OF OTHER VEHICLE(S)			
Registration No			
Vehicle Make/Model			
Insurance Company Name			
Nature Of Damage			
Name Of Driver			
NRIC No			
Contact No			
# Of Passengers Incl Driver			
DETAILS OF WITNESS(ES)			
Name			
Contact No			
Email Address			
OTHER INFORMATION			
1) Was There Any Video Captured By Car Camera?			YES / NO
2) Was Any Foreign Vehicle Involved In This Accident?			YES / NO
3) Foreign Vehicle Registration Number			
4) Foreign Vehicle Category			YES / NO
5) Does The Driver Own Any Other Vehicle?			
6) Vehicle Registration Number of Driver's Own Vehicle			
7) Insurance Company of Driver's Own Vehicle			
8) Approached By Anyone Offering Assistance With Repair?			YES / NO

SKETCH PLANIMPORTANT 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 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) involving 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' lawyer/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' lawyer/law firm, 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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON APRIL 13, 2018 AROUND 12:15 PM I PARKED
MY CAR AT ROADSIDE OF TAMPINES PLAZA AND
WENT FOR LUNCH. WHEN I CAME BACK I NOTICE
THAT MY CAR WAS DAMAGED ON THE LH FRONT
SECTION

Declaration

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

 Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

13/4/2018

* Driver did not come to idac to report?

Transeuro Cars call and ask on 13/4/2018

1540 HRS to do a 1A Report?

details sent by

ACCIDENT STATEMENT

ACCIDENT DATE: 13/4/2018 (DD/MM/YYYY), TIME: (12:15) (HH:MM)

LOCATION: Roadside of Tampines Place

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 83 P
b) INSURANCE COMPANY: (GAI)
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) (OD)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 63958784
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

- a) VEHICLE NUMBER: Unknown MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

inform by Transeuro Cars staff

Email = jess.francis@eurokars.com.sg

Fax = _____

Waiting for Vehicle Photos of the

Vehicle at workshop

Supers staff to take photos (Mr Marcus) and bring here to idac?

LKK Paya Ubi

From: jess.francis@eurokars.com.sg
Sent: Friday, 13 April 2018 3:35 PM
To: rspu@lkkauto.com
Cc: ronald.yap@eurokars.com.sg
Subject: SKV83P, accident reporting.
Attachments: 2252_180413153209_001.pdf

Hi Krishan,

Referring to our telephone conversation.

Kindly load the report and later Mr Marcus Chua will take photos on the damage.

Regards.

Jess Francis Carlos
Insurance Claims Executive
Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408605
Tel no.: 63958784

From: mazdacanon@mazda.com.sg <transeurokars@eurokars.com.sg>
Sent: Friday, 13 April 2018 3:32 PM
To: Jess Francis <jess.francis@eurokars.com.sg>
Subject: Attached Image

REPUBLIC OF SINGAPORE DRIVING LICENCE

548829H

TAN KEONG JIN

Issue Date: 22 Sep 1962
Valid Date: 21 Feb 2004

001130191H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1548829H

TAN KEONG JIN

陳忠仁

Race
CHINESE
Date of birth
22-09-1962
Country of birth
SINGAPORE

Sex
M

15-09-2004

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date: 06 Jul 2000

Licence No: S1548829H

NP 428A

4465163

S1548829H

MRIC No. S1548829H

22-09-2009

Address
APT BLK 570 PASIR RIS STREET 53
#03-68
SINGAPORE 510570

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	: MOMVP000000647-01-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Tan Keong Jin	Chassis Number	: JM6GJ1032G0207989
NCD Entitlement	: 30% No Claim Discount	Engine Number	: PY20579400
Hire Purchase	: HONG LEONG FINANCE LIMITED	Registration Number	: SKV83P
Period of Insurance	: From 23/06/2017 (00:00) To 22/06/2018 (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

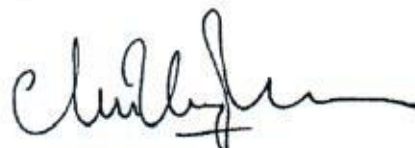
Excess (Section 1)	: SGD 600.00	Workshop	: Any Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Tan Keong Jin
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Times Insurance Brokers 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

