

NATIONAL Assessment Centre Services (NACSS) KMA48053845

Date In: 24/04/2018 11:41	Job Description	Date & Time Completed	Done by
Ref No: NBA/GA10001505/Y	SAS e-illing		
Veh No: SGC 7088C	B-thall (white blue, Alcantara)		
P.O.A: 23/04/2018 15:50	Motor Claim Portin		
OD / TP: <u>Responing Only</u>	Motor Y/O (Vehicle on the way survey)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Rep/Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OWI)	Tel:	Fax:
TP Particulars	Veh No: SLP 3787	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%, PI 21-79%, PI 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-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: (NBA/Line: 6788 0013)

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

Other Towing: ()

Item	Invoice Recommendation/Charged	Unit	Unit Price	Total
1) AR: Accident Reporting (330)				
2) DA: Damage Assessment (3100)	INC (40)			
3) TP: Towing Fee				
4) PT: Follow Through Survey				
5) PT: Follow Through Survey (Repair)				
6) TR: Bill of Materials				
7) NI: (40) DA + SMAT Survey				
8) NTUC Additional Service				
9) NI: (40) DA + SMAT Survey				
10) NI: (40) DA + SMAT Survey				
11) NI: (40) DA + SMAT Survey				
12) NI: (40) DA + SMAT Survey				
13) NI: (40) DA + SMAT Survey				
14) NI: (40) DA + SMAT Survey				
15) NI: (40) DA + SMAT Survey				
16) NI: (40) DA + SMAT Survey				
17) NI: (40) DA + SMAT Survey				
18) NI: (40) DA + SMAT Survey				
19) NI: (40) DA + SMAT Survey				
20) NI: (40) DA + SMAT Survey				

Checked by (Sign-In-Charge):

Will be Commented:

LI:

2/2

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	24/04/2018 11:41
Date Of Accident	23/04/2018 15:50
Exact Location Of Accident	ALONG ORCHARD ROAD
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC7088C
Insured/Policyholder	
Name Of Registered Owner	LIEW LING YU
NRIC No	S0013138E
Email Address	WEILIPAN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97711711
Alternative Phone No	OFFICE-91017760

Vehicle Particulars

Manufacturer	BMW
Model	335i
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	MT20173744

Driver

Name of Driver	PAN WEI LI
NRIC No	S8100913I
Date Of Birth	10/01/1981
Occupation	INDOOR
Date Of Driving Pass	17/07/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97711711
Fax Number	
Contact Number	OFFICE-91017760
Email Address	WEILIPAN@SINGNET.COM.SG

Address	BLK 55 STRATHMORE AVENUE #13-147
Postcode	140055
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

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	SLP3778T
Vehicle Make/Model/Colour	HONDA
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)	

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 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.

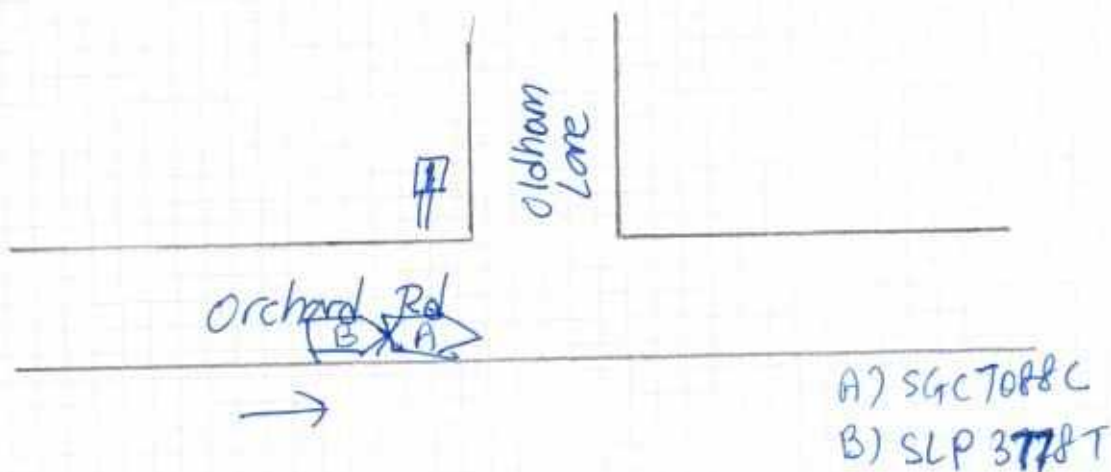
Policyholder's Signature
Date & Time:

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

1130 - 24/4/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the junction of Orchard Rd & Oldham Lane, stopped at the red light, being the first vehicle. The buses on the bus lane moved off first at the 'B' signal, and the other vehicle SLP3778T moved off as well, in spite of it still being a red light, rear ending my vehicle.

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:

1130 - 24/4/18.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/04/2018
Rahat A. H. M. B.

ACCIDENT STATEMENT

ACCIDENT DATE: 23/04/18 (DD/MM/YYYY), TIME: 3:50 (HH:MM)

LOCATION: Orchard Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC7088C
 b) INSURANCE COMPANY: Great American Ins. Co.
 c) POLICY NUMBER: C/M M7/20173744
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 335i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling to work
 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: PAN WEI LI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8100913Z CONTACT: 91017760
 c) ADDRESS: 55 Stathmore Ave, #13-147, S140055

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Liew Ling Yu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0013138E CONTACT: 97711711
 c) ADDRESS: 36 Kim Tian Rd, #31-01, Regency Suites S169079

* d) DATE OF BIRTH: 30/10/52 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/07/2007

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

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: SUP 3728T MODEL: honda

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = Nutlipan @ Singham . com . SG

fax =

VIDEO:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S81009131



Name

PAN WEI LI

潘偉立

Race

CHINESE

Date of birth
10-01-1981

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S81009131

Name

PAN WEI LI

Birth Date: 10 Jan 1981

Issue Date: 17 Oct 2008



NRIC No. S81009131



Date of issue
05-01-2012

Address
APT BLK 55 STRATHMORE AVENUE
#13-147
SINGAPORE 140058

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2

Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

NP 428A



MOTOR COVER NOTE: MT20173744

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	: LIEW LING YU
Insured Nric/Passport No/ Roc	: S0013138E
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: BMW 335I COUPE SUNROOF
Vehicle Registration No.	: SGC7088C
Year Of Manufacture	: 2008
Engine No.	: 12106861N54B30A
Chassis No.	: WBAWB72020P175817
Engine Capacity/ Tonnage/ Seater	: 2979 cc
Hire Purchase	: NIL
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 18/07/2017 TO: 17/07/2018
Excess (S\$)	: Section I : \$600 : Section II : Nil : Windscreen Excess : \$100
Great American Authorized Workshop	: YES

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)

and on behalf of Great American Insurance Company



Great American Insurance Company
Authorized Signatory

Date of Issue : 14/07/2017