

NATIONAL Assessment Centre Services (M11 1/1/2001) **NA/1802701**

Date In: **30/04/2018** 15:24

Ref No: **NA/CA/1/800790217**

Veh No: **SLA 38327**

D.O.A: **28/04/2018** 16:00

OD / TP / Reasoning Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS drilling

Small (white shell, Alotus)

Motor Claim Form

Motor W/O (Vehicle ID, TP, etc)

Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Preferred Wksp (INC Assign Wksp / OWI)

TP Particulars

Yeh No: **SLC2546B**

INC () / Non-INC ()

Owner / Driver ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by ()

Date: ()

Time: ()

Insured/Driver Liability: () % (Note: Big Stamp (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: ()

Warranty: YES () / NO ()

Excess: ()

Loading: \$1,000 () / \$2,000 ()

General Remarks

() Work in Customise: Customer's information strictly Confidential & strictly NO refer of reporter.

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

Drive-In () / Towed-In ()

Invoice: YDS () / NO ()

Towing Co: ()

Remarks

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Action: ()

NA/1802701

Invoice Breakdown

1) AR: Accident Reporting (300)

2) DA: Damage Assessment (3100) INC (40)

3) TP: Towing Fee (100)

4) PT: Follow Through Survey (100)

5) PT: Follow Through Survey (Return) (100)

6) TR: As-Is Inspection (100)

7) NTUC: Additional Survey (100)

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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	30/04/2018 15:24
Date Of Accident	28/04/2018 16:00
Exact Location Of Accident	PIE(CHANGI AIRPORT) UPPER SERANGOON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3832Z
Insured/Policyholder	
Name Of Registered Owner	LEK ZHI HAO
NRIC No	S8920479H
Email Address	NIGEL_LEK89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82230545
Alternative Phone No	OTHERS-82230545
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
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	MOMVP000001770-01-000
Cover Note Number	
Driver	
Name of Driver	LEK ZHI HAO
NRIC No	S8920479H
Date Of Birth	17/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82230545
Fax Number	
Contact Number	OTHERS-82230545
EMail Address	NIGEL_LEK89@HOTMAIL.COM

Address	BLK 677D PUNGGOL DRIVE #15-760
Postcode	824677
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	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	SKC3546B
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSE BINTE ABDULLAH
NRIC/Passport Number	S1117828F
Contact Number	94566701
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**.
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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:

30/4/2018 1300

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/4/2018 1300

Reporting Centre Personnel's Signature

Name:

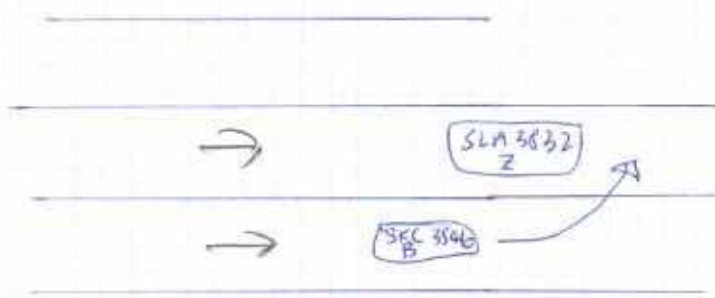
NRIC/FIN No.:

30/04/2018

30/4/2018

SKETCH PLAN

PIE (CHANGI AIRPORT) UPP SERANGOON ROAD EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along PIE (Changi Airport) around upper Serangoon Road exit when vehicle SRC 3546B overtook my vehicle from ~~the~~ the right and turn into my lane and hit my vehicle SLA 3832 Z.

DECLARATION

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

Policyholder's Signature

Date & Time:

30/4/18 1300

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/4/18 1300

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/04/2018

Paula Lian

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 04 / 2018 (DD/MM/YYYY), TIME: 16 : 02 (HH:MM)

LOCATION: PIE (chang Airport) Upp Serangoon Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIA 3832 Z
b) INSURANCE COMPANY: Great American Insurance Company
c) POLICY NUMBER: MONYVP 00001770-01-000
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: Mazda 3 hatchback
f) TYPE: [SAFARI / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lee Zhi Hao (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP970479H CONTACT: 82230545
c) ADDRESS: Blk 677D Punggol Drive #15-760 S(829677)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 17 / 06 / 1989 (DD/MM/YYYY)

e) OCCUPATION: [INDOOR / OUTDOOR]

f) DATE OF DRIVING PASS: 25 / 4 / 2018

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

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKC 3546 B MODEL: Proton

b) DRIVER'S NAME: Rose Binte Abdullah

c) NRIC/FIN/PASSPORT: S1117828 F CONTACT: 94566701

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = nigel-lek89@hotmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8920479H



Name

LEK ZHI HAO

陸志豪

Race

CHINESE

Date of birth

17-06-1989

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving Number S8920479H

LEK ZHI HAO

Birth Date: 17 Jun 1989

Issue Date: 25 Apr 2008



001595866G



NRIC No. S8920479H



Date of issue

24-06-2004

APT BLK 877D PUNGGOL DRIVE #15-760
SINGAPORE 824877

NRIC No. S8920479H

Date: 19/06/2018

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

PASS DATE

Class 2 Motor Cars <= 3600kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

NP 428A



Licence No. S8920479H

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) : Motor Vehicles (Third Party Risks and Compensation) Rules, 1959
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVP000001770-01-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Lek Zhi Hao	Chassis Number	: JM6BM44A8G0324199
NCD Entitlement	: 20% No Claim Discount	Engine Number	: P520329747
Hire Purchase	: HONG LEONG FINANCE LIMITED	Registration Number	: SLA3832Z
Period of Insurance	: From 20/01/2018 (00:00) To 19/01/2019 (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 Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of 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 h

Excess (Section 1)	: SGD 500.00	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	: Lek Zhi Hao
Named Driver 1	: Low Zhi Yang Stephanie
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Anna & Associates
Date of Issue	:

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

Signed for and on behalf of
Great American Insurance Company

