

NATIONAL Assessment Centre Services

Date In 04/05/2018 17:44	Job description	Date & Time Completed	Done by
Ref No NA/TMI18008221/K4	SAS e-filing		
Veh No GBC 3649U	E-mail (w/ thin 8hrs, AIC 2hrs)		
D.O.A 04/05/2018 09:30	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: GP6504G	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:- (INC hotline: 6788 6616)	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

NA1802813	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 (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2003)		
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 \$0		
	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	04/05/2018 17:44
Date Of Accident	04/05/2018 09:30
Exact Location Of Accident	LORONG 21A GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3649U
Insured/Policyholder	
Name Of Registered Owner	KIAN WAH CONTRACT PTE LTD
Co Reg No	-
Email Address	JOVY.KIANWAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97554438
Alternative Phone No	OFFICE-97554438

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MY000442-R05
Cover Note Number	

Driver

Name of Driver	SAFRANCA JOVY NATAVIO
NRIC No	S2729943A
Date Of Birth	16/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554438
Fax Number	
Contact Number	OTHERS-97554438
Email Address	JOVY.KIANWAH@GMAIL.COM

Address	BLK 89 DAWSON ROAD #18-08
Postcode	142089
Was driver an employee of the Insured's Company	YES
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

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	GP6504G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIANG HAITAO
NRIC/Passport Number	G2577164N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

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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.

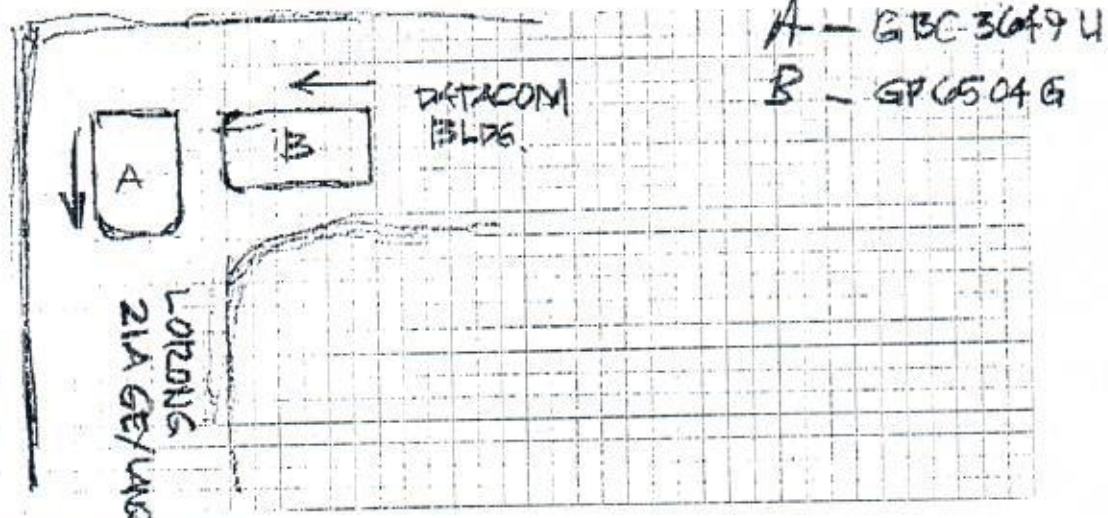
建華工程私人有限公司
KIAN WAH CONTRACT (PTE) LTD

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

VEHICLE A IS AT 21A LOR GEYLANG AND VEHICLE B IS GOING OUT FROM THE DATA COM BUILDING AREA.

THE DAMAGED OF VEHICLE A IS AT THE LEFT HAND SIDE (SLIDING DOOR)

DECLARATION

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

建業工程私人有限公司
KIAN WAH CONTRACT (PTE) LTD

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.:

4/5/2018

Reported on 4/5/2018
@ 1605 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 4/5/2018 (DD/MM/YYYY), TIME: 09:30 AM (HH:MM)

LOCATION: LORONG 21A GEYLANG

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBC 3649U
b) INSURANCE COMPANY: TMI
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)

2. INSURED / POLICY HOLDER

a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 62805838
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 97554438
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

h) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

i) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

j) ROAD SURFACE: (DRY / WET / OTHERS)

k) WAS ANYBODY INJURED (YES / NO)

l) REPORTED TO POLICE (YES / NO)

m) IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GP 6504G
b) DRIVER'S NAME: JIANG HAITAO
c) NRIC/FIN/PASSPORT: 92577164N
d) MODEL:

e) CONTACT:

f) MODEL:

g) CONTACT:

h) DRIVER'S NAME:

i) NRIC/FIN/PASSPORT:

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

✓ Jovy.Kianwah@gmail.com
Kianwahcontract@gmail.com
Email = Jovy.Kianwah@gmail.com
Kianwahcontract@gmail.com
Fax = 62805839

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2729943A




Name
SAFRANCA JOVY NATAVIO

Race
FILIPINO

Date of birth
16-05-1966


Sex
M

Country of birth
PHILIPPINES



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
S2729943A



SAFRANCA JOVY NATAVIO

Birth Date
16 May 1966

Issue Date
12 Nov 2009

001602586K

4270283



NRIC No. **S2729943A**



Date of issue
26-08-2008

APT BLK 89 DAWSON ROAD #18-08
SINGAPORE 142089

NRIC No: **S2729943A** Date: **20/11/2015**

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

Class 1 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 3500\text{kg}$ 12 Nov 2009

KIAN WAH CONTRACT
GBC 3649U
97554438 03-30/04-30
01-27/02-27/02-30/03-27

12

NR 4284

License No: S2729943A



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 No.: 18-MY000442-R05 (Comm Vehicle Carry Own Goods)

- | | | |
|--|---|---|
| 1. Index Mark and Registration Number of Vehicle | GBC3649U | Chassis No.: VSKYBAM20U0033033 |
| 2. Name of Policyholder | KIAN WAH CONTRACT PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 23/02/2018 | 大慶保險代理私人有限公司
TAI KENG INSURANCE AGENCY PTE LTD
10 Jalan Besar #08-03 Sim Lim Tower
Singapore 208787
Tel: +65 6293 8306 Fax: +65 6292 6986
Email: taikenginsure@gmail.com |
| 4. Date of Expiry of Insurance | 22/02/2019 | |
| 5. Persons or Class of Persons entitled to drive* | 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 Vehicle or has been so 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 750
	Windscreen Excess	SGD 100
Financial Interest:	TAN CHONG CREDIT PTE LTD	

Account: 1657DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

8C 852902