

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 17/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/GA18008980/13	SAS e-filing		
Veh No: GBF3046T	E-mail (within 8hrs, A/C 2hrs)		
DOA: 16/05/18 2000	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: GBF263C	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

NA1803117	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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 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 (N'n 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 17/05/2018 15:24
 Date Of Accident 16/05/2018 20:00
 Exact Location Of Accident NO 25 KAKI BUKIT RD 3THE LEO DORMITORY CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3046T
Insured/Policyholder
 Name Of Registered Owner MENG HUAT ELECTRICAL & PLUMBING PTE LTD
 Co Reg No 201026562H
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-90087678

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE
 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 GREAT AMERICAN INSURANCE COMPANY
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number MOMVC000005502-00-000
 Cover Note Number

Driver

Name of Driver WIN AUNG
 Passport No/FIN F4503422N
 Date Of Birth 30/08/1981
 Occupation OUTDOOR
 Date Of Driving Pass 05/07/2012
 Driving Experience 5 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96451143
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	NO 25 KAKI BUKIT RD 3 #06-25
Postcode	415815
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	COLLIDED INTO PARKED VEHICLE
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)	0

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	GBF263C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GANESAN SATHISH
NRIC/Passport Number	
Contact Number	91344610
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:

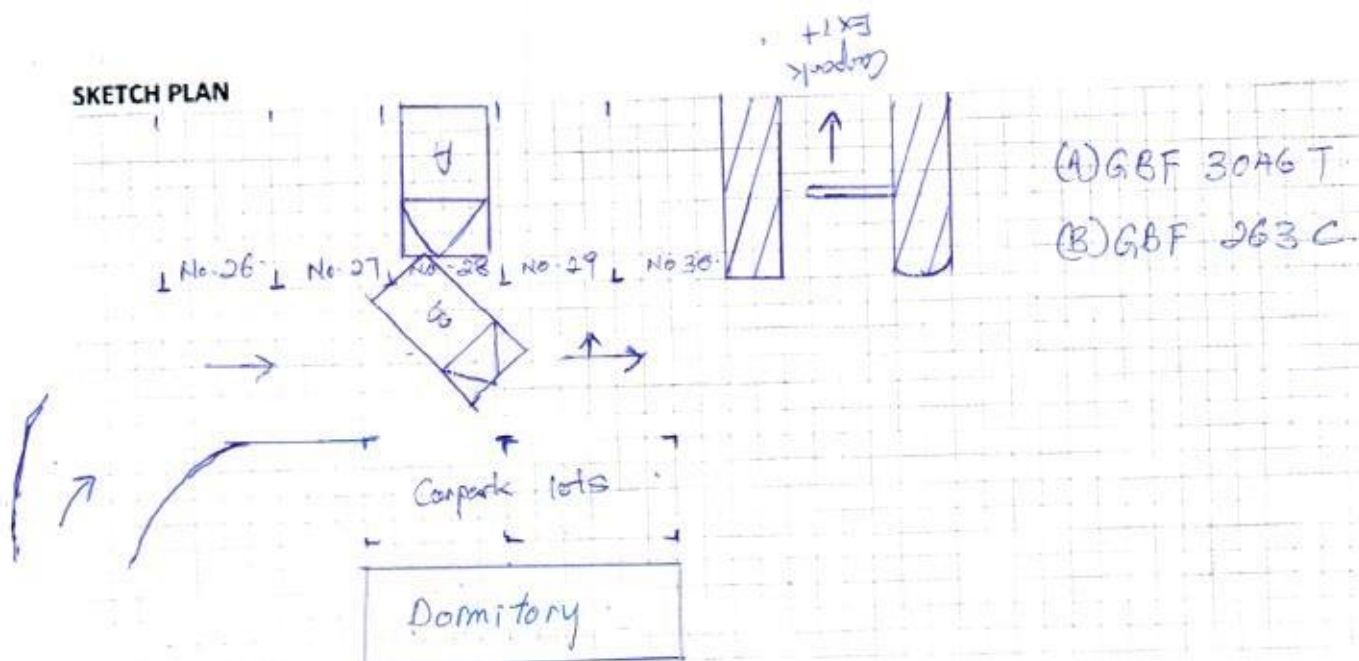
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 17/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/05/18 at @ 1900 hrs, I parked my vehicle (GBF 3046T) at the carpark lot no. 28 at (No. 25, Kaki Bukit Road 3, The Lee Dormitory) and went back to my room. At around 2000hrs, I received a call from the driver of (GBF 263C) saying he had collided onto the front portion of my van while he reverse his lorry into the parking lot beside me. I went down to inspect my vehicle and found my vehicle front portion was damaged.

DECLARATION

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

Policyholder's Signature
Date: 17/05/18

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

Reporting Centre Personnel's Signature
Name: *Sym* 17/05/18
NRIC/FIN No.:

Vehicle No.	GBF 3046T		Model / Make	Toyota Yace.
Date of Accident	16/05/18			
Time of Accident	2000 HRS			
Location of Accident	No. 25 Kaki Bukit Road 3, The Leo P Dormitory Carpark			
Exact purpose use during accident	Commercial Used			
Name of Owner	MENG HUAT ELECTRICAL & PLUMBING PTE. LTD.			
Telephone No.	H/P: 9008 7678	Home:	Office:	
NRIC	201026562/H			
Address	67, Ubi Crescent #04-09, Techniques Centre (S) 408560			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	CREAM AMERICAN			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	MOMVC 000005502-00-000			
Name of Driver	As Above If No, WIN AUNG			
NRIC	F 4503422N	Any Passengers:	N.A.	
Date of birth	30/08/1981			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	05/07/2012			
Gender	Male	/	Female	
Contact No.	H/P: 9645 1143	Home:	Office:	
Address	No. 25, Kaki Bukit Road 3, #06-25 (S) 415815			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No	If Yes, Where?		
Vehicle B No.	GBF 263 C		Any Passengers:	Not known
Name of Driver	Ganesan Sathish		Contact No.:	9134 4610
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion	Front Portion			
Camera Recorder	Yes / No			
Email Address				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / No
PARTICULAR WORKSHOP	Twincar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Hui Xian			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F4503422N**
 Name: **WIN AUNG**

Birth Date: **30 Aug 1981**
 Issue Date: **15 Jun 2017**
 Valid Till: **04/07/2022**

002693982A



WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore


Employer:
MENG HUAT ELECTRICAL & PLUMBING PTE. LTD.

Name:
WIN AUNG

Work Permit No.:
O 90585532

Sector:
CONSTRUCTION


K0050121



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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	05 Jul 2012

Licence No: F4503422N



NP 428A

VISIT PASS
 Immigration Regulations

Name:
WIN AUNG

File:
F4503422N

Date of Birth:
30-08-1981

Sex:
M

Nationality:
MYANMAR

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0028B 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	: MOMVC000005502-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Meng Huat Electrical & Plumbing Pte Ltd	Chassis Number	: KDH2015021452
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 1KD2597704
Hire Purchase	: UNITED OVERSEAS BANK LIMITED	Registration Number	: GBF3046T
Period of Insurance	: From 07/09/2017 (00:00) To 06/09/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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

- a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the 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

* 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
Excess (Section 2) : N/A
Windscreen Excess : SGD 100.00
ADDITIONAL EXCESS : Please refer overleaf

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission
Name of Intermediary : OKI
Date of Issue : 04/08/2017

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
mlaw

Annex A

Transaction ref 20160907110345835612

The owner and vehicle particulars for Vehicle No. GBF3046T as at 07 Sep 2016 are as follows:

1.	Name	: MENG HUAT ELECTRICAL & PLUMBING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201026562H
4.	Place Of Passport Issuc	: -
5.	Registered Address	: 67 UBI CRESCENT #04-09 TECHNIQUES CENTRE SINGAPORE 408560
6.	Mailing Address	: -
7.	Vehicle No.	: GBF3046T
8.	Effective Date of Ownership	: 07 Sep 2016
9.	Original Registration Date	: 07 Sep 2016
10.	First Registration Date	: 07 Sep 2016
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: HIACE DX 3.0 M
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: KDH2015021452 / -
23.	Propellant/Emission Standard	: Diesel / JPN 2009
24.	Engine No./Motor No.	: 1KD2597704 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1800
28.	Maximum Laden Weight(kg)	: 3225
29.	Open Market Value	: \$32,916.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016090705000468K
35.	COE Expiry Date	: 06 Sep 2026
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$48,087.00
38.	Actual Quota Premium/PQP Paid	: \$43,244.00
39.	Actual ARF Paid	: \$1,646.00
40.	CO2 Emission(g/km)	: 180.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 06 Sep 2036
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 07 Sep 2016
47.	Road Tax End Date	: 06 Mar 2017
48.	Remarks	: This vehicle requires side marking. The vehicle is registered under Early Turnover Scheme.