

NATIONAL Assessment Centre Services. (Unit 1 Jan 2008)

Date In: 23/05/2018 11:06

Ref No: NA/GAI18009466/K4

Veh No: GX1284G

D.O.A: 30/04/2018 15:00

OD / TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-billing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yeh No: SDG663C

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

Confirmed by: (

Cover Type: (

Insured/Driver Liability: (

%) (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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: (N/A) (b) (line 6788 0016)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: Action:

NA1803282

Incident Particulars:

Owner/Owner:

Fact No:

Assigned Portion:

Checked by (Bngr-In-Charge):

For Comments:

1/3:

Invoice Preparation: GRP/UIS

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$43

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$20

For claimline against INC Only (w/ 10 Jan 2008)

6) TR: Re-inspection \$75

7) NI: New DA + SMRT Survey \$160

8) NTUC Additional Services

011

*N1: Courtesy Car / Tpl Allowance \$5

*N1: Repairs Coordination \$10

*N1: Post Repair Inspection \$25

*N1: DY / Collect Excess Coordination \$2

TP (N1): TP (N1) against INC \$20

7) N1: Tons Mobile \$0

Invoice dated

Fee Charged

Fee Charged

NA1803282

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	23/05/2018 11:06
Date Of Accident	30/04/2018 15:00
Exact Location Of Accident	KAKI BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1284G
Insured/Policyholder	
Name Of Registered Owner	A-ONE MAINTAINANCE PTE LTD
Co Reg No	-
Email Address	AONETOWING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98201020
Alternative Phone No	OFFICE-98201020

Vehicle Particulars

Manufacturer	ISUZU
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMV/C000002093-01-000
Cover Note Number	

Driver

Name of Driver	CHU PUI PING
Work Permit No	F7906483K
Date Of Birth	08/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91007323
Fax Number	
Contact Number	OTHERS-91007323
Email Address	AONETOWING@GMAIL.COM

Address	629, AIJUNIED ROAD #03-03 , CITITECH INDUSTRIAL BUILDING
Postcode	389838
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	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	
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	SDG663C
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)	

SKETCH PLAN

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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:

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

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

SKETCH PLAN

No Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We, A-one maintenance Pte Ltd is the owner of vehicle no. GX12846. We wished to state that our driver had met on accident on 30/04/2018 and as the owner of the above mentioned accident we are unaware. When we received your email dated 18/05/2018, we questioned our driver and I asked him to make a report but he refused and left his job. That's all we can provide. Attached will be the driver's working permit and driving licence.

(A) GX12846

(B) SDG 663 C

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:

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



S. Vey.
2. May

23/5/2018

Great American.

18/05/2018



Bertha Ong Xiu Hui

to me, K, Edmund, Eunice

12:00 [View details](#)



email

Hi Vijaya,

We received a Third party claim from
SDG663C on the above mentioned vehicle -
GX1284G.

Date of accident: 30 Apr 2018.

Please inform your driver to make GLA report
at the reporting centre immediately.

mg3solution@gmail.com ✓

Reported on 22/5/2018
@ 1640HRS.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/05/2018 30/04/2018	Time: - 1500	(hh:mm) 24 hr format
Location Kaki Bukit - ?		
Vehicle Number GX 1284G		
Insured Name A-one maintenance Pte Ltd		
NRIC/FIN UEN:	Contact Number	9820 1020
Make	Model	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party (/) Reporting		
Insurance Company Great American Insurance Company		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number MOMVC 000002093 - 00 - 003		
Name of Driver CHU PH PING () Same as Insured		
NRIC / FIN F7906483K Contact Number 9100 7323		
Date of Birth 08/11/1977		
Driving Pass Date 19/12/2014		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address - () NO EMAIL		
Address of Driver 629, ALJUNIED ROAD, #03-03 Cititech Industrial Building SC389838		
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured employee ✓		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? () Yes (/) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SDG 663C	
Veh C		
Veh D		
Veh E		
Veh F		

(GAI)
Waiting for Certificate?

Informer: Boss name: Mr Kumar HP: 98201020
Email: Aonetowing@gmail.com ✓

Driver ✓
Outdoor ✓

9390266



NRIC No: S8166424B



Nationality

INDIAN

Date of Issue

16-01-2016

42 BELIMBING AVE

SINGAPORE 349914

NRIC No: S8166424B

Date: 23/03/2017

** Johnner is the Boss of
the Company.*

* Informer is the Boss of the
Company

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8166424B**


Name
SELVAM VIJAYAKUMAR
செல்வம் விஜயகுமார்


Race
INDIAN
Date of birth
10-06-1981
Sex
M
Country/Place of birth
INDIA

S8166424B

DRIVEV

GX12846




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


Employer
A-ONE MAINTENANCE PTE. LTD.

Name
CHU PUI PING

Work Permit No.
S 0918905

Service
SERVICE



 X0103674

VISIT PASS
Immigration Regulations

23-01-2018

Name
CHU PUI PING

File
F7906483K

Date of Birth
08-11-1977

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status

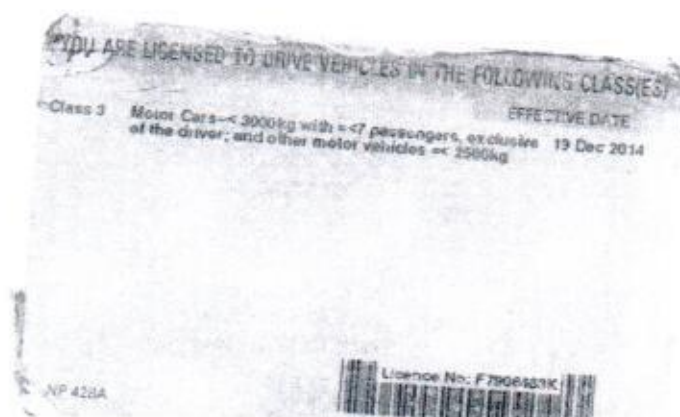


YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



DRIVER

GX1284G



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	: MOMVC000002093-01-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: A-One Maintenance Pte. Ltd.	Chassis Number	: JAANHR69E47100067
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 4JG2115817
Hire Purchase	: TAI THONG LEE TRADING (PRIVATE) LIMITED	Registration Number	: GX1284G
Period of Insurance	: From 12/02/2018 (00:00) To 11/02/2019 (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 : Acorn International Network Pte Ltd

Date of Issue : 07/02/2018

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

mlow