

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

19/04/2018 2023

Date In: 04/06/2018 14:11	Job description	Date & Time Completed	Done by
Ref No: NBA/GA118010030/Y	SAS e-filing		
Veh No: GW 3192 E	E-mail (within 8hrs, AIC 2hrs)		
DOA: 02/06/2018 10:30	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

)

TP Particulars:

Veh No:

SLX 6841G

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

18/03/491

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) RT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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-on 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	04/06/2018 14:11
Date Of Accident	02/06/2018 10:30
Exact Location Of Accident	SLIP RD OF WOODLANDS AVE 5 TWRDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3192E
Insured/Policyholder	
Name Of Registered Owner	BRANDT ASIA PTE LTD
Co Reg No	199002698E
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96781028
Alternative Phone No	OFFICE-98286410

Vehicle Particulars

Manufacturer	SUZUKI
Model	CARRY-1,3 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVC000007769-00-000
Cover Note Number	

Driver

Name of Driver	LEE KAM WAI
NRIC No	S0131334G
Date Of Birth	22/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96781028
Fax Number	
Contact Number	OTHERS-98286410
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 660 HOUGANG AVENUE 8 #02-481
Postcode	530660
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	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	SLX6841G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98659244
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

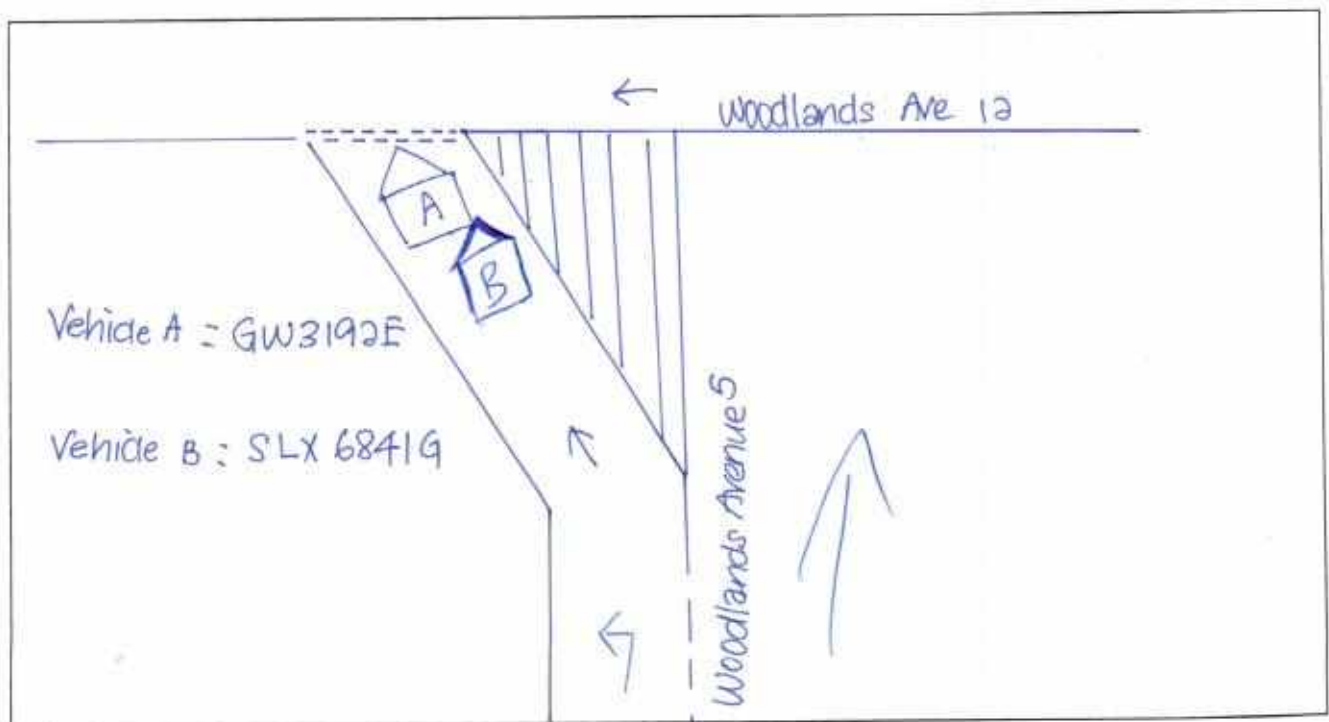
SKETCH PLAN

Vehicle No: _____

DOA: _____

IMPORTANT NOTICE

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- 3) Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.Policyholder's Signature
Date & TimeDriver's Signature (Date & Time)
(If driver is not the policyholder)Witnessed by Reporting Center
Personnel**Sketch Plan**

Describe Circumstances of the Accident

I was travelling along Woodlands Ave 5, on the slip road
turning to Woodlands Ave 12 on 02.06.18 at about 10.30am.
I stopped at the dotted lines to give way to incoming
traffic. Suddenly, vehicle B came from behind and hit onto me.

Declaration

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



Policyholder's Signature
Date & Time

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

Witnessed by Reporting Centre
Personnel

PERSONAL PARTICULARS

Date of Accident: 02/06/2018 Time of Accident: 10:30^{pm} (24Hrs)
Vehicle No: GW3192E Vehicle Make/Model: Suzuki Carry 1.3
Exact Location of Accident: Slip Road of Woodland Ave 5 towards Woodland Ave 12
Owner's Name/NRIC: Brandt Asia Pte Ltd / 199002698E
Driver's Name/NRIC: Lee Kam Wai / 50131334G
Driver's Contact: Mr Lee 96781028 Insurance Co & Policy No: Great American
Fore 98286410
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Company

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SLX6841G

Insurance Company: _____

Driver's Contact: 9865 9244

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0131334G**

Name: **LEE KAM WAI**

Birth Date: **22 Feb 1953**

Issue Date: **11 Jun 2003**

000560128C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0131334G**

Name: **LEE KAM WAI**

李 錦 輝

Race: **CHINESE**

Date of Birth: **22-02-1953** Sex: **M**

Country of Birth: **SINGAPORE**





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

PASS DATE

Class 2 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg (1 Aug 1974)

S / No. 9000276959

S0131334G

Licence No: **S0131334G**



NP 428A

ADD15571



S0131334G



Blood Group: Date of issue: **13-06-2003**

Address: **APT BLK 660 HOUGANG AVENUE 8 #02-481 SINGAPORE 530660**

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M80370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039100
TEL: +65 6804 6000
FAX: +65 6236 2616

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1969
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1955 (Malaysia)

Policy Details

Certificate Number	: MOMVC000007769-00-000	Cover	: Commercial Vehicle (Third Party Fire & Theft)
Policyholder Name	: Brandt Asia Pte Ltd	Chassis Number	: JSAFDA32V00138195
NCD Entitlement	: 10% No Claim Discount	Engine Number	: G13BB828247
Hire Purchase	: ETHOZ CAPITAL LTD	Registration Number	: GW3192E
Period of Insurance	: From 02/04/2018 (00:00) To 01/04/2019 (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) : N/A
Excess (Section 2) : N/A
Windscreen Excess : N/A

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : Acclaim Insurance Brokers Pte Ltd

Date of Issue : 16/03/2018

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
Joh