

(twel: 1 Jan'03) MNA118075859

OD (TP) Reporting Only

Confirmed by : (

Date: _____Time:

10

() **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

Injury :

Date/Time

ACTIONS

NA1803681

Invoice Preparation Checklist

$$\text{Ant}(S)$$

AML-1

Claimant's Particulars :-

Driver/Owner:Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat. 1:

Lat. 2 / 3:

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

3) TF : Towing Fee

4) FT : Follow-Through Survey

5) FT : Follow-Through Survey (Resurvey)

For claiming against INC Only (wef 10.

6) TR: Re-inspection

7) NI : Idag DA + SMRT Survey

8) NTUC Additional Services:-

8) NTUC Additional Services:-

QD*

*NS: Courtesy Car / Tpt Allowance

*N6: Repair Co-ordination

*N7: Post Repair Inspection

*N8: DV / Collect Excess Coordination

TP (N11); TP (N10 INC) against INC

9) N12: Idea Mobile

9) N12: Idac Mobile

Invoice dated	Fee C.
---------------	--------

Invoice dated	Fee C
1/1/19	100
2/1/19	100
3/1/19	100
4/1/19	100
5/1/19	100
6/1/19	100
7/1/19	100
8/1/19	100
9/1/19	100
10/1/19	100
11/1/19	100
12/1/19	100
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12/1/30	

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	11/06/2018 17:53
Date Of Accident	09/06/2018 18:00
Exact Location Of Accident	ALONG MARINE PARADE RD INFRONT MARINE BLUE CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5639E
Insured/Policyholder	
Name Of Registered Owner	THEE GHEE PIAU
NRIC No	S8264779A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91143025
Alternative Phone No	OFFICE-91143025

Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZG1400A
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000000284-01-000
Cover Note Number	

Driver

Name of Driver	TAN CHUN SENG
NRIC No	S7442146F
Date Of Birth	26/12/1974
Occupation	INDOOR
Date Of Driving Pass	28/04/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91143025
Fax Number	
Contact Number	OFFICE-91143025
EMail Address	NOEMAIL

Address	BLK 117 LORONG 1 TOA PAYOH #06-395
Postcode	310117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : NGUYEN THANH THAO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180610/7003.

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	SJD4996K
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)

DETAILS OF INJURED PERSON 1

Name NGUYEN THANH THAO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBD5639E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN CHUN SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBD5639E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 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 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

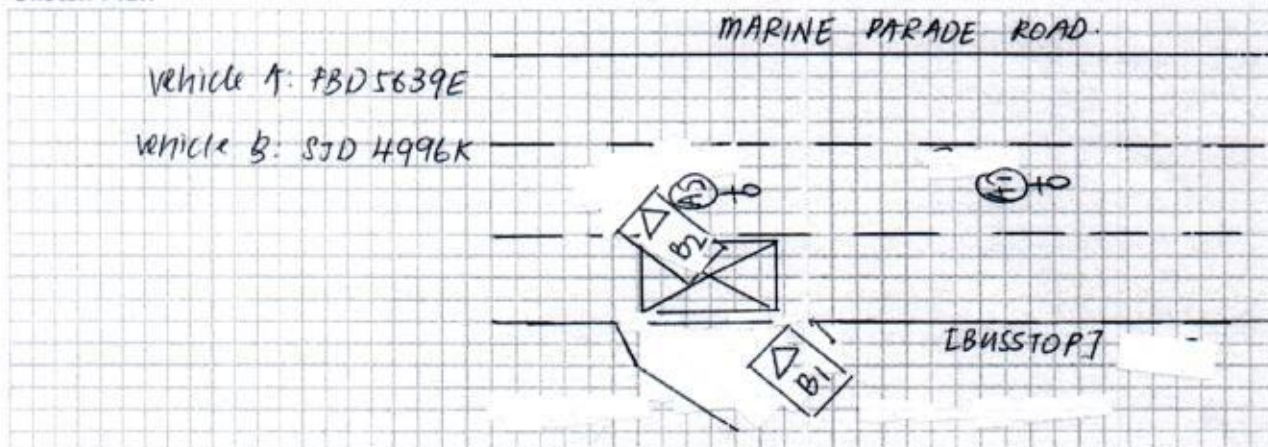
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer to Police Report.

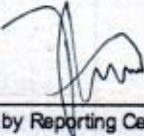
Declaration

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



Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/06/2018 (dd/mm/yy) Time of Accident: 18:00 (24-HR-FORMAT)

Vehicle No.: FBD5639E Vehicle Make & Model: KAWASAKI Z61400A

Exact location of Accident: Along Marine Parade Rd, in front of Marine Blue condo

Policyholder's Name / IC No.: THEE GNEE PIAU S8264779A

Driver's Name / IC No.: TAN CHUN SENG S7442146F (As Above) ☐

Driver's Contact No.: 91143025 Company Contact No.: _____

Driver's Address: 117 Lorong 1 Toa Payoh #06-395 S(310117)

Insurance Company: Great American Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 03 (Passenger: 1 female)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Nguyen Thanh Thao S8364292J

Injuries Sustain: Badly injury Injured Person in Which Vehicle: FBD5639E

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SJD 4996 K

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20180610/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180610/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2018 13:02		Vide Report No.: G/20180609/0207		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHUN SENG			Address: APT BLK 117 LORONG 1 TOA PAYOH #06-395 SINGAPORE 310117		
ID Type / ID No.: NRIC NO / S7442146F			Contact No.: Home/Office: Mobile: 91143025		
Nationality: SINGAPORE CITIZEN			Email: seng3025@hotmail.com		
Sex: Male	Age: 43	Date of Birth: 26/12/1974	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CRANE OPERATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2018 18:00	Type of Location: Straight Road
Location: MARINE PARADE ROAD ALONG MARINE PARADE ROAD, IN FRONT OF MARINE BLUE CONDO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5639E	Motorcycle	KAWASAKI			Seriously Damaged	2
SJD4996K	Car	HONDA			Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180610/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180610/7003

CONTINUATION OF REPORT

Rider			
Name	TAN CHUN SENG	ID No.	S7442146F
Related Vehicle	FBD5639E (Motorcycle)	Contact No.	91143025
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious
Pillion			
Name	NGUYEN THANH THAO	ID No.	S8364292J
Related Vehicle	FBD5639E (Motorcycle)	Contact No.	97991822
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

ON 09/06/2018 AT ABOUT 18:00HR, I WAS RIDING MY MOTORBIKE - FBD5639E, WITH MY WIFE AS THE PILLION ALONG MARINE PARADE ROAD. JUST IN FRONT OF MARINE BLUE CONDO, SUDDENLY VEHICLE NUMBER - SJD4996K, TURN OUT FROM THE FILTER LANE AND COLLIDED ONTO MY MOTORBIKE. I WISH TO STATE THAT BEFORE THE YELLOW BOX, WHERE SJD4996K TURNED OUT FROM, THERE WAS A STOP LINE. MY MOTORBIKE WAS THREW FORWARD AND WE SKIDDED FOR A COUPLE OF METRES. MY WIFE & I SUSTAINED BODILY INJURIES & SHE WAS SUBSEQUENTLY CONVEYED TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20180610/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180610/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/06/2018 13:02

Classification Of Case:



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S7442146F**
Name:

TAN CHUN SENG

Birth Date: **26 Dec 1974**

Issue Date: **22 Feb 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7442146F**



Name

TAN CHUN SENG



Race

CHINESE

Date of Birth

26-12-1974

Sex

M

Country of Birth

SINGAPORE



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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	07 Feb 1992
Class 2A	Motorcycles between 201 cc and 400 cc	08 Nov 1994
Class 2	Motorcycles exceeding 400 cc	28 Apr 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Sep 1995
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Apr 1997
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	22 Sep 1997



NP 428A

3056377



NRIC No. S7442146F

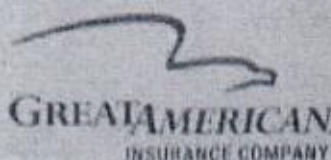


Blood Group A+ Date of issue 10-12-1998

Address

APT BLK 117 LORONG 1 TOA PAYOH #06-886
SINGAPORE 310117

Date: 31-05-2001 No: 3656936

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC00298 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, 1987
Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third Party Risks and Compensation) Act, 1959 (Malaysia)

Policy Details

Certificate Number	MOMVM00000284-01-000	Cover	Motor Cycle (Third Party Fire & Theft)
Policyholder Name	Three Ghee Piau	Chassis Number	JKBZGT40AAA012416
NCD Entitlement	15% No Claim Discount	Engine Number	ZXT40AE036112
Hire Purchase	DE XING MOTOR PTE. LTD.	Registration Number	FBD5639E
Period of Insurance	From 12/09/2017 (00:00) To 11/09/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

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

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 or 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 headings

Excess (Section 1)	SGD 1,300.00 - including Fire & Theft outside Singapore
Excess (Section 2)	N/A

Driver Details

Primary Rider	Three Ghee Piau
Named Rider 1	Tan Chun Seng
Named Rider 2	N/A
Name of Intermediary	Tena Risk Solutions Pte Ltd
Date of Issue	14/11/2017

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

Authorized Signatory

11/06

德兴摩托私人有限公司
DE XING MOTOR PTE. LTD.
BLOCK 3506 UBI ROAD 1 #01-356, SINGAPORE 408700
TEL: 6748 8682 (3 LINES) FAX: 6743 9325
GST Reg. No. M2-0061652-9
RCB No. 158303312R