

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2005] MNA118079761

Date In: 20/6/18-19:09	Job description	Date & Time Completed	Done by
Ref No: NA/6A28011228/24	SAS e-filing		
Veh No: SKT6632B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/018-19:00	i-Motor Claim Form		
OD <b>TP</b> 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: SK062697 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1803904	<b>Invoice Preparation Checklist</b>		Ant (\$) for Bill	Ant (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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)			
Date 1:	6) TR: Re-inspection \$75			
Date 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-on 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	20/06/2018 19:09
Date Of Accident	19/06/2018 19:00
Exact Location Of Accident	AMK CENTRAL 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6632B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPARCO PAINTS(S) PTE LTD
Co Reg No	198402484H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	
Cover Note Number	MT20181101

### Driver

Name of Driver	TAN CHOH KHENG
NRIC No	S0111915Z
Date Of Birth	28/08/1948
Occupation	INDOOR
Date Of Driving Pass	11/12/1970
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96480941
Fax Number	
Contact Number	OFFICE-96480941
EEmail Address	NOEMAIL

Address BLK 93 GEYLANG BAHRU  
#13-3074

Postcode 330093

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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: : -  
GENDER: : MALE

#### 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

REFER TO 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 SGU6269J

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

### 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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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/are 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.



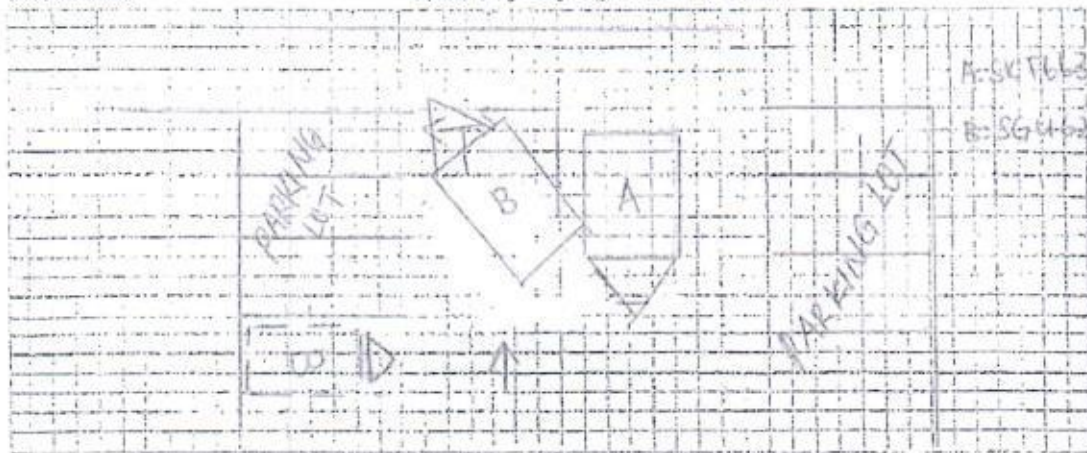
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person(s) Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

ANG MO KIO CENTRAL 2 CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/06/2018 at 1900pm, I (SKT6632B) was travelling along my stated lane when vehicle B (SG46269J) was turning out from parking lot and cut into my lane causing me to collide into vehicle B's rear right and scrapped onto my left hand side of my door.

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:

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

VEHICLE NO: SKT6632B

MAKE & MODEL: Toyota Corolla Altis

DATE OF ACCIDENT	19 / 06 / 2018
TIME OF ACCIDENT	1900 AM / <del>PM</del>
LOCATION OF ACCIDENT	Ang mo Kio Central 2 Carpark
Vehicle Purpose use during accident	
NAME OF OWNER	SPARCO Paints(S) Pte Ltd
TEL NO	
IC	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES <u>(NO)</u> ?
INSURANCE CO.	Great America
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
POLICY NO.	198402484H
NAME OF DRIVER	As above / If No: Tan Choh Kheng
IC	S0111915Z Any passengers: 1
DATE OF BIRTH	28 / 08 / 1948
OCCUPATION	Outdoor / <u>(Indoor)</u>
DATE OF DRIVING PASS	03 / 10 / 2003
GENDER	<u>(Male)</u> / Female
NTAC NO.	96480941 Office: Home:
ADDRESS	Bik 93 Geylang Bahru #13-3074 S330093
DO YOU HAVE ANY OWN Vehicle	<u>(NO)</u> / If yes: Reg No:
RELATIONSHIP	<u>(Employee)</u> / If No:
WEATHER CONDITION	<u>(Clear)</u> / Raining / Other:
ROAD SURFACE	<u>(Dry)</u> / Wet / Other:
ANY INJURIES	<u>(No)</u> / If yes: Who?
NTAC NO.	
INCIDENT REPORT	<u>(No)</u> / If yes: Where?
VEHICLE B NO.	SGU6269J Any Passenger:
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
WITNESS	
PHONE CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICULAR WORKSHOP	Autowerke Automotive P/L
ADDRESS	8 KAKI BUKIT AVE 4 #05-01/02 PREMIER BUILDING SINGAPORE 4
CONTACT PERSON	Annabelle Lim 8112 6485 SINGAPORE 4
PHONE NO.	6282 4292
EMAIL	enquiry @ autowerke . com . sg

0590416



NRIC No. S0111915Z



Blood Group AB+ Date of Issue 30-10-1992

Address  
APT BLK 93 GEYLANG BAHRU  
#13-3074  
SINGAPORE 1233 (330093)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0111915Z

Name

TAN CHOY KHENG



Race CHINESE  
Date of Birth 28-08-1948  
Country of Birth CHINA

Sex

M



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0111915Z**

Name: **TAN CHOH KHENG**

Birth Date: **28 Aug 1948**

Issue Date: **03 Oct 2003**



000885143A

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

PASS DATE: **11 Dec 1970**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S0111915Z**



NP 428A



**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

---

**MOTOR COVER NOTE: MT20181101**

---

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: SPARCO PAINTS (S) PTE LTD
Insured NRIC/Passport No/ ROC	: 198402484H
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: TOYOTA COROLLA ALTIS 1.6L CVT
Vehicle Registration No.	: SKT6632B
Year Of Manufacture	: 2015
Engine No.	: 1ZR515390
Chassis No.	: MR053REH104534285
Engine Capacity/ Tonnage/ Seater	: 1598 cc
Hire Purchase	: NIL
Value (S\$)	: AS PER MARKET VALUE
Period of Insurance	: FROM: 19/06/2018 TO: 18/06/2019
Excess (S\$)	: Section I : \$600 : Section II : Nil : Windscreen Excess : \$100
Great American Authorized Workshop	: ANY WORKSHOP

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue	: 12/06/2018
Intermediary	: Anna & Associates
Cover Note Validity	: 30 days from the Date of Issuance

MTR/COVERNOTE/V02/18