

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) M4A118087558

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 7/7/18-12:20    | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/AA18012392/24 | SAS e-filing                             |                       |         |
| Veh No: ABE 70984        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 7/7/18-08:55     | 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 Fax / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: SLR 9560J                                       | 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% 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:  | (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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA1804303                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)    | Amt (\$) |
|                                 |   | Est Bill    | Add Bill |
| Claimant's Particulars:-        | 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              |             |          |
|                                 | 5) FT: 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 (Non INC) against INC \$20         |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice dated                                   | Fee Charged |          |
| Auditors' Comments:-            |   |             |          |
| Dat. 1:                         |   |             |          |
| Dat. 2 / 3:                     |   |             |          |



## 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             | 07/07/2018 12:20                 |
| Date Of Accident           | 07/07/2018 08:55                 |
| Exact Location Of Accident | JUNC CORPORATION RD & JLN TUKANG |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBE7098Y                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | SEARCHING OFFSHORE PTE LTD |
| Co Reg No                   | 198801493H                 |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-68981551            |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | RENAULT                                  |
| Model  | KANGOO II EXPRESS 1.5L DCI 90 BHP MT 6DR |
| 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                                       | 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             | MOMVC000002814-01-000            |
| Cover Note Number         |                                  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHONG SU WEI          |
| NRIC No              | S8846025A             |
| Date Of Birth        | 26/11/1988            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 22/01/2008            |
| Driving Experience   | 10 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91792686  |
| Fax Number           |                       |
| Contact Number       | OFFICE-91792686       |
| EMail Address        | NOEMAIL               |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 405 TAMPINES STREET 41<br>#11-99 |
| Postcode  | 520405                               |
| 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?  |     |
| 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

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         | SLQ9560J                     |
| Vehicle Make/Model/Colour           |                              |
| Details Of Properties               |                              |
| Vehicle Category                    | PRIVATE HIRE                 |
| Name of Driver                      | NEO ENG THYE (LIANG RONGTAI) |
| NRIC/Passport Number                | S7904054A                    |
| Contact Number                      |                              |
| Address                             |                              |
| Postcode                            |                              |
| Insurance Company Name              |                              |
| Nature Of Damage                    |                              |
| No. Of Passenger (Including Driver) | 3                            |
| Passenger 1                         | NAME: ;<br>GENDER: ;         |

Passenger 2

NAME: :

GENDER: :



## 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:

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

Refer to statement.

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



\_\_\_\_\_  
Owner's Signature

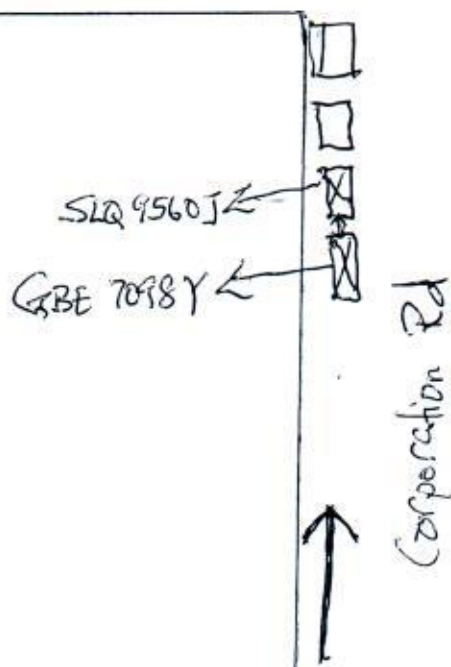
Personnel's Signature



On 7th July at about 0855 hrs, I was driving on Corporation Road toward Surong Port Road, Near to the Junction of Corporation Road and Jung Ho Road. At about 150 meter from the junction the traffic light was 'Red', I Slow down ~~my~~ vehicle and slowly proceed toward the Junction, Applying my brake. I Suddenly feel my vehicle had a hard jerk and found out my vehicle come in contact with the vehicle in front of my vehicle. The Front Car No. is SLQ 9560 J. My vehicle does not suffered and damage except the Nos. plate drop out. SLQ 9560 J Suffer dented on the rear side of the vehicle. I am not claiming for my own car damage.

Jung Ho Road

JL. Tukang



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8846025A



Name  
**CHONG SU WEI**  
張 书 伟

Race  
**CHINESE**

Date of birth  
**26-11-1988**

Country of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
**S8846025A**

Name  
**CHONG SU WEI**

Birth Date  
**26 Nov 1988**

Issue Date  
**22 Jan 2008**




0015643060

3434334




NRIC No. **S8846025A**

Date of issue  
**26-11-2003**


**APT BLK 405 TAMPINES STREET 41 #11-99  
SINGAPORE 520405**

NRIC No: **S8846025A** Date: **03/03/2008** No: **6134227**

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


PASS DATE

**Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** 22 Jan 2008



NP 423A

Licence No: **S8846025A**





## 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  | : MOMVC000002814-01-000  | Cover               | : Commercial Vehicle (Comprehensive) |
| Policyholder Name   | : Searching Offshore Pte Ltd   | Chassis Number      | : VF1FW18H554200438                  |
| NCD Entitlement     | : 20% No Claim Discount  | Engine Number       | : K9KB608D608438                     |
| Hire Purchase       | : UNITED OVERSEAS BANK LIMITED   | Registration Number | : GBE7098Y                           |
| Period of Insurance | : From 03/03/2018 (00:00) To 02/03/2019 (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 500.00            |
| 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 | : LCH Lockton Pte. Ltd.   |
| Date of Issue        | : 27/02/2018  |

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