

NATIONAL Assessment Centre Services [Ref: JAN05]		MAA489106672	
Date In: 17/08/2018 15:51	Job description	Date & Time Completed	Done by
Ref No: N881981780150064	SAS e-filing		
Veh No: 89W 797E	E-mail (w/In 8hrs, AtC 2hrs)		
D.O.A: 16/08/2018 17:50	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: SLA 8788K	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

NA1805199		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 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 (Non 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	17/08/2018 15:51
Date Of Accident	16/08/2018 17:50
Exact Location Of Accident	ALONG TOA PAYOH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW797E
Insured/Policyholder	
Name Of Registered Owner	EN BEY HOCK
NRIC No	S1105856F
Email Address	KWEEYIN89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97369283
Alternative Phone No	OTHERS-97369283

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000002520-01-000
Cover Note Number	

Driver

Name of Driver	EN BEY HOCK
NRIC No	S1105856F
Date Of Birth	12/12/1953
Occupation	INDOOR
Date Of Driving Pass	21/11/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97369283
Fax Number	
Contact Number	OTHERS-97369283
EMail Address	KWEEYIN89@HOTMAIL.COM

Address	BLK 246 BANGKIT ROAD #10-296
Postcode	670246
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	4
Passenger 1	NAME: : SISTER GENDER: : FEMALE
Passenger 2	NAME: : SISTER GENDER: : FEMALE
Passenger 3	NAME: : SISTER DAUGHTER GENDER: : FEMALE

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	SLA8788K
Vehicle Make/Model/Colour	HONDA VEZEL 1.5X
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KENG SWEE DANSEN
NRIC/Passport Number	S8726388F
Contact Number	91062649

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

sn

Policyholder's Signature
Date & Time:

17/8/18 11:17am

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

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

17/08/2018
[Signature]
[Signature]

SKETCH PLAN ToA Project Flyover towards Chongli Airport

B) SLA 8788K

B

A

I was the 2nd vehicle during the accident
happen. this happen when the front vehicle did
an emergency brake & I could not stop in Time.

I was the 2nd vehicle during the accident happen. this happen when the front vehicle did an emergency brake & I could not stop in time.

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

EM

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

12/8/18

11-17am.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 08 / 2018) (DD/MM/YYYY), TIME: (5 : 50) (HH:MM) ^{pm}

LOCATION: IDA PRYON PLYOVER

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW 797E
 b) INSURANCE COMPANY: Great American Insurance Company
 c) POLICY NUMBER: MONVPO00002520-01-000
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

INSURED / POLICY HOLDER

- a) NAME: EN BEY HOCK (MALE / FEMALE) 97369283
 b) NRIC/FIN/PASSPORT: S11058561 CONTACT: 97369283
 c) ADDRESS: BLK 246 BANAKIT ROAD #10-298 S1670246

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (12 / 12 / 1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/10/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 8788K MODEL: HONDA VELL 1.5X
 b) DRIVER'S NAME: EDH KENJA SWEE DANSEN
 c) NRIC/FIN/PASSPORT: S8726388F CONTACT: 91062649

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = kweeyn89@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1105856F



EN BEY HOCK

翁梅叶

Race

CHINESE

Date of Birth

12-12-1953

Country of Birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1105856F

Name

EN BEY HOCK

Birth Date 12 Dec 1953

Issue Date 09 Oct 2003



1306700

NRIC No S1105856F



Blood Group Date of issue

A+ 26-07-1994

Address

APT BLK 246 BANGKIT ROAD
#10-29B
SINGAPORE 2367

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

PASS DATE

- | | | |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 21 Nov 1973 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 30 May 1977 |

NP 428A



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	: MOMVP000002520-01-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: En Bey Hock	Chassis Number	: JHMFD16307S215414
NCD Entitlement	: 50% No Claim Discount	Engine Number	: R18A12033004
Hire Purchase	: N/A	Registration Number	: SGW797E
Period of Insurance	: From 04/07/2018 (00:00) To 03/07/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- The Policyholder
- 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

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- 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)	: N/A	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: En Bey Hock
Named Driver 1	: Chua Ann Lok
Named Driver 2	: Chua Ann Hee
Named Driver 3	: N/A
Name of Intermediary	: NLE Insurance Agencies Pte Ltd
Date of Issue	: 26/06/2018

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

gaw