

NATIONAL Assessment Centre Services [wef: Jan 2005] MNA8109281			
Date In: 23/08/2018 16:35	Job description	Date & Time Completed	Done by
Ref No: NBA/GAI/80153264	SAS e-filing		
Veh No: SEG 7328 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/08/2018 12:30	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: SKD 2074Y	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

NIA1805353 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) Est. Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
OD:				
*N5: Courtesy Car / Tp 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	23/08/2018 16:35
Date Of Accident	23/08/2018 12:30
Exact Location Of Accident	BLK 353 CLEMENTI AVENUE 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7328S
Insured/Policyholder	
Name Of Registered Owner	TOH POH KEONG, GARY (CHEN BAOQIANG)
NRIC No	S7815674J
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94376656
Alternative Phone No	OTHERS-94376656

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS 1.6 TITANIUM 4-DR C346
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000001144-01-000
Cover Note Number	

Driver

Name of Driver	TOH POH KEONG, GARY (CHEN BAOQIANG)
NRIC No	S7815674J
Date Of Birth	14/06/1978
Occupation	INDOOR
Date Of Driving Pass	25/06/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94376656
Fax Number	
Contact Number	OTHERS-94376656
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 173D PUNGGOL FIELD #14-631
Postcode	824173
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: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : UNCLE GENDER: : MALE
Passenger 3	NAME: : SISTER 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	SKD2074Y
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. LEE
NRIC/Passport Number	
Contact Number	96417874

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

DOA: _____

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- 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 & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan

(A) SKG 73285
(B) SKD 2074Y



T T²⁶³ T³⁰² T³⁰¹ T T T T

Bik 353

Clement Ave 2

Describe Circumstances of the Accident

My car was stationary at the open air carpark with hazard
Light on when vehicle (B) reversed and hit into my car (A)
Location was at Clementi Ave 2 open air carpark
near Blk 353.

Declaration

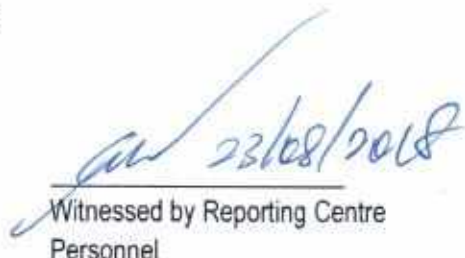
I/We declare the foregoing particulars are true in every aspect.



Policyholder's Signature
Date & Time



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



23/08/2018

Witnessed by Reporting Centre
Personnel

MOTHER
UNCLE
SISTER

PERSONAL PARTICULARS

Date of Accident: 23/8/2018

Time of Accident: 12:30 (24hrs) pm

Vehicle No: SKG 78285

Vehicle Make/Model: Ford

Exact Location of Accident: Clementi Ave 2 Open Car park. (Blk 353)

Owner's Name/NRIC: Tan Poh Keong, Gary I/c S7815674/J

Driver's Name/NRIC: Tan Poh Keong, Gary I/c: S7815674/J

Driver's Contact: 94376656

Insurance Co & Policy No: Great American Ins. - 1144-01-000 . memVP00000

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

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: MR. Lee

Vehicle No: SKD 20747 Estima

Insurance Company: _____

Driver's Contact: 96417874

(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: **S7815674J**

TAN POH KEONG, GARY
(CHEN BAOQIANG, GARY)

Birth Date: 14 Jun 1978
Issue Date: 19 May 2003

000454402G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7815674J**

Name: **TAN POH KEONG, GARY**
(CHEN BAOQIANG)
陈宝强

Race: **CHINESE**

Date of birth: **14-06-1978** Sex: **M**

Country of birth: **SINGAPORE**

S7815674J




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


Class	Description	PASS DATE
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	25 Jun 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	10 Nov 2004

S7815674J

S / No. 9000013925

Licence No: **S7815674J**

NP 428A



4242342

S7815674J

NRIC No. **S7815674J**

Date of issue: **02-07-2008**

APT BLK 173D PUNGGOL FIELD #14-631
SINGAPORE 824173

NRIC No: **S7815674J** Date: **04/08/2017**




CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1966
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVP000001144-01-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Tan Poh Keong Gary	Chassis Number	: WF0MXXGCBMCD67412
NCD Entitlement	: 40% No Claim Discount	Engine Number	: CD67412
Hire Purchase	: DBS BANK LTD.	Registration Number	: SKG7328S
Period of Insurance	: From 02/10/2017 (00:00) To 01/10/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
- b) 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:

- 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 500.00	Workshop	: Any Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Tan Poh Keong Gary
Named Driver 1	: Tan Xin Xuan Cheisllyn
Named Driver 2	: Tan Yuyan
Named Driver 3	: N/A
Name of Intermediary	: LCH Lockton Pte. Ltd.
Date of Issue	:

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