

NATIONAL Assessment Centre Services [ver 1 Jan 2005] *NA 48129899*

Date In: <i>08/10/2008 09:15</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/GA/180/8135/4</i>	SAS e-filing		
Veh No: <i>SLG 1794D</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>06/10/2008 20:45</i>	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: *SH 8813C* 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$90)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	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 / 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 \$0			
	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 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. 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	08/10/2018 09:15
Date Of Accident	06/10/2018 20:45
Exact Location Of Accident	TOA PAYOH LORONG 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1794D
Insured/Policyholder	
Name Of Registered Owner	LOKE CHAN ENG
NRIC No	S1519180E
Email Address	LOKECE1538@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98482564
Alternative Phone No	OTHERS-98482564

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
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?	YES
If No, Please state action to be taken:	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003346-00-000
Cover Note Number	

Driver

Name of Driver	LOKE CHAN ENG
NRIC No	S1519180E
Date Of Birth	15/06/1962
Occupation	INDOOR
Date Of Driving Pass	17/04/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98482564
Fax Number	
Contact Number	OTHERS-98482564
Email Address	LOKECE1538@GMAIL.COM

Address	BLK 108 TECK WHYE LANE #06-528
Postcode	680108
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	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	
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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8313C
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN YEW HOCK
NRIC/Passport Number	S0035116D
Contact Number	88683938
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 08/10/18 09X

Driver's Signature

(If driver is not the policyholder)

Date & Time:



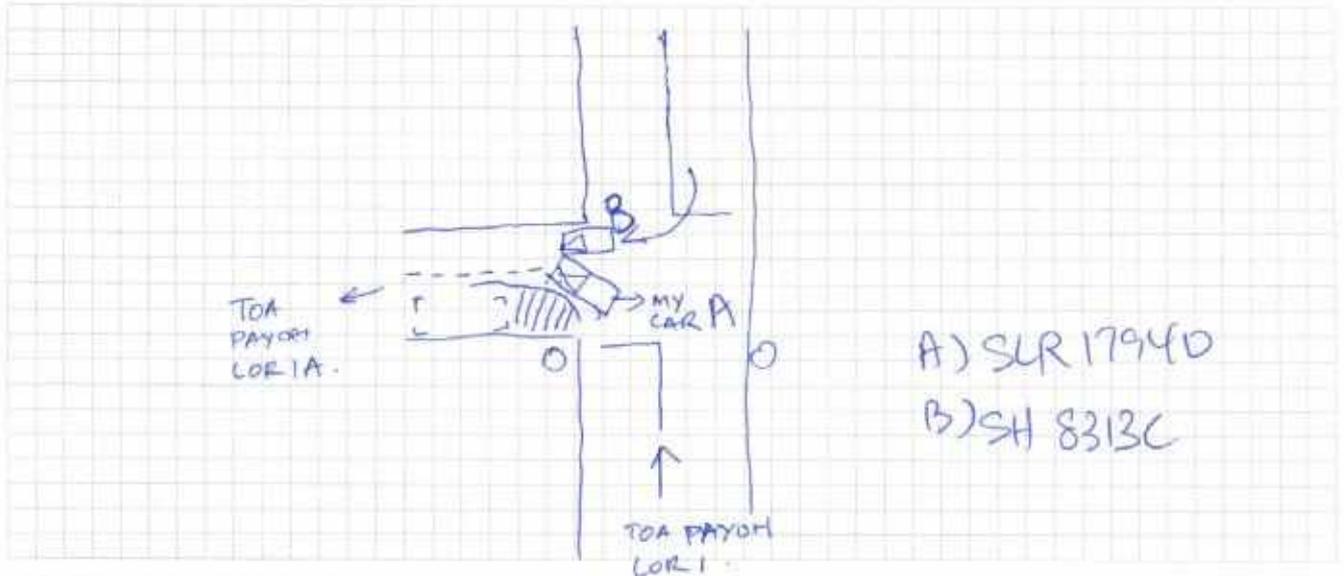
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rohi Kanae

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT APPROX. 8.45PM, I WAS MAKING A LEFT TURN AFTER TRAFFIC LIGHT WAS GREEN (TOWARD TOA PAYOH LOR 1A), A TAXI SH B313 MAKING A RIGHT TURN FROM TOA PAYOH LOR 1 AND HIT ON MY CAR RIGHT FRONT WHEEL AND PANEL.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 08/10/18 - 0925

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: 06/10/18 (DD/MM/YYYY), TIME: 20:45 (HH:MM)

LOCATION: TOA PAYOH LOR 1A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 1794D
- b) INSURANCE COMPANY: GREAT AMERICAN
- c) POLICY NUMBER: MOMVP000003346-00-000
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: NISSAN GASHOGAI 1.2 DIG-T
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE CHANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1519180E CONTACT: 98482564
- c) ADDRESS: BLK 108 TEGIC WYBE LANE #06-528
S(680108)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 15/06/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 APR 85

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 DRY / NIGHT)

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

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: SH 8313C MODEL: HYUNDAI
- b) DRIVER'S NAME: TAN YEW HOCK
- c) NRIC/FIN/PASSPORT: S0035116D CONTACT: 88683938

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1519180E



Name
LOKE CHAN ENG

陸振應

Race
CHINESE

Date of birth
15-06-1962

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1519180E**

Name:

LOKE CHAN ENG

Birth Date: **15 Jun 1962**

Issue Date: **25 Nov 2016**



002632644C

5775965



NRIC No. **S1519180E**



Date of issue
28-07-2017

Address

**APT BLK 108 TECK WHYE LANE
#06-528
SINGAPORE 680108**

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 17 Apr 1985

NP 428A



Licence No: S1519180E

**PRIVATE CAR COMPREHENSIVE
POLICY SCHEDULE**

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No. : MOMVP000003346-00-000 **Issue Date** : 29/12/2017
Intermediary : AVA Insurance Brokers Pte Ltd
Insured : Loke Chan Eng
Address : Blk 108 Teck Whye Lane
#06-528
Singapore 680108
Period of Insurance : From 05/02/2018 (00:00) To 04/02/2019 (23:59) (Both Dates Inclusive)
Policy Version : MVP_0116_V1.4

Coverage Details

Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium Inclusive GST : SGD 1,024.46

Cover Type : Private Car (Comprehensive)
Primary Driver : Loke Chan Eng
Named Driver 1 : N/A
Named Driver 2 : N/A
Named Driver 3 : N/A

Vehicle Make Model : NISSAN QASHQAI 1.2 DIG-T **Manufacturing Year** : 2017
CVT ABS 2WD 5DR

Registration Number : SLQ1794D **Vehicle Capacity** : 1197
Off Peak Car : No
Chassis Number : SJNFEAJ11U1929367 **Engine Number** : HRA2411266A
NCD Entitlement : 20% No Claim Discount **NCD Protection** : No
Workshop : Authorised Workshop
Excess (Section 1) : SGD 400.00
Excess (Section 2) : N/A
Windscreen Excess : SGD 100.00

ADDITIONAL EXCESS : - An Additional Excess of \$2,500/- to be applied to Un-Named Authorised Driver of aged below 24 years old and/or less than 24 months driving experience.
- An Additional Excess of \$500/- to be applied to Un-named Authorised Drivers whom are aged 24 years old and above, and whom driving license is 24 months and above.

Hire Purchase Company : N/A

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or attached hereto:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA418129895 Vehicle Registration No: SLQ17940
 Name (as shown in NRIC): LEE KE CHUAN FAH NRIC/FIN/Passport No: S1519180E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel) - : _____ Mobile No.: 98482864
 Email Address: _____
 Date of Accident: 06/10/2018 Time of Accident: 20:45
 Place of Accident: TOA PAYOH LOR 1A
 Insurance Company: GENERAL AMERICAN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change from Third Party to OWN DAMAGE CLAIM

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Pasty Hatters
 NRIC/FIN No.: _____
 Date: 08/10/2018