

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA48131631

Date In: 10/10/2018 16:12	Job description	Date & Time Completed	Done by
Ref No: N/A/GA18018413/4	SAS e-filing		
Veh No: YP 4501P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/11/2018 12:45	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:

SBS 33774

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

NA1806500

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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 / 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

Wef 10 Jan 2005

Wef 10 Jan 2005

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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 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	10/10/2018 16:12
Date Of Accident	08/11/2017 12:45
Exact Location Of Accident	ALONG PENJURU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4501P
Insured/Policyholder	
Name Of Registered Owner	NAM SENG CARGO GEAR SUPPLIERS PTE LTD
Co Reg No	198801089D
Email Address	ACCOUNTS@NAMSENGCARGO.COM.SG
Mobile Phone No	(LOCAL) +65-97166356
Alternative Phone No	OFFICE-67766918

Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQDC-7.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOMVC000005032-00-000
Cover Note Number	

Driver

Name of Driver	CHUAH KIEN HUAT
Passport No/FIN	G7464897K
Date Of Birth	12/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97166356
Fax Number	
Contact Number	OFFICE-67766918
EMail Address	ACCOUNTS@NAMSENGCARGO.COM.SG

Address	8 JALAN NJM 3/3 TAMAN NUSA JAYA MAS SKUDAI
Postcode	81300
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	NO COLLISION
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3377U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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**

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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.

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name: *Rishi*
NRIC/FIN No.: *101.01.2018*

SKETCH PLAN

UNKNOWN NW COLLISION

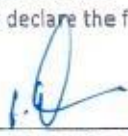
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mr. Chuah Kien Huat had no re-collection of the accident reported involving SBS 3377 U.


We only know of this accident when we received a letter from Great American Insurance Company.

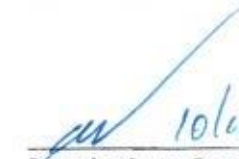
DECLARATION

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


Policyholder's Signature
Date & Time:

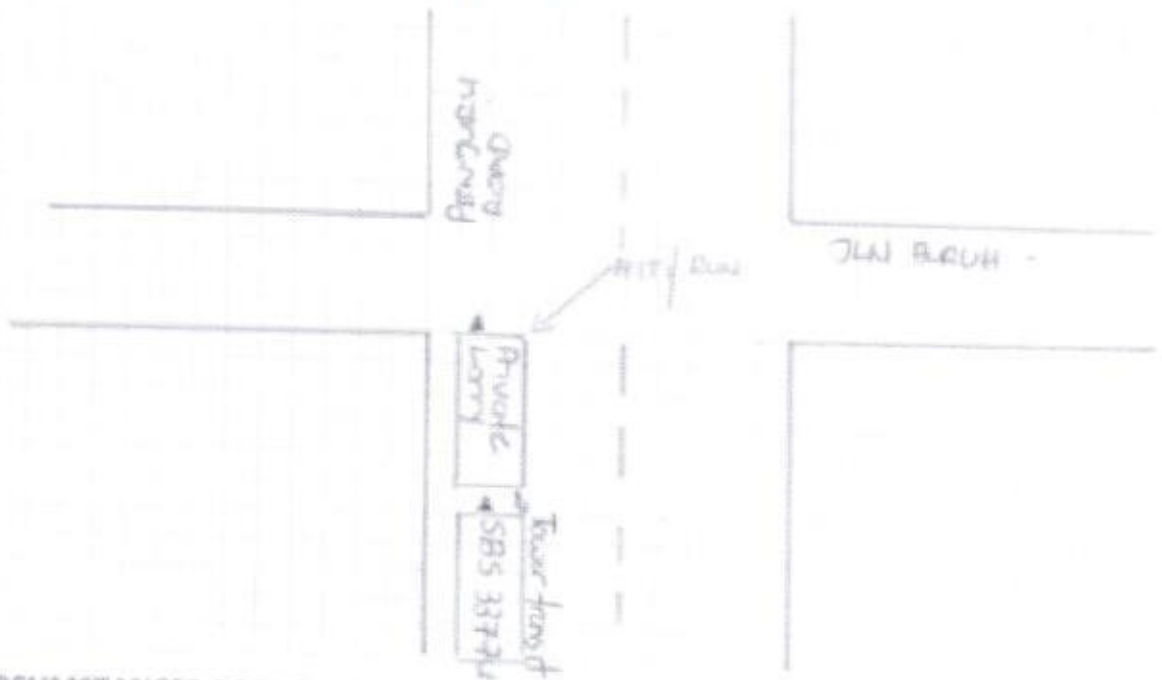



Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

IP Report

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8th November 2017 at 1243hrs, I was driving tour transit bus. I was driving along Pengu Road at the traffic light junction Pengu Road and Jalan Buruh my bus was stationary behind traffic light junction. Suddenly in front lorry at the traffic fail to applied brake instead the lorry moving backward. I many time, but the lorry fail to stopped and knock into me causing left hand side blind spot mirror dislodged and fall from the arm bar and cracked left hand side mirror. After I going down from my bus and check the bus damages in my bus side mirror. Lorry driver fail to exchange particular

Rachel Tan, Executive | P. +65 6804 7846 | F. +65 6235 3354 | rachel.tan@sg.gaiq.com



Motor Claims



16-01 Centennial Tower Singapore 039190

10/10/2017
Rashid Watson



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

Our Reference : CLMOMVC000003502
Your Reference : YP4501P

10 October 2018

Nam Seng Cargo Gear Suppliers Pte Ltd
1 Bukit Batok Crescent
#08-58 WCEGA Plaza
Singapore 658064

ACCIDENT INVOLVING YP4501P (OI) & SBS3377U (FCI) ON 08/11/2017 AT PENJURU ROAD

Dear Sir/Mdm,

We have been informed that the above-mentioned accident (the "**Accident**") has occurred, and we have received a claim (the "**Claim**") for property damage against you, the driver and/or the hirer of Vehicle No. **YP4501P** which is insured with us (the "**Insured Vehicle**").

Our records show that you, the driver and/or the hirer of the Insured Vehicle have yet to report the Accident. Failure to report the Accident would be a breach of General Condition 3 of the Motor Policy which requires the Insured to report an accident within 24 hours or by the next working day. You may have good reasons for failing to report the Accident for which you may wish to provide an explanation for our review.

In order for us to handle the Claim on your behalf, please proceed to any of our authorized Accident Reporting Centres, a list of which can be found in your Certificate of Insurance, to complete the Singapore Accident Statement form and extend a copy to our office. If applicable, please also provide us with a copy of any police report that may have been made in connection with the Accident.

Unless you provide the Singapore Accident Statement form (and any police report) within 5 business days from the date of this letter, and render all necessary co-operation to our office in dealing with the Claim, we shall take it that you do not wish to be assisted by us, in which event the Claim and all other third party claims whatsoever arising from the Accident will be directed to you to handle. Further, if we are required by the relevant legislation to satisfy any judgment, we reserve the right to recover against you.

Pending receipt of the above-mentioned documents, we reserve all our rights under the policy and at common law. Please contact our office should you require any clarification.

Please note that a police report is required by law if the Accident resulted in personal injury, damage to government property or foreign vehicle(s) or if it was a 'Hit and Run' case.

Yours sincerely,
Claims Department
Great American Insurance Company

CC Tan Insurance Brokers Pte Ltd

This is a computer generated letter, no signature is required.

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 11 / 2017 (DD/MM/YYYY), TIME: 12:45 (HH:MM)

LOCATION: PENJURU ROAD / ~~Jalan Pudu~~

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 4501 P ✓
 b) INSURANCE COMPANY: GREAT AMERICAN INSURANCE COMPANY
 c) POLICY NUMBER: MT 20175285
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISUZU FVR345UGDC
 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

- ROC a) NAME: NAM SENG (ALSO REAL SUPPLIERS PT LTD) (MALE / FEMALE) ✓
 b) NRIC/FIN/PASSPORT: 198801089D CONTACT: 67766918
 c) ADDRESS: 1 RUKIT BAYOK CRESCENT #08-58 WCEA PLAZA
SINJANG 658064

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUAH KEN HUAT (MALE / FEMALE) ✓
 b) NRIC/FIN/PASSPORT: 67464897K CONTACT: 97166356 ✓
 c) ADDRESS: 8 Jalan NSTM 3/3 Taman NUSA Raya M95
SKUDAI 81300

* d) DATE OF BIRTH: 12 / 01 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22

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: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL =

VIDEO =



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
NAM SENG CARGO GEAR SUPPLIERS PTE LTD

Sector: **SERVICE**

Name:

CHUAH KIEN HUAT

Occupation:

LORRY/ TRUCK DRIVER



Work Permit No.
4 D1455256

Date of Application

15-08-2017

Date of Issue

22-08-2017

Date of Expiry

21-08-2019



L8245080

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 7464897K**

Name:

CHUAH KIEN HUAT



Birth Date: **12 Jan 1979**

Issue Date: **19 Apr 2014**

Valid Till **28 May 2019**



002296647F

VISIT PASS
Immigration Regulations

Name
CHUAH KIEN HUAT



Date of Birth	Sex	Nationality
12-01-1979	M	MALAYSIAN
FIN	Date of Issue	Date of Expiry
G7464897K	22-08-2017	21-08-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



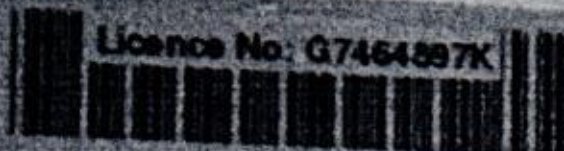
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 1B	Motorcycles ≤ 200 CC	29 May 2009
Class 1	Motor cars ≤ 3600 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	29 May 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	23 May 2017

G7464897K

S / No. 9000259815

NP 428A



RECEIVED - 3 SEP 2017

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	: MOMVC000005032-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Nam Seng Cargo Gear Suppliers Pte Ltd	Chassis Number	: JALFVR347G7001085
NCD Entitlement	: Nil	Engine Number	: 6HK1687044
Hire Purchase	: N/A	Registration Number	: YP4501P
Period of Insurance	: From 07/07/2017 (00:00) To 06/07/2018 (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 1,000.00
Excess (Section 2)	: N/A
Windscreen Excess	: SGD 100.00
ADDITIONAL EXCESS	: Please refer overleaf

Driver Details

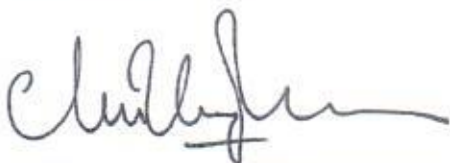
Named Driver 01 : Any driver driving on the policyholder's order or permission

Name of Intermediary : Tan Insurance Brokers Pte Ltd

Date of Issue : 13/07/2017

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

廣安保險經紀有限公司
TAN INSURANCE BROKERS PTE LTD
34/5A Alhwa Street, Chuan Leen Building
Singapore 169606
www.tib.com.sg
Tel: (65) 8742 8786 Fax: (65) 8742 8080