

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18133K0

Date In: 12/10/18-16:34	Job description	Date & Time Completed	Done by
Ref No: NA/GA218018J95/LY	SAS e-filing		
Veh No: PK56K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/10/18-14:05	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: JBS891B	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

NA1806566

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idac Mobile 30		
Est. 1:	Invoice dated	Fee Charged	
Est. 2 / 3:	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	13/10/2018 16:34
Date Of Accident	12/10/2018 14:25
Exact Location Of Accident	HOUGANG AVE 8 BESIDE HDB BLK 401
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FK56K
Insured/Policyholder	
Name Of Registered Owner	SERENE KUAH SIEW LING
NRIC No	S7144413I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91234444
Alternative Phone No	OFFICE-91234444

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KLE650F
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR02057

Driver

Name of Driver	DOUGLAS ZERIS
NRIC No	S7029174F
Date Of Birth	23/08/1970
Occupation	INDOOR
Date Of Driving Pass	30/06/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96680056
Fax Number	
Contact Number	OFFICE-96680056
Email Address	NOEMAIL

Address	BLK 664A PUNGGOL DRIVE #13-204
Postcode	821664
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	0

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	SBS3891B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	EDMUND TEO
NRIC/Passport Number	
Contact Number	83792357
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature
Date & Time:

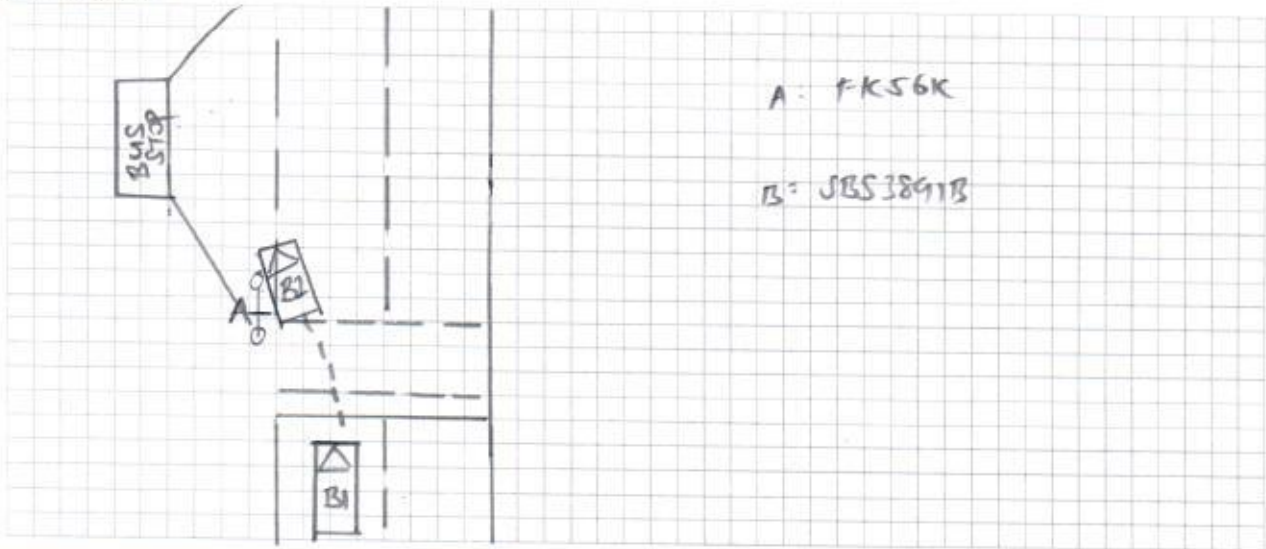


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATE DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG LANE 2 HOUGANG AVE 8 AS I WANTED TO WITHDRAW MONEY. WHEN I CAME BACK TO MY VEHICLE AND REALIZE THAT VEHICLE B GRAZED ONTO MY VEHICLE RIGHT PORTION. AFTER AN IMPACT, MY VEHICLE FELL TO THE ROAD SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/18) (DD/MM/YYYY), TIME: (14:25) (HH:MM)

LOCATION: Angeng Ave 8 beside HDB Bldg 401

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AC561C
b) INSURANCE COMPANY: GAZ
c) POLICY NUMBER: MT20177R02057
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
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: SEENE Kuan Jiew Ling (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71844132 CONTACT: 91254444
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Douglas Zhi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7029141F CONTACT: 9668 0056
c) ADDRESS: Blk 644A Angeng Drive #13-204 (821664)

*d) DATE OF BIRTH: (23/8/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: JSS38918 MODEL: _____
b) DRIVER'S NAME: Edmund Teo
c) NRIC/FIN/PASSPORT: _____ CONTACT: 81792357

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)
()

* No of passenger
(Including driver)
()

Email = zeris56@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7029174F**



Name
DOUGLAS ZERIS

Race
GREEK

Date of birth
23-08-1970

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S7029174F**

Name
DOUGLAS ZERIS

Birth Date **23 Aug 1970**

Issue Date **19 Dec 2002**




5676023



NRIC No. **S7029174F**



Date of issue
29-11-2016


Address
**APT BLK 664A PUNGGOL DRIVE
#13-204
SINGAPORE 821664**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	07 Oct 1992
Class 2A Motorcycles between 201 cc and 400 cc	13 Apr 1994
Class 2 Motorcycles exceeding 400 cc	30 Jun 1995
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Mar 1993

NP 428A

Licence No: **S7029174F**



MOTOR COVER NOTE: MT2017TR02057

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: SERENE KUAH SIEW LING (Non Riding)
Insured NRIC/Passport No/ Roc	: S7144413I
Named Rider	: DOUGLAS ZERIS
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: KAWASAKI / KLE650F
Vehicle Registration No.	: FK56K
Year Of Manufacture	: 2017
Engine No.	: ER650AEAW7658
Chassis No.	: JKALE650EFDA19525
Engine Capacity	: 649
Hire Purchase	: DE XING MOTOR PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 20/12/2017 TO: 19/12/2018
Excess (S\$)	: Section I \$500.00
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

This Bike is Still Under
Hire Purchase with
DE XING MOTOR PTE LTD
No add rider or removal
is allowed

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company



Great American Insurance Company
Authorised Signatory

Date of Issue : 20/12/2017

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/15