

# NATIONAL Assessment Centre Services (wef 1 Jan'05)

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In: 19/10/18              | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/GAI18018999/13      | SAS e-filing                             |                       |         |
| Veh No: GBE4947S               | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 19/10/18 0650           | i-Motor Claim Form                       |                       |         |
| OD / TP: <u>Reporting Only</u> | 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: SLE6671E   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |                       |                       |
|---------------------------------|---|-------------|-----------------------|-----------------------|
| NA1806681                       | <b>Invoice Preparation Checklist</b>            |             | Am't (\$)<br>Inc Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               |             |                       |                       |
| 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) |             |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |             |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |             |                       |                       |
|                                 | ON*   |             |                       |                       |
|                                 | *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 (N:n 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 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   | 19/10/2018 09:47                      |
| Date Of Accident   | 19/10/2018 06:50                      |
| Exact Location Of Accident   | TELOK BLANGAH WAY TWDS HENDERSON ROAD |
| Country/State of Loss  | SINGAPORE                             |
| DETAILS OF OWN VEHICLE   |                                       |
| Vehicle Registration Number  | GBE4947S                              |
| <b>Insured/Policyholder</b>  |                                       |
| Name Of Registered Owner   | SHINEWAY ENGINEERING PTE LTD          |
| Co Reg No  | -                                     |
| Email Address  | NOEMAIL                               |
| Mobile Phone No  |                                       |
| Alternative Phone No   | OFFICE-67492995                       |
| <b>Vehicle Particulars</b>   |                                       |
| Manufacturer   | TOYOTA                                |
| Model  | DYNA                                  |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                               |
| 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                    |
| <b>Insurance Company</b>   |                                       |
| Name of Insurance Company  | GREAT AMERICAN INSURANCE COMPANY      |
| Type Of Coverage   | COMPREHENSIVE                         |
| Fleet Policy   | NO                                    |
| Policy Number  |                                       |
| Cover Note Number  | MT20177071                            |
| <b>Driver</b>  |                                       |
| Name of Driver   | SANTHANATHAN PREMKUMAR                |
| Passport No/FIN  | G6588463T                             |
| Date Of Birth  | 15/05/1985                            |
| Occupation   | OUTDOOR                               |
| Date Of Driving Pass   | 13/08/2013                            |
| Driving Experience   | 5 YEARS AND 2 MONTHS                  |
| Gender   | MALE                                  |
| Mobile Number  | (LOCAL) +65-91553009                  |
| Fax Number   |                                       |
| Contact Number   |                                       |
| EMail Address  | NOEMAIL                               |

|   |                               |
|---|-------------------------------|
| Address   | 28 TOH GUAN RD EAST<br>#16-04 |
| Postcode  | 608596                        |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### 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

I WAS TRAVELLING FROM TELOK BLANGAH WAY TWDS HENDERSON RD ON THE RIGHT LANE OF A2-LANES RD. IN FRONT OF MY VEH STOP DUE TO THE RED TRAFFIC LIGHT AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH ONTO THE REAR PORTION OF VEH B.

#### 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         | SLE6671E      |
| Vehicle Make/Model/Colour           | MAZDA         |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      | NG BOON HIONG |
| NRIC/Passport Number                | S1602559C     |
| Contact Number                      | 90223575      |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

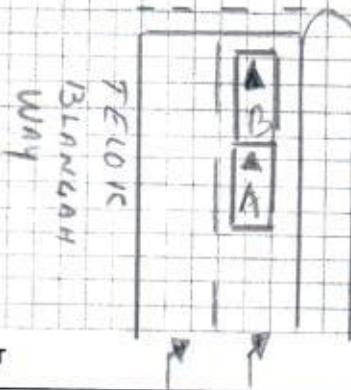
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A - GBE4947S  
B - SLE6671E

HENDERSON  
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:



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

Employer  
**SHENWAY ENGINEERING PTE LTD**

Name  
**SANTHANATHAN PREMKUMAR**

Work Permit No.  
**0 34825483**

Sector  
**CONSTRUCTION**

**K0665033**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

**G6588463T**

**SANTHANATHAN PREMKUMAR**

Birth Date: **15 May 1985**  
Issue Date: **19 Jul 2018**  
Valid Till **12/08/2023**

**002825534H**

**VISIT PASS**  
Immigration Regulations

Name  
**SANTHANATHAN PREMKUMAR**

FIN  
**G6588463T**

Date of Birth  
**15-05-1985**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

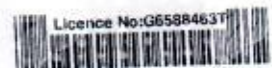
**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

**Download SGWorkPass App to check status**

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

|          |  | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles =< 200 cc  | 13 Aug 2013    |
| Class 3  | Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 13 Aug 2013    |

NP 428A



**GREAT AMERICAN**  
INSURANCE COMPANY

**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

**MOTOR COVER NOTE: MT20177071**

The Insured mentioned in this Cover Note, 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 is 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                        | : SHINEWAY ENGINEERING PTE LTD     |
| Insured Nric/Passport No/ Roc      | : 199704927G                       |
| Policy Coverage                    | : COMPREHENSIVE                    |
| Make And Description Of Vehicle    | : TOYOTA DYNA 150 MANUAL           |
| Vehicle Registration No.           | : GBE4947S                         |
| Year Of Manufacture                | : 2015                             |
| Engine No.                         | : 1KD2572854                       |
| Chassis No.                        | : JTFAT35Y00K205549                |
| Engine Capacity/ Tonnage/ Seater   | : 1.71 TONS                        |
| Hire Purchase                      | : NIL                              |
| Value (\$\$)                       | : AS PER MARKET VALUE              |
| Period Of Insurance                | : FROM: 28/12/2017 TO: 27/12/2018  |
| Excess (\$\$)                      | : Section I : \$600                |
|                                    | : Section II : Nil                 |
|                                    | : Windscreen Excess : \$100        |
| Great American Authorized Workshop | : YES                              |

IWE 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  
Authorized Signatory

Date of Issue : 21/12/2017

Intermediary : Times Insurance Brokers Pte Ltd

Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/16