

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MAA 418/52059

Date In: 23/1/2008 15:25	Job description	Date & Time Completed	Done by
Ref No: MAA/601/8021248/Y	SAS e-filing		
Vch No: GBH 1488C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/1/2008 22:00	I-Motor Claim Form		
OID: 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:	Vch No: SHB 5282P	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 () / Non-INC ()	Date In: ()	Time: ()	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:	Assessor:

MAA007623

Client's Particulars:	Invoice Particulars
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)
Damaged Portion:	3) TP: 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) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NP: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (INC) against INC \$20
	9) NI: Idao Mobile \$30
	Invoice dated _____ Fee Charged _____
	Invoice dated _____ Fee Charged _____

Ref. 1:

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	23/11/2018 15:25
Date Of Accident	22/11/2018 22:00
Exact Location Of Accident	BLK 257 BANGKIT ROAD CARPARK LOT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1428C
Insured/Policyholder	
Name Of Registered Owner	FORTUNE JOSS STICK TRADING
Co Reg No	52972722J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96775762
Alternative Phone No	OFFICE-96775762

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007674-00-000
Cover Note Number	

Driver

Name of Driver	KEE POH HOCK
NRIC No	S1445882D
Date Of Birth	30/07/1960
Occupation	INDOOR
Date Of Driving Pass	13/03/1981
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775762
Fax Number	
Contact Number	OTHERS-96775762
Email Address	NOEMAIL

Address	BLK 160 JALAN TECK WHYE #17-246
Postcode	680160
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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

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	SHB5282P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG KHO SENG
NRIC/Passport Number	S1364229Z
Contact Number	97437763
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD469T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

POH TECK KHENG

NRIC/Passport Number

S1831471A

Contact Number

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.
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. 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.

富香貿易

Tune Joss Stick Trading

41K 2 Jalan Bukit Merah

115162 Singapore 150002

Fax: (65) 6275 1512

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

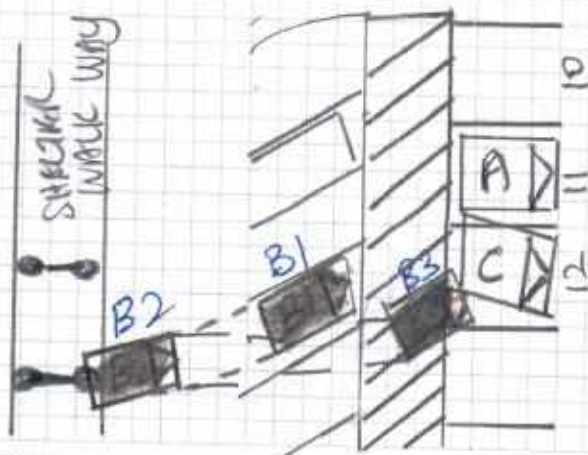
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 256 BANUKIT ROAD CARPARK 11



- A) GBH 1428C
- B) SHB 5282P
- C) SLD 469T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22/4/2018 AT ABOUT 22:00 HRS I WENT BACK TO
TAKEN MY CAR & SAW THAT MY CAR ALREADY HAD
AN ACCIDENT WK ARE CLAIMING AGAINST THE TAXI
SHB 5282P THAT ALL

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

Blk 2 Jalan Bukit Merah
#01-5162 Singapore 150002
Tel / Fax: (65) 6275 1512

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/11/2018 (DD/MM/YYYY). TIME: 22 00 (HH:MM)

LOCATION: BLK 256 BANGKAY ROAD CARRACK LOT 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 1428C
 b) INSURANCE COMPANY: GREAT AMERICAN
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 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: FORUNKE JOSE STICK TRODINS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52972722J CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KEE POH HOCK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S144588D CONTACT: 96775762
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SHB 5282P MODEL: _____
 b) DRIVER'S NAME: ONLY KEE POH HOCK
 c) NRIC/FIN/PASSPORT: S1364229Z CONTACT: 97437163

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: UNKNOWN CAR MODEL: SLD 469T
 e) DRIVER'S NAME: POH TACK KHAN
 f) NRIC/FIN/PASSPORT: S1231471A CONTACT: _____

* No of passenger
 (including driver)
 (0)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1445882D



Name

KEE POH HOCK

張 寶 富

Race

CHINESE

Date of birth

30-07-1960

Country of birth

SINGAPORE

Sex

M



4893836

NRIC No. S1445882D



Date of issue
11-10-2012

Address
APT BLK 160 JALAN TECK WHYE
#17-246
SINGAPORE 680160

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1445882D

Name

KEE POH HOCK

Birth Date 30 Jul 1960

Issue Date 20 Mar 2004



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

13 Mar 1981



NP 428A

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	: MOMVC000007674-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Fortune Joss Stick Trading	Chassis Number	: KDH2015025983
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2686757
Hire Purchase	: HITACHI CAPITAL ASIA PACIFIC PTE. LTD.	Registration Number	: GBH1428C
Period of Insurance	: From 02/02/2018 (00:00) To 01/02/2019 (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 600.00

Excess (Section 2) : N/A

Windscreen Excess : SGD 100.00

ADDITIONAL EXCESS : Please refer overleaf

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

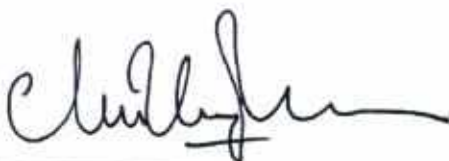
Name of intermediary : OKI

Date of Issue : 08/02/2018

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

m1ow