WATIONAL Assessment Centre	Services. [met 1 Janos]				
Date in: 28/4/2018 14:58	Job description	Dote &Time	Completed	Done by	
REFNOWA/GATIKONIONIV	SAS c-filling	i			
Veh No SKH 6C72D	E-mail (within Shrs, AIC 2hrs	)			
00102/11/2018 19:45	i-Motor Claim Form			- Plane me	
U) INT FOR	I-Motor W/O (Within: OD 2hrs, 7P 4hrs)				
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey Repor	1			
TP Insurer:	Ass't Report by Fax / Hay				
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	A STATE OF THE STA	
TP Particulars: Veh No: (1)	F. 725411 INC	C( )/Non-IN	C( ).		
Owner / Driver: (	1231.	Tel:	S <sub>W</sub> re-	)	
Policy No: ( ) Peri	od: (	) Cover Type:	(	)	
Confirmed by : (	- Date:	Tin	ie:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO): N:	0-20%; P: 21-79	%. P: 80-100%	6]	+
Year of Registration: ( ) W	arranty: YES ( )/NO (	)			_
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( ) Walk-In Customer: Customers Inform	nation strictly Confidential &	Strictly NO refer	of repalter.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY. ·	, ·	3 .		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO( )	; Towing Co: (	· 1'	· )	
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$30]	( ·)		*	/ <u></u>	
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

<b>建设设施设施,1000年1000年1000</b>	ACCIDENT STATEMENT
Date Of Report	24/11/2018 14:58
Date Of Accident	03/11/2018 19:45
Exact Location Of Accident	ALONG QUEEN STREET
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH6572D
Insured/Policyholder	
Name Of Registered Owner	WHEELS LIMO SERVICE
Co Reg No	53295998A
Email Address	MAXSKYER23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96835366
Alternative Phone No	OFFICE-91163292
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
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	MOMVP000000775-02-000
Cover Note Number	
Driver	
Name of Driver	GOH HOCK SENG
NRIC No	S7223127I
Date Of Birth	07/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96835366
Fax Number	
Contact Number	OTHERS-91163292
EMail Address	MAXSKYER23@GMAIL.COM

#### 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
- 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.

WHEELS LIMO SERVICE BLK 652 SENJA LINK #08-14 S(670652)

TEL: +65 9683 5366

Policyholder's Signature Date & Time:

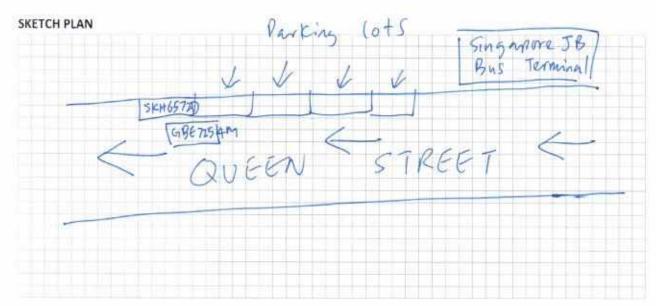
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

Reporting Centre



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Control of
On 3/11/18 at around 7.45pm I was the driver A
vericle SKH6572D Toyota Alphard. My yehicle was parked
in a parking lot along Queen Street near Singapore
John Bus Terminal. I was sitting in the vehicle all
done as I was waiting for a phymo call, a few reinestes la
a corry GAE 7254m driven by MR Tan Tian Koon
impropered and tried to parallel park into a empty park
a long GBE 7254m driven by MR Tan Tian Koon approached and tried to parallel park into a empty park to t behind my vehicle. While he was reserving into the
empty lat, his vehicle right side mirror accidentally hist
anto my vericle left body. I immediately signaled to
him that he had knock onto my vehicle, we both alight
from our vehicles to inspect the damages. There was a
small dent on the left side on my vahicle near left see
signal lights. Mr Tan Tian Koon almitted that he was a
thirt while restring his vehicle. As the damage was very
minimum, mr Ian oftered to compensate me to the dent
He passed me \$25 which I accepted for the compensation and
we both treated this incident privately settled and
case closed.

## WHOEELARATION SERVICE

BMK 6682reSENSAedolNKparticulars are true in every respect.

#08-14 S(670652) TEL: +65 9683 5366

Policyholder's Signature

Date & Time: 24/11/18 1053am Driver's Signature

(if driver is not the policyholder)

Date & Time:

24/11/18 1053 am

24/4/2018

Name: Kof Li White Personnel's bignature ADD Name:

To Whom it may concern,

On 3/11/18 at around 7.45pm I was the driver A vehicle StH 6572D Toyota Alphard. My vehicle was parted in a parking lot along Queen Street near Singapore Johan Bus Terminal. I was sitting in the vehicle all along as 2 WAS waiting for a phone Call, a few minutes later a lovry Nessan GBE-7254M driven by MR TAN HAAT KOON approached and tripl to parallel park into a couply parking lot behind my vokicle. While he was reserving his vehicle into the empty lot, his vokicle right side mirror accidentally hit auto my vovice left body. I immediately signaled to him that he had track out my vanick, we both aligness from our vehicles to inspect the damages. There was 4 Small deat in the left side 4 the vehicle near left year signal lights me TAN TIAN KOON admitted that be was at fault when reserving his vehicle. As the damage was very minimum, MR TAN offered to compensate me for the deat. He passed me GASA \$25 which I accepted for the compensation and we both treated this incident privately settled and cas closed.

God Hock Sons 57223127I SKH 6572D Sm 24/11/18

Tan Ting koon 5144149B GBE7254M 24/11/18

# While for James

# ACCIDENT STATEMENT

ACCIDENT DATE: ( ) >	11/2018/100	/MM/YYYY), TIME:(_	19:45 (HH:MM)
LOCATION:	Queen 5.	traet	
e)MAKE & MODE f)TYPE:(SALOON , g)VEHICLE CATE h)PURPOSE OF US i) ARE YOU CLAIM	DER: SEH 60  DER: SEH 60  DER: MT 201  COMPREHENSIVE /  COUPE / MPV /V  COUPE / MPV /V  CORY: (PRIVATE / C  NG AT ACCIDENT  NG UNDER YOUR C	THIRD PARTY / THIR AN / LORRY / MOTO OMMERCIAL / MOTO TIME: WORK IND OWN INSURANCE (	YES/NO)
2. INSURED / POUCY A)NAME: W/A b)NRIC/FIN/PASSE c)ADDRESS:	HOLDER SEN	Nice 998 A CONT. Seals Link	(MALE / FEMALE) ACT: 9683 5366 \$108-14 \$ (67069
Including driver) DINAME: GOLD CLADDRESS:	DRT: <u>C 7173</u> BIE 262 #10-	1271 CONTA Tampines St	21
*d)DATE OF BIRTH:  e)OCCUPATION: (I  f) OF DRIVIN  4. WAS DRIVER AN  IF NO, RELATION:  5. d)WEATHER COND  b)ROAD SURFACE:  6. WAS ANYBODY INJ  7. d)REPORTED TO PO	MDOOR / QUIDOO PASS MPLOYEE OF THE CHIP OF THE DRIV CON: (CLEAR / RA CDRY / WET / OTHE DRED (YES / NO)	31/5/94  E INSURED'S COM /ER WITH INSURE INING / OTHERS	PANY? (YES / NO)
8. THIRD PARTY VEHICLE NUMB coluding driver) b) DRIVER'S NAME	EWHICH POLICE ER: 9BE 725 TAN T	4M MODEL	
OL ) PRIC/FIN/PASS THIRD PARTY VEHICLE OF PRISZANGER OF DRIVER'S NAME OF CHARLES OF THE PRICZENIA PASSES	E R:	MODEL:	
(01) NRIC/FIN/PASSF	OKI:	CONTA	CT: <u></u>

email = naxstyr maxstyer23@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$72231271



Harra

GOH HOCK SENG



CHINESE Desir Sen 07-07-1972 Compression SINGAPORE









5132649



--- S7223127



24-07-2014

APT BLK 262 TAMPINES STREET 21 #10-262 SINGAPORE \$20262 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 28 Mostorpycies ard 200 pc Class 2A Mostorpycies between 201 pc and 400 pc

17 Jun 1892 18 Sep 1923 27 Nov 1964 2004 with -- 7 31 May 1994

NF 425A



## 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

# CERTIFICATE OF INSURANCE

Addor Vehicles (Third Platy Risks and Compensation) Act (Chipter 199) - Molar Vehicles (Third-Party Risks and Compensation) Rules (Need Transport Act. 1967 (Malaysia) Molar Vehicles (Third Party Risks) Rules. 1959 (Malaysia)

Policy Details

Certificate Number

MOMVP000000775-02-000

Cover

Private Car (Comprehensive)

Policyholder Name

Wheels Limo Service

Chassis Number

: JTEGD21H008241413

NCD Entitlement

30% No Claim Discount

Engine Number

: 2AZH915946

Hire Purchase

LAKE VIEW CREDIT PTE LTD

Registration Number

SKH6572D

Period of Insurance

From 02/07/2018 (00:00) To 01/07/2019 (23:59) (Both Dates Inclusive)

# Persons or Classes of Persons entitled to Drive

- The Policyholder
- 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

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business b)
- Use for any purpose in connection with Motor Trade

\* 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

SGD 1,500.00

Workshop

Authorised Workshop

Excess (Section 2)

SGD 1,500.00

Off Peak Car

Windscreen Excess

SGD 100.00

NCD Protection

No No

ADDITIONAL EXCESS

Please refer overleaf

#### Driver Details

Main Driver

Chua Tien Ghee

Named Driver 1

N/A

Named Driver 2

N/A

Named Driver 3

N/A

Name of Intermediary

Tena Risk Solutions Pte Ltd

Date of Issue

06/07/2018

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