

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 26/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/6A219003632/13	SAS e-filing		
Veh No: SKB25215	E-mail (within 8hrs, AIC 2hrs)		
DOA: 25/02/19	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: (**HUP 500N**) Tel: Fax:)

TP Particulars: Veh No: **FBF62215** 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

NA1901513

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 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:-
- 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	26/02/2019 16:28
Date Of Accident	25/02/2019 20:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2521J
Insured/Policyholder	
Name Of Registered Owner	HONG LAY TIN DINA
NRIC No	S1734895G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93833869
Alternative Phone No	OTHERS-93833869

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003788-00-000
Cover Note Number	

Driver

Name of Driver	HONG LAY TIN DINA
NRIC No	S1734895G
Date Of Birth	18/04/1966
Occupation	INDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93833869
Fax Number	
Contact Number	OTHERS-93833869
Email Address	NOEMAIL

Address	BLK 606 SENJA ROAD #30-45
Postcode	670606
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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

PLS REFER TO THE ATTACHED 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	FBF6221J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

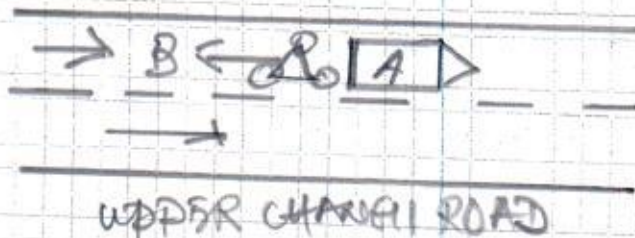
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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-2KB2521J
B-FBF6221J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY UNIT WAS SLOW MOVING FORWARD OUT OF SUDAM
1 TRUCK AN IMPACT FROM MY UNIT REAR PORTION.

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:

 26/02/19

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



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8KB 25217

MAKE/MODEL: 71 WISH.

DATE OF ACCIDENT

25/07/2018
DAY/MONTH/YEAR

TIME

20 HR

00 MIN

AM/ PM

LOCATION OF ACCIDENT

GOING HOME

EXACT PURPOSE USE DURING ACCIDENT

UPPER CHANGI ROAD

CAR OWNER

NAME OF CAR OWNER

HONG LAY TIN DINA

CONTACT NO

93833869

NRIC

S1734895G

CLAIM TYPE

☐ OD

☒

THIRD PARTY

☐

REPORTING ONLY

INSURANCE COMPANY

GREAT AMERICAN

TYPE OF COVERAGE

☒

COMPREHENSIVE

☐

THIRD PARTY

☐

THIRD PARTY FIRE & THEFT

POLICY NO

WOMUP000003788-00-000

ACCIDENT DRIVER

☐

AS ABOVE

☐

IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

As Above.

NRIC

S1734895G

NO OF PASSENGER/S

0

DATE OF BIRTH

18-04-1966

OCCUPATION

☐

OUTDOOR

☒

INDOOR

DATE OF DRIVING PASS

11 MAY 1992

GENDER

☐

MALE

☒

FEMALE

CONTACT NO

93833869

ADDRESS

BLK 606 SANTA ROAD #30-45(S) 670606

DRIVER OWN ANY VEHIC

NO/ IF YES- REGISTRATION NO

RELATIONSHIP

EMPLOYEE/

IF NOT:

OWNER

WEATHER CONDITION

☒

CLEAR

☐

RAINING

OTHER:

ROAD SURFACE

☒

DRY

☐

WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

FBF62217

NO OF PASSENGER/S

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1734895G



Name
HONG LAY TIN DINA

Race
CHINESE

Date of Birth
18-04-1966

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1734895G**

Name
HONG LAY TIN DINA

Birth Date **18 Apr 1966**

Issue Date **28 Dec 2005**




2781678



NRIC No. **S1734895G**



Blood Group **D+** Date of issue **19-01-1996**

**APT BLK 606 SENJA ROAD #30-45
 SINGAPORE 670606**

NRIC No: **S1734895G** Date: **15/02/2013** No: **7322411**

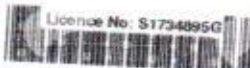
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
11 May 1992

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

NP 428A

Licence No: **S1734895G**



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	: MOMVP000003788-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Hong Lay Tin Dina	Chassis Number	: ZNE100305676
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1ZZ2566673
Hire Purchase	: N/A	Registration Number	: SKB2521J
Period of Insurance	: From 25/05/2018 (00:00) To 24/05/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
 - b) 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:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) 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

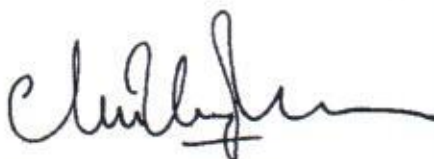
Excess (Section 1)	: SGD 600.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Hong Lay Tin Dina
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: LCH Lockton Pte. Ltd.
Date of Issue	: 23/05/2018

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
gaw