

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA117037403.

Date In: 21/1/19 - 14:09	Job description	Date & Time Completed	Done by
Ref No: NA/GA219005142/24	SAS e-filing		
Veh No: FBL7887A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/1/19 - 14:32	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: (Tel: (Fax: (
TP Particulars:	Veh No: 4P 9984K	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:	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

NA1902097	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref 1:

Ref 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	21/03/2019 14:09
Date Of Accident	09/03/2019 14:30
Exact Location Of Accident	BLK 133 BEDOK RESERVOIR RD GANTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL7887A
Insured/Policyholder	
Name Of Registered Owner	CHONG JUN WEN
NRIC No	S8326585Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97463442
Alternative Phone No	OFFICE-97463442
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R3 ABS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00480
Driver	
Name of Driver	CHONG JUN WEN
NRIC No	S8326585Z
Date Of Birth	30/08/1983
Occupation	INDOOR
Date Of Driving Pass	06/08/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97463442
Fax Number	
Contact Number	OFFICE-97463442
Email Address	NOEMAIL

Address	BLK 135 BEDOK RESERVOIR ROAD #11-1249
Postcode	470135
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?	
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

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	YP9984X
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	S1667803A
Address	81001405
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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.
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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:

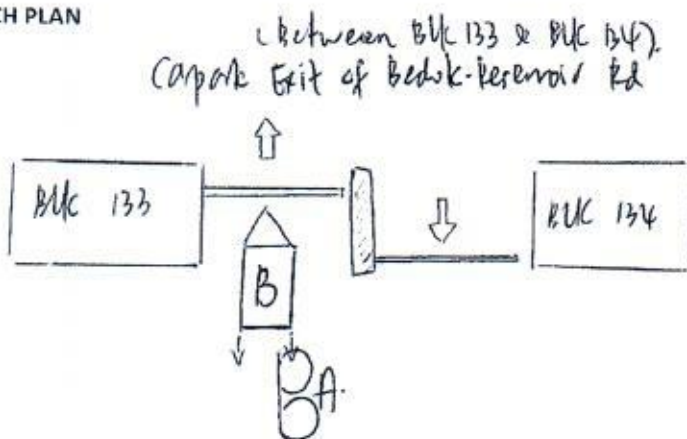
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 7BL7887A
(B) YP9984X.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was in the queue behind vehicle B waiting for my turn exit to the carpark. I noticed that vehicle B starting to reverse, so I press my horn, but the driver of vehicle B still continue to reverse and hit onto my motorcycle, causing me to fall to the right side.


The driver of vehicle B had give me his IC to take photo. On the spot, we also make a audio recording where I describe that my bike damage was on the right side only, and he said he bang onto my bike. He had admitted his fault.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature
Date & Time:

2 
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Date of Accident : 09/3/19 Accident Time: 14:30 hrs (24-HR-Format)
Accident Place : Compare ^{Exit} of Bedok Reservoir Road (Between B1E133 & B1E134)
Vehicle Reg. No. (Car Plate No.) : FBL 7887 A
Vehicle Make/Model : YAMAHA 123
Insurance Company : TWD Policy No. PNM2019-00001126
Owner or Company Name /IC No. : CHAN JUN WEN / 583265852
Owner or Company Contact No. : 9746 3442 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : AS Owner
DRIVER'S Date Of Birth : 30/8/1983 DRIVER'S License Pass Date : 6 Aug 2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner
DRIVER'S Address : 111 Bedok Reservoir Rd #11-124 (S) 470135
DRIVER'S Contact No. / Alt No. : 1) 9746 3442 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : -
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 driver only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>(B) YP9984 X</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>MIT. CMNTR</u>	Vehicle Make/Model: _____
Name Driver: <u>ABDUL MUHAMMAD S/O HASBI MOHYUDDIN</u>	Name Driver: _____
IC No. Driver: <u>51667803A</u>	IC No. Driver: _____
Driver's Contact & Add: <u>8100 1465</u>	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8326565Z



Name

CHONG JUN WEN

張俊文

Race

CHINESE

Date of birth

30-08-1983

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE - DRIVING LICENCE

License No. S8326565Z

Name

CHONG JUN WEN



Birth Date 30 Aug 1983

Issue Date 07 Sep 2004



001282580F

5336611



NRIC No. S8326585Z



Date of Issue

05-08-2014

Address

APT BLK 135 BEDOK RESERVOIR ROAD
#11-1249
SINGAPORE 470135

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

Class 2B	Motorcycles <= 200 CC
Class 2A	Motorcycles between 201 CC and 400 CC
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

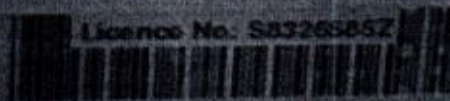
PASS DATE

06 Aug 2007
24 Feb 2009
07 Sep 2004

S / No. 9000091856

S8326585Z

Licence No. S8326585Z



NP 428A

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 8000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018TR00480

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	: CHONG JUN WEI
Insured NRIC/Passport No/ Roc	: S8326585Z
Named Rider	: N.A.
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: YAMAHA / YZF-R3 ABS
Vehicle Registration No.	: FBL7887A
Year Of Manufacture	: 2016
Engine No.	: H402E0045084
Chassis No.	: MH3RH071000006304
Engine Capacity	: 321
Hire Purchase	: N.A.
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 16/03/2018 TO: 15/03/2019
Excess (S\$)	: Section I \$300.00
Optional Benefits	: N.A.
Authorised Workshop	: DE XING MOTOR PTE LTD

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 : 12/03/2018 15:50 hrs

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