

NATIONAL Assessment Centre Services			
Date In: 19/07/2019 11:09	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XBA/GA/19012759/Y	E-mail (within 4hrs, A/C 2hrs):		
Veh No: GN 2188A	I-Motor Claim Form		
D.O.A: 18/07/2019 12:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp /MNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FX4957B	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

N/A 1905503		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: 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)			
Cat. I:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idm DA + SMRT Survey \$160			
1/1/19		8) NTUC Additional Services:			
		9) N3: Courtesy Car / Tpl Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
		* N11: TP (Non INC) against INC \$20			
		9) N12: Idm Mobile \$0			
		Invoice dated		Pen Charged	
		Fee Charged		Fee Charged	

07-MAY-2019 18:39

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	19/07/2019 11:09
Date Of Accident	18/07/2019 12:50
Exact Location Of Accident	NEWTON CIRCUS TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW2188A
Insured/Policyholder	
Name Of Registered Owner	D&S AIR CON ENGINEERING
Co Reg No	53009785X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97523486
Alternative Phone No	OFFICE-96327033

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000007968-00-000
Cover Note Number	

Driver

Name of Driver	NG CHIN SEONG
Passport No/FIN	G2546996N
Date Of Birth	24/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97523486
Fax Number	
Contact Number	OTHERS-96327033
Email Address	NOEMAIL

Address	BLK 104 WOODLANDS STREET 13 #09-208
Postcode	730104
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	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

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	FX4757B
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

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.

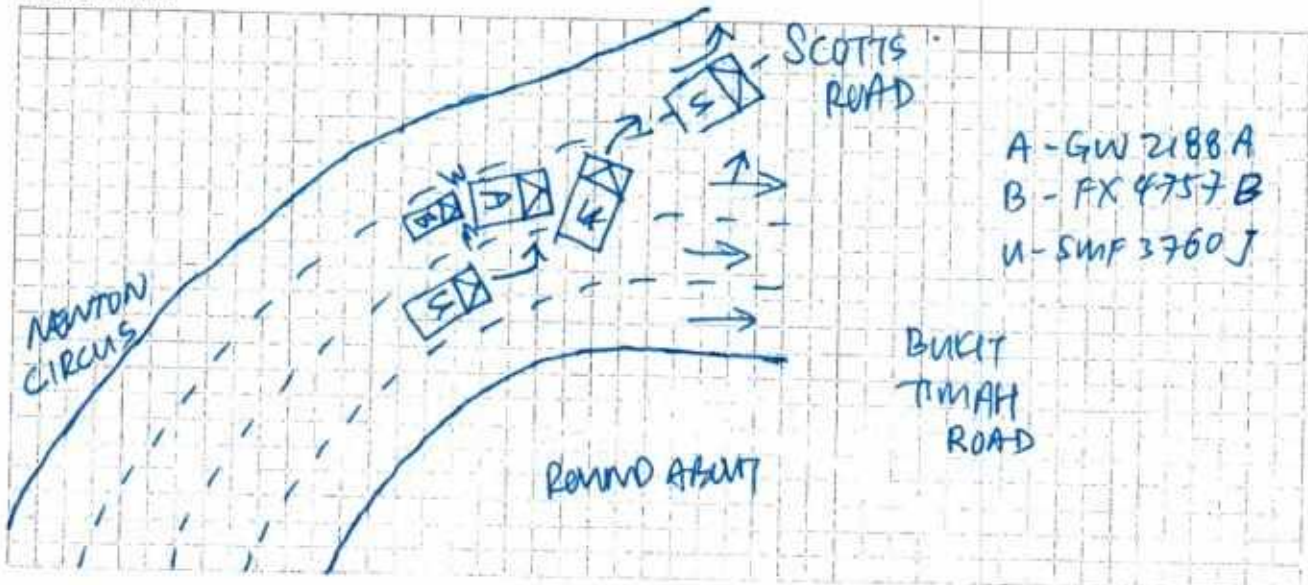


Policyholder's Signature
Date & Time:

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

19/02/2019
Name: *Rodolfo*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING FROM NEWTON CIRCUS TOWARD BUKIT TIMAH ROAD ON THE 3RD LANE OF A 4 LANE ROAD. SOMEWHERE NEAR SIDE ROAD OF THE SCOTT'S ROAD, VEHICLE (U) SMF 3760 J DROVE FROM THE 2ND LANE AND SUDDEN MAKE A SORT LEFT TURN INTO SCOTT'S ROAD. THUS, I APPLIED BRAKE AND STOPPED. AFTER A FEW SECOND, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED ONTO REAR PORTION OF MY VEHICLE.

A - GW 2188 A

B - FX 4757 B

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18 JUL 2019	TIME: 12:50 HRS	(hh:mm) 24 hrs Format
LOCATION: NEWTON CIRCUS TOWARD BUKIT TIMAH ROAD SIDE ROAD OF SCOTTS ROAD		
VEHICLE NUMBER: GUN 2188 A		
INSURED NAME: D&S AIR CON ENGINEERING		
NRIC / FIN: 53009785X	CONTACT: 9752 3486 (HARRY)	
MAKE: TOYOTA	MODEL: HIACE	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: GREAT AMERICAN		
TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT		
POLICY NUMBER: MOMVC000007968-00-000		
NAME DRIVER: NG CHIN SEONG () SAME AS INSURED		
NRIC / FIN: G2546996N CONTACT: 9632 7033		
DATE OF BIRTH: 24 DEC 1988		
DRIVING PASS DATE: 12 SEP 2017		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: (<input checked="" type="checkbox"/>) NO EMAIL		
ADDRESS OF DRIVER: 104 WOODLANDS ST 13 #09-208 S (730104)		
Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER		
YAP TECK CHUAN (M)		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO CONSTRUCTION		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver) Contact
Veh B: FX 4757 B		() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

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

Employer
D & S AIR CON ENGINEERING

For LKK/NAC Use Only



Name
NG CHIN SEONG

Work Permit No.
4 04988255

Sector
CONSTRUCTION







K1348945

VISIT PASS
Immigration Regulations

15-04-2018

NAME
NG CHIN SEONG

For LKK/NAC Use Only

Download SGWorkPass App to check status

FIN
G2546996N

Date of Birth
24-12-1988

Sex
M

Nationality
MALAYSIAN





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



REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **G2546996N**
 Name: **NG CHIN SEONG**
For LKK/NAC Use Only
 Birth Date: **24 Dec 1988**
 Issue Date: **15 Aug 2017**
 Valid Till: **21/12/2020**

002714170J

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

Class 2B	Motorcycles <= 250 CC	21 Dec 2015	5 5
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor vehicles <= 1500 kg	12 Sep 2017	

For LKK/NAC Use Only

G2546996N S / No. 9000310122

NP 42BA

Licence No: G2546996N

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	: MOMVC000007968-00-000	Cover	: Commercial Vehicle (Third Party Only)
Policyholder Name	: D&S Air Con Engineering	Chassis Number	: LH1621008728
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 5L5318014
Hire Purchase	: N/A	Registration Number	: GW2188A
Period of Insurance	: From 17/05/2019 (00:00) To 16/05/2020 (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) : N/A

Excess (Section 2) : N/A

Windscreen Excess : N/A

Driver Details

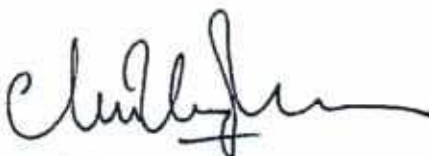
Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : NLE Insurance Agencies Pte Ltd

Date of Issue : 13/05/2019

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
eboan

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	785X
Vehicle Details	
Vehicle No.:	GW2188A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	Green
Manufacturing Year:	2003
Engine No.:	5L5318014
Chassis No.:	LH1621008728
Maximum Power Output:	-
Open Market Value:	\$21,936.00
Original Registration Date:	22 Apr 2003
First Registration Date:	22 Apr 2003
Transfer Count:	3
Actual ARF Paid:	\$1,097.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$18,773.00
COE Rebate Amount:	\$14,355.00
Total Rebate Amount:	\$14,355.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 19 Jul 2019

OK