

NATIONAL Assessment Centre Services [ver 1 Jan'05] MMA 119128788 - 01

Date In: 30/1/19 09:47	Job description	Date & Time Completed	Done by
Ref No: AWA NAI 19017122164	SAS e-filing		
Veh No: GBC 3886K	E-mail (within 2hrs, AIC 2hrs)		
DEFA: 28/1/19 23:30	I-Motor Claim Form		
OD <input checked="" type="radio"/> 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 / GW: (Tel:	Fax:
TP Particulars:	Veh No: GBC 38547	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 repaler.

() 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	Action

NAI 1907335	Invoice Preparation Checklist	Am (\$)	T. Am (\$)
Claimant's Particulars:	1) AK: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming status INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QR:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	30/09/2019 09:47
Date Of Accident	28/09/2019 11:30
Exact Location Of Accident	CTE TUNNEL (SLE) TWDS AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3886K
Insured/Policyholder	
Name Of Registered Owner	GREAT-M ENGINEERING & TRADING SERVICES
Co Reg No	50876900X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96661118

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0089531801
Cover Note Number	

Driver

Name of Driver	SHWE THEIN TUN
NRIC No	G8103532L
Date Of Birth	30/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87405504
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7030 ANG MO KIO AVENUE 5 #06-46 NORTHSTAR @ AMK SINGAPORE
Postcode	569880
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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	GBC3854T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJARAM SRIRAM
NRIC/Passport Number	
Contact Number	96817800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**


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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.
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.

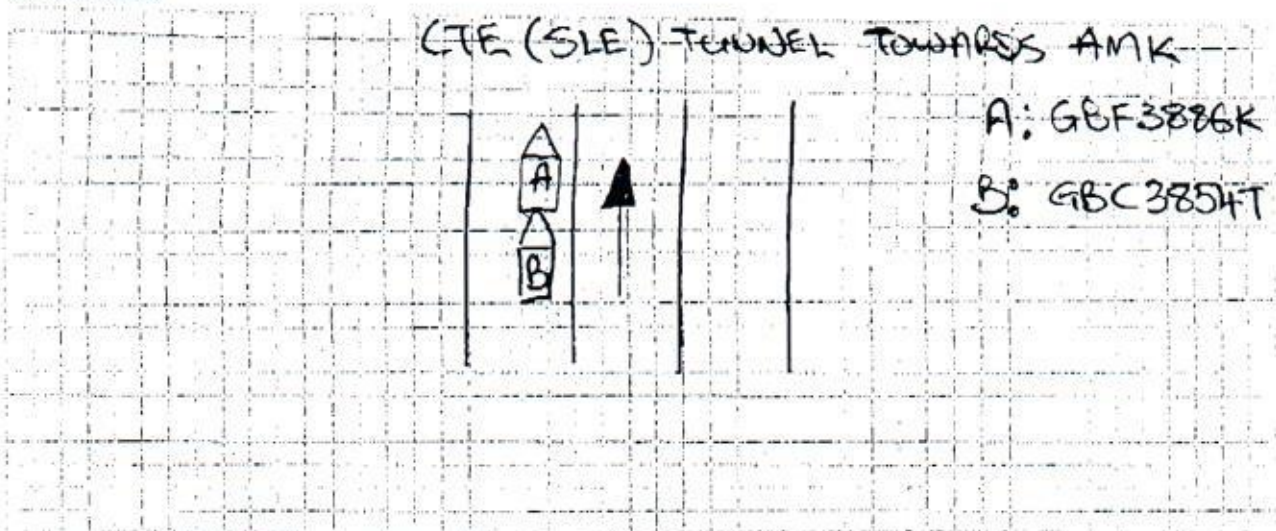
GREAT M**ENGINEERING &****TRADING SERVICES**

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY DUE TO PUNCTURED TYRE,
SUDDENLY VEHICLE B HIT INTO THE REAR PORTION OF
MY VEHICLE.

DECLARATION

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

GREAT-M

ENGINEERING &
Date & Time:
TRADING SERVICES

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119128788 Vehicle Registration No: GBF 3886K
Name (as shown on NRIC): SHWE THIN WIN NRIC/FIN/Passport No: G8103532L
☒ ~~Vehicle Driver / Vehicle Owner~~ (*) Please delete as appropriate
Address: 7030 AMK AVE 5 #06-46 NORTH STAR @ AMK Singapore 569880
Contact (Tel): - Mobile No.: 9666 1118
Email Address: -
Date of Accident: 28.8.18 Time of Accident: 11:30 AM
Place of Accident: CTE TUNNEL (S&F) TWDS AMK
Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

KINDLY AMEND ACCIDENT TIMING TO : 11:30 AM

Thanks.

* Amend Insurance company to Allied world
instead of china Taiping

**GREAT-M
ENGINEERING &
TRADING SERVICES**

Policyholder / Driver's Signature
Date:

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



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 530434488

VEHICLE NO: GBF3896K MAKE/MODEL: TOYOTA HIACE

DATE OF ACCIDENT 28/09/2019 TIME 11 HR 30 MIN AM (PM)

LOCATION OF ACCIDENT CTE TUNNEL (SLE) TOWARDS ANG MO KIO

EXACT PURPOSE USE DURING ACCIDENT WORK

CAR OWNER

NAME OF CAR OWNER GREAT-M ENGINEERING & TRADING SERVICES

CONTACT NO 96661118

NRIC 50876900X

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY ALHED WORLD ASSURANCE COMPANY LTD

TYPE OF COVERAGE ☐ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

NAME OF DRIVER SHWE THEIN TUN

NRIC G8103532L

NO OF PASSENGER/S 1 (WAGE)

DATE OF BIRTH 30/07/1980

OCCUPATION DRIVER

☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 22/05/2019

GENDER

☒ MALE ☐ FEMALE

CONTACT NO

ADDRESS

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: WORKER

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

GBF385HT

NO OF PASSENGER/S 0

NAME

RAJARAM SRIRAM

CONTACT NO

9681 7800

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

COMMERCIAL VEHICLE (SCH 1)

MC308/C

CERTIFICATE OF INSURANCE

P 38
A458203

Cov.Type : C

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE

THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BOARD OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE AUTOMOBILIST MOTOR INSURERS' BOARD OF MALAYSIA DATED 13 JANUARY 1984

ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENT

CERTIFICATE NO. AVCP5B0089531801

Cha No: KDH2015023657

1. Index Mark and Registration Number of Vehicle GBF 3886 K
2. Name of Policyholder GREAT-M ENGINEERING & TRADING SERVICES
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 30 September 2018
4. Date of Expiry of Insurance 29 September 2019
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

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 Vehicle or has been so 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

- A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER:
1. USE FOR HIRE OR REWARD OR FOR RACING, RACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PART

Hire Purchase Owner : TATCO CREDIT PTE LTD

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 75 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Examined By