

NATIONAL Assessment Centre Services.

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1 MAY 200 / 4856

Date In: 12/08/2020 15:27/4	Job description	Date & Time Completed	Done by
Ref No: N/A 681/20002451/4	SAS e-Milling		
Veh No: EL 565	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 26/12/2019 10:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMT 5891/4	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Repair Instructions:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Activity

1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NS: Courtesy Car / Tpt Allowance	\$3
* NS: Repair Coordination	\$10
* NT: Post Repair Inspection	\$25
* NS: DV / Collect Excess Coordination	\$3
TE (Nil): TP (Non INC) against INC	\$30
9) NI: Idas 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	12/02/2020 15:27
Date Of Accident	26/12/2019 10:30
Exact Location Of Accident	BLK 682 HOUGANG AVENUE 4 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL56S
Insured/Policyholder	
Name Of Registered Owner	TAN SOON HIN
Co Reg No	SXXXX829I
Email Address	ACCTS1@LIFECOMPACT.COM.SG
Mobile Phone No	(LOCAL) +65-97585656
Alternative Phone No	OFFICE-98732309

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000001952-02-000
Cover Note Number	

Driver

Name of Driver	TAN WAN QIN
NRIC No	SXXXX782Z
Date Of Birth	23/12/1994
Occupation	INDOOR
Date Of Driving Pass	11/10/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97585656
Fax Number	
Contact Number	OTHERS-98732309
Email Address	ACCTS1@LIFECOMPACT.COM.SG

Address	BLK 502 JELAPANG ROAD #04-398
Postcode	670502
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SMJ5091Y
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:

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

Blk 632 Hongkong Ave 4
Open Carport

Diagram showing a sequence of 10 circles in a row. Above the 4th circle, a dashed box contains the number 3, with an arrow pointing to a box containing the number 4. Above the 5th circle, a box contains the number 5.

Veh A: EL568
Veh B: 5MJ5091Y

Date & Time : 26/12/20, 10.30AM.
Location: Blk 682 Hougang Ave 3 & Open Carpark

on 26th of december, while driving at the service road at Blk 682 Hougang. I was stationary as the traffic in the car park was heavy. The car in front of me suddenly reversed very quickly. when he was getting too close, I horned to notify him. However, he reversed too quickly and hit onto my bumper. when we got down from the car, ~~we~~ I insisted on calling the police. However, he suggested not to report this accident. As my vehicle was not damaged, we agreed to this arrangement.

However, I received a letter from my insurance company that a third party is filing a claim against my insurance, hence i'm filing this report for record purposes.

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

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

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

Accord Auto Services Pte Ltd

Tel: 6481 9517 / 9740 0999 Fax: 6481 9515 Email: claims@mycarworkshop.com.sg

Particular Of Insured/Driver & Details Of The Accident

*Date of Accident: 26/12/2019 *Time of Accident: 10:30am
*Accident Location: 682 Hougang Ave 4, carpark
open

Vehicle Details

*Vehicle Number: EL56S *Make & Model: Mazda 3

Insured / Policyholder

*Owner Name: Tan Soon Hin *NRIC: S1336829J
*Address: 55 Serangoon North Ave 4 #05-08, S9 555859
*Email: accts1@lifecompact.com.sg *HP: 9758586
*Occupation: entrepreneur (Indoor / Outdoor) *Tel / H / Other: -

Driver () same as above

*Driver Name: Tan Wan Qin *NRIC: S9448762Z
*Address: 81K 502 Jelapang Road #04-398 S610502
*Date of Birth: 23/12/1994 *Driving Pass Date: 11 Oct 2017 *HP: 97832309
*Email: jerica179@gmail.com *Gender: Male / Female
*Occupation: marketing exec (Indoor / Outdoor) *Tel / H / Other: -
*Driver an employee: Yes / No *If no, what is relationship with the policyholder: relative

Passengers Details

*P/Name: Tan Jun Hao Terence (Male / Female) *P/Name: _____ (Male / Female)
*P/Name: _____ (Male / Female) *P/Name: _____ (Male / Female)

Insurance Company

*Insurer: Great American Insurance Company *Coverage: C / TPFT / TPO *Policy No: Comprehensive

Detail of other vehicle / Property 1

Vehicle No.: SMJ 5091Y
Make & Model: Honda
Vehicle Category: _____
Name of Driver: _____
NRIC: _____
HP: _____
No. of Passengers (Including Driver): 0

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC: _____
HP: _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Front & side
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (Include driver): 1 + 1 driver
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

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	: MOMVP000001952-02-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Tan Soon Hin	Chassis Number	: JSAEZC21S00554893
NCD Entitlement	: 50% No Claim Discount	Engine Number	: M15A1381313
Hire Purchase	: POWER FINANCE PTE. LTD.	Registration Number	: EL56S
Period of Insurance	: From 28/02/2019 (00:00) To 27/02/2020 (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 400.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

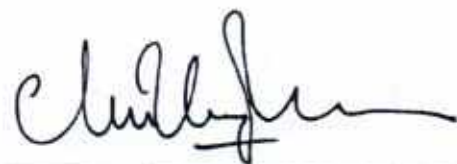
Driver Details

Main Driver	: Tan Soon Hin
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: AVA Insurance Brokers Pte Ltd
Date of Issue	: 20/02/2019

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
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