

NATIONAL Assessment Centre Services

Date In: 09/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/FM20007147/13	SAS e-filing		
Veh No: 5JB21075	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/07/20 1650	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 850N)	Tel:	Fax:
TP Particulars:	Veh No: SKJ9363/K	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

NA2003603	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
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		
Auditors' Comments:	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 / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	09/07/2020 10:16
Date Of Accident	08/07/2020 16:50
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB2107J
Insured/Policyholder	
Name Of Registered Owner	MR GAN WEI PEIN DANIEL
NRIC No	SXXXX837B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96305458
Alternative Phone No	OTHERS-96305458
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MV012790-R03
Cover Note Number	
Driver	
Name of Driver	MR GAN WEI PEIN DANIEL
NRIC No	SXXXX837B
Date Of Birth	17/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96305458
Fax Number	
Contact Number	OTHERS-96305458
Email Address	NOEMAIL

Address	1 CARDIFF GROVE
Postcode	558868
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ9363K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANANDAKRISHNAN S/O RETNAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE9840H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MR GAN WEI PEIN DANIEL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJB2107J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

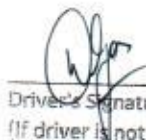
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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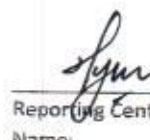
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

 09/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

UPPER SERANGOON ROAD



A. STB210TJ
B. SKJ9363K
C. GIBE9240H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I SAW A VEH IN FRONT ME BRACING SUDDENLY AND I ALSO WAKE AN EMERGENCY BRAKE TO PREVENT COLLIDE TO VEH IN FRONT OF ME. WHILE MY VEH ALMOST FULLY STOPPED I FELT AN IMPACT FROM MY VEH RIGHT HAND REAR PORTION. THE STRONG IMPACT PUSHED MY VEH MOVED FORWARD AND COLLIDED INTO THE VEH IN FRONT OF ME. ANYHOW I'M NOT SURE MY VEH TOUCHED THE VEH IN FRONT OF ME BEFORE THE IMPACT OR NOT.

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:

 09/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

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

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO:	SJB21073		MAKE/MODEL:	HONDA STREAM		
DATE OF ACCIDENT	08/07/2020 <small>DAY/MONTH/YEAR</small>	TIME	16	HR	50 MIN	AM/PM
LOCATION OF ACCIDENT	UPPER SERANGOON ROAD					
EXACT PURPOSE USE DURING ACCIDENT	GOING HOME					
CAR OWNER						
NAME OF CAR OWNER	GAN WEI PEI DANIEL					
CONTACT NO	9630 5458					
NRIC	S1795837B					
CLAIM TYPE	<input type="checkbox"/> OD	<input checked="" type="checkbox"/> THIRD PARTY	<input type="checkbox"/> REPORTING ONLY			
INSURANCE COMPANY	TOKIO MARINE					
TYPE OF COVERAGE	<input type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT			
POLICY NO	20-MV012790-R03					
ACCIDENT DRIVER	<input checked="" type="checkbox"/> AS ABOVE	<input type="checkbox"/> IF NOT- KINDLY FILL IN BELOW				
NAME OF DRIVER						
NRIC						
DATE OF BIRTH	17.07.1967					
OCCUPATION	SALES ENGR					
DATE OF DRIVING PASS	19/11/1985					
GENDER	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE				
CONTACT NO	As Above					
ADDRESS	1 CARDIFF GROVE S(558866)					
DRIVER OWN ANY VEHICLE	NO/ IF YES- REGISTRATION NO					
RELATIONSHIP EMPLOYEE/SPOUSE	IF NOT: OWNER					
WEATHER CONDITION	<input type="checkbox"/> CLEAR	<input checked="" type="checkbox"/> RAINING	OTHER: _____			
ROAD SURFACE	<input type="checkbox"/> DRY	<input checked="" type="checkbox"/> WET	OTHER: _____			
ANY INJURIES	NO/ IF YES NAME: _____					
CONTACT NO	_____					
POLICE REPORT	NO/ IF YES- LOCATION: _____					
VIDEO FOOTAGE	NO/ YES TAKEN BY TP					
3RD PARTY INFO						
VEHICLE B NO	SKJ9363K		NO OF PASSENGER/S	<input type="checkbox"/> (unknown)		
NAME	ANANDAKRISHNAN S/O RETNAM					
CONTACT NO	_____					
VEHICLE C NO	GDE9840H		NO OF PASSENGER/S	<input type="checkbox"/> (unknown)		
VEHICLE D NO	_____		NO OF PASSENGER/S	<input type="checkbox"/>		
VEHICLE E NO	_____		NO OF PASSENGER/S	<input type="checkbox"/>		
VEHICLE F NO	_____		NO OF PASSENGER/S	<input type="checkbox"/>		
ANY WITNESS	_____					
WITNESS CONTACT 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 No.: 20-MV012790-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJB2107J Chassis No.: RN61053001
2. Name of Policyholder MR GAN WEI PEIN DANIEL
3. Effective date of the Commencement of Insurance for the purposes of the Act 03/01/2020
4. Date of Expiry of Insurance 02/01/2021
5. Persons or Class of Persons entitled to drive*
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his 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*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the 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.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2382DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100

Insurance for Motor, Travel & Company

LTC Resources



Please contact

Jeffrey 9061 5988 / 9738 9938 KC

Blk 5002 Ang Mo Kio Ave 5

#02-04 Techplace II Singapore 569871

Email: jeffk03@gmail.com / ngkokchoo12@gmail.com

Tokio Marine Insurance Singapore Ltd.

Authorised Signature