

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA 120098029

Date In: 6/11/20 11:47	Job description	Date & Time Completed	Done by
Ref No: NA/ GAZ 20012172164	SAS e-filing		
Veh No: SJU 5287C	E-mail (within 3hrs, AIC 2hrs)		
DDA: 5/11/20 10:30	1-Motor Claim Form		
(11) TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profitted Wksp / INC Assign Wksp / QW: (Tel: /	Fax: /
TP Particulars:	Veh No: SKA 55112.	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 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of rep/ier.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: /

Date/Time	Actions

NA 2005898		Invoice Information	
Claimant's Particulars:	1) AR: Accident Reporting (\$30):	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$10)		
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		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD*		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NR: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	NI12: 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	06/11/2020 11:47
Date Of Accident	05/11/2020 10:30
Exact Location Of Accident	CTE EXIT UPPER SERANGOON/PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU5287C
Insured/Policyholder	
Name Of Registered Owner	PRIME BUILDERS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62562912

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000004012-00-000
Cover Note Number	

Driver

Name of Driver	TANG HOK MING
NRIC No	SXXXX703Z
Date Of Birth	03/05/1957
Occupation	INDOOR
Date Of Driving Pass	27/04/1983
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90216846
Fax Number	
Contact Number	
Email Address	TANG@PRIME21SG.COM

Address	BLK 981C BUANGKOK CRES #12-11
Postcode	533981
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)	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	SKA5511Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SLOW SWAH KIM
NRIC/Passport Number	
Contact Number	92322203
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

PRIME BUILDERS PTE LTD

Blk 1 Thomson Road #03-336D

Singapore 300001

Tel : (65) 6256 2912

Fax : (65) 6256 9776

Policyholder's Signature

Date & Time:

Driver's Signature

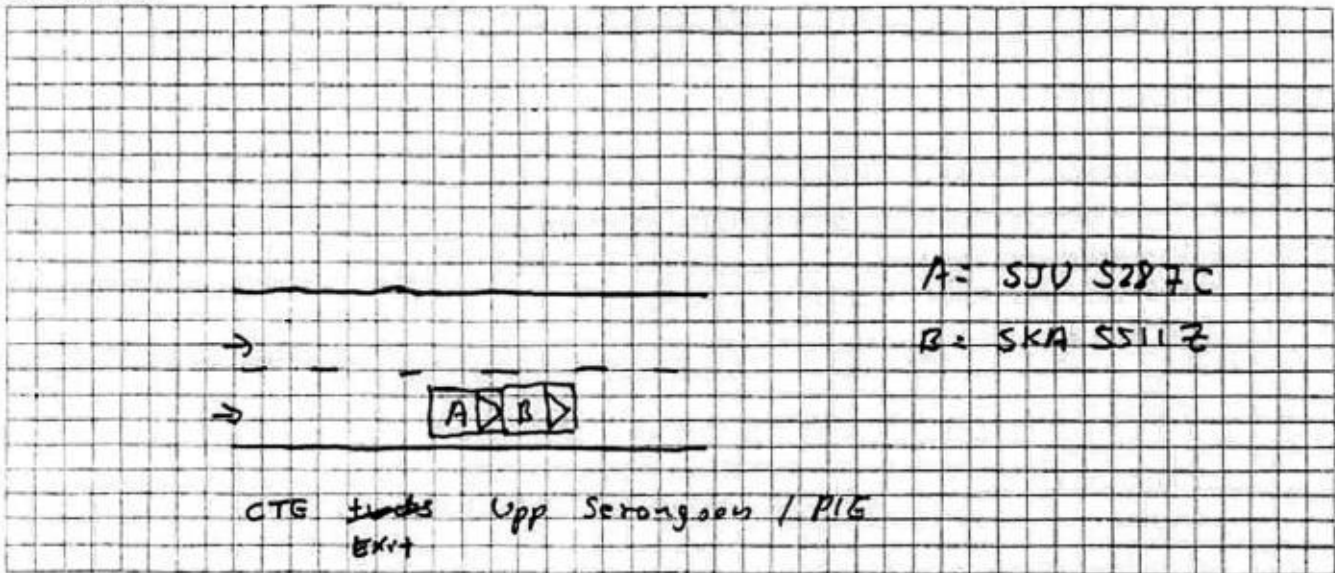
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

Stamp/Print Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTG Exit Upper Serangoon / PIE on the right lane. the traffic was congested.

I accidentally hit onto Veh B rear portion.

PRIME BUILDERS PTE LTD

Blk/Windson Road #03-336D

Singapore 300001

Tel : (65) 6256 2912

Fax : (65) 6256 9776

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

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) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVP000004012-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Prime Builders Pte Ltd	Chassis Number	: MR053ZEE106158671
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 3ZZ4943154
Hire Purchase	: Hong Leong Finance Limited	Registration Number	: SJU5287C
Period of Insurance	: From 27/12/2019 (00:00) To 26/12/2020 (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 700.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Additional Excess	: Please refer overleaf		

Driver Details

Main Driver	: Tang Hok Ming
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Mark Advisory Pte Ltd
Date of Issue	: 26/12/2019

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
pong

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 10 / 20) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: CTR Trip Upper Crossin / PTH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5287 C
 b) INSURANCE COMPANY: YONG AMERICAN
 c) POLICY NUMBER: MON 4P00000492-00-000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALTN. AUTO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: business
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: PRIME BUSINESS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9124312312 CONTACT: 62562912
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TANG KOLE MZAC (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5024370312 CONTACT: 90216246
 c) ADDRESS: BLK 981 C Buangkek crescent #12-11
CSJ 533981

*d) DATE OF BIRTH: (3 / 5 / 57) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 55112 MODEL: MAZDA
 b) DRIVER'S NAME: STON SUSA KIM
 c) NRIC/FIN/PASSPORT: 403050644 CONTACT: 92322203

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (NO)

* No of passenger
 (including driver)
 (2)

* No of passenger
 (including driver)
 ()

tang @ Prime 21 sg. com.

Email = Account @ Prime 21 sg. com.

fax =

VIDEO = NO