

NATIONAL Assessment Centre Services.

[twel : Jan'03]

MNLA 120102520

Date In: 19/11/20 09:17	Job description	Date & Time Completed	Done by
Ref No MA/GA/20012732/h4	SAS c-filing		
Veh No GV 40987	E-mail (within 3hrs, AIC 2hrs)		
DDA 18/11/20 12:55	I-Motor Claim Form		
OP: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Printed Wksp / INC Assign Wksp / QW: () Tel: Fax:

11) Particulars: Vch No: SLM 3083E 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 ()

ENCLOSURE

() 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: ()

[illegible]

Apply for Transport Allowance () / Courtesy Car ()		
Office of the President		

QC Check / Post Repair Inspection	()			
Undercarriage	Photo 57	11/1/2008	11/1/2008	11/1/2008

Opload Recovery Pilot (Receipt Cost > \$30000)	()			
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Injury: _____

[illegible]

<p> <input type="checkbox"/> </p>	<p> <input type="checkbox"/> </p>
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[illegible][illegible]

Page 1 of 1

MA2006240	1) All: Accident Reporting (330)	20:00
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2) DA: Darnings Association (\$100);	INC (\$30)
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4) PT: Follow-Through Survey	\$120	
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Fact No:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	Expenditure against INC Only (w/c 10 Jan 2003)		

6) TR: Re-inspection	\$75	
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7) NI : Idau DA + SMRT Survey	\$100		
8) NTUC Additional Services:-			

Checked by (Name-In Charge):	OD		
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• N5: Courtesy Car / Tpl Allowance	55		
• N6: Repair Co-ordination	510		

* NJ: Post Repair Inspection	525
* NJ: Post Repair Inspection	525

TP (N11) : TP (Nan INC) against INC	\$20	
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9) N12: Idna Mobile	30	
<i>Amounts dated</i>	<i>Fee Charged</i>	

Invoice date	Fee charged	MAINTENANCE
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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	19/11/2020 09:17
Date Of Accident	18/11/2020 12:55
Exact Location Of Accident	CTE TWDS CITY AT BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV4098T
Insured/Policyholder	
Name Of Registered Owner	CHEONG ON HONG PTE LTD
Co Reg No	2XXXXX164D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65325805

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000008436-00-000
Cover Note Number	

Driver

Name of Driver	LIM YEOW LOONG
NRIC No	SXXXX129G
Date Of Birth	19/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93361961
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 16 TECK WHYE LANE #04-103
Postcode	680016
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	CHAIN COLLISION
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	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

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	SLM3083E
Vehicle Make/Model/Colour	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK5558A
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Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name

LIM YEOW LOONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GV4098T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

祥安行有限公司

CHEONG ON HONG PTE LTD

1779 GEYLANG BAHRU

#01-04, KALLANG DISTRI PARK

SINGAPORE 339706

*neongonhong@gmail.com

TEL: +65 6532 5805 FAX: +65 6535 1691

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

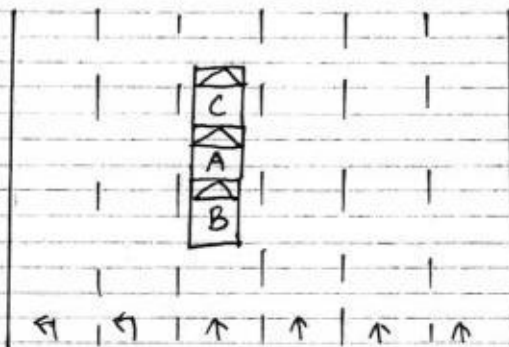
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

CTE TOWARDS CITY AT BRADDELL EXIT



Vehicle A: GIV4098T
Vehicle B: SLM3083E
Vehicle C: SLK5558A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the state date & time, I was travelling on the stated location on the Lane

4. As the car in front of me slow down and stop, I followed suit. Suddenly,

I felt an impact from my rear portion causing my vehicle to surge forward and collided

onto vehicle C (SLK5558A). I alighted and realised I am involved in a 3 car accident.

I felt unwell and may consult a doctor.

祥安行有限公司

CHEONG ON HONG PTE LTD

1779 GEYLANG BAHRU
#01-04, KALLANG DISTRI PARK
SINGAPORE 339706

cheongonhong@gmail.com

TEL: 65 6532 5805 FAX: +65 6535 169

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN 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, 1958 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000008436-00-000	Cover	: Commercial Vehicle (Third Party Only)
Policyholder Name	: Cheong On Hong Pte Ltd	Chassis Number	: FB511BA42100
NCD Entitlement	: Nil	Engine Number	: 4M40DQ0741
Hire Purchase	: N/A	Registration Number	: GV4098T
Period of Insurance	: From 02/05/2020 (00:00) To 01/05/2021 (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 : Terri Links Pte Ltd

Date of Issue : 27/04/2020

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

Date of Accident : 18/11/2020 Accident Time: 1256hrs (24-HR-FORMAT)
 Accident Place : CTE TOWARD CITY AT BRADDELL EXIT
 Vehicle Reg. No (Car plate No.) : G1V4098T Vehicle Make/Model: Mitsubishi FB5116DJRDE
 Insurance Company : Great American Policy No. MMWVLC000008436-00-000
 Name of Registered Owner : Company / Individual Cheong On Hong Pte Ltd
 ID of Registered Owner : Co Reg No: 2012061640 Owner's NRIC No: -
 : Co Contact No: 65325805 Owner's Contact No: -
 DRIVER'S Name : Lim Yeow Loong DRIVER'S NRIC No: S11001294
 DRIVER'S Date of Birth : 19-04-1955 DRIVER'S License Pass Date 19 Dec 1977
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employer \ Others:
 DRIVER'S Address : APT B1K 16 Tekk Whye Lane #04-103 Singapore 680016
 DRIVER'S Contact No./ Alt No. : 1) 9336 1961 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : limyeowlong@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES ☒ NO ☐ Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES ☒ NO ☐ Any Injuries: YES ☒ NO ☐ Injured Name: Lim Yeow Loong
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work Purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>S1M3083E</u>	Vehicle Reg No: <u>! 3LK5550A</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>