

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN0821420001

Date In: 21/04/2021 16:97	Job description	Date & Time Completed	Done by
Ref No: N/A/NO12100501914	SAS e-filing		
Veh No: GBB 3394H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/04/2021 15:30	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: (	Tel:	Fax:
TP Particulars:	Veh No: GBB 995X	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 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

<p>NA2102672</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	Invoice Preparation Checklist:		Am (\$)	Am (\$)
	1) AR: Accident Reporting (\$30);		NE Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	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 / Tpl 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 Submission	21/04/2021 16:07 (SGT)
Date of Accident	19/04/2021 15:30 (SGT)
Exact Location of Accident	4 Jln Mat Jambol, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3394H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOTEL MARINA CITY PTE LTD
Company Reg No	1XXXXX201D
Email Address	karen.teh@panpacific.com
Mobile Phone No	(Phone) +65-97330302
Alternative Phone No	(Office) +65-65338111

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110157841703
Cover Note Number	-

DRIVER

Name of Driver	CHOO KOK WAH
NRIC No	SXXXX574H

Date Of Birth	13/01/1962
Occupation	Outdoor
Date Of Driving Pass	24/08/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97330302
Alt. Phone Number	-
Email Address	wholesale.sin@panpacific.com
Address	BLK 864A TAMPINES STREET 83 #08-450
Address complement	-
Postcode	521864
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19TH APRIL I WAS AT NO, 4 JALAN MAT JAMBOL S(119554) I JUST ARRIVE THE LOCATION AND WAS ABOUT TO MAKE DELIVERY. WHILE I WAS REVERSING MY TRUCK. VEHICLE GBB9957X TURN IN. DUE TO BLIND SPOT I DID NOT SEE VEHICLE GBB9957X COMING IN. I THEN ACCIDENTALLY HIT ON THE BODY OT THE VAN. WHEN THE ACCIDENT HAPPEN I WAS ALONE AND THE CHINA DRIVER WAS ALONE. VEHICLE GBB9957X THEN CALLED HIS BOSS MR. LIM. I THEN CALLED MY OFFICE TO REPORT THE SITUATION. AFTER THE CHINA DRIVER TOOK MY I/C PHOTO, WE LEFT THE SCENE.

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	GBB9957X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

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.
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.

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.

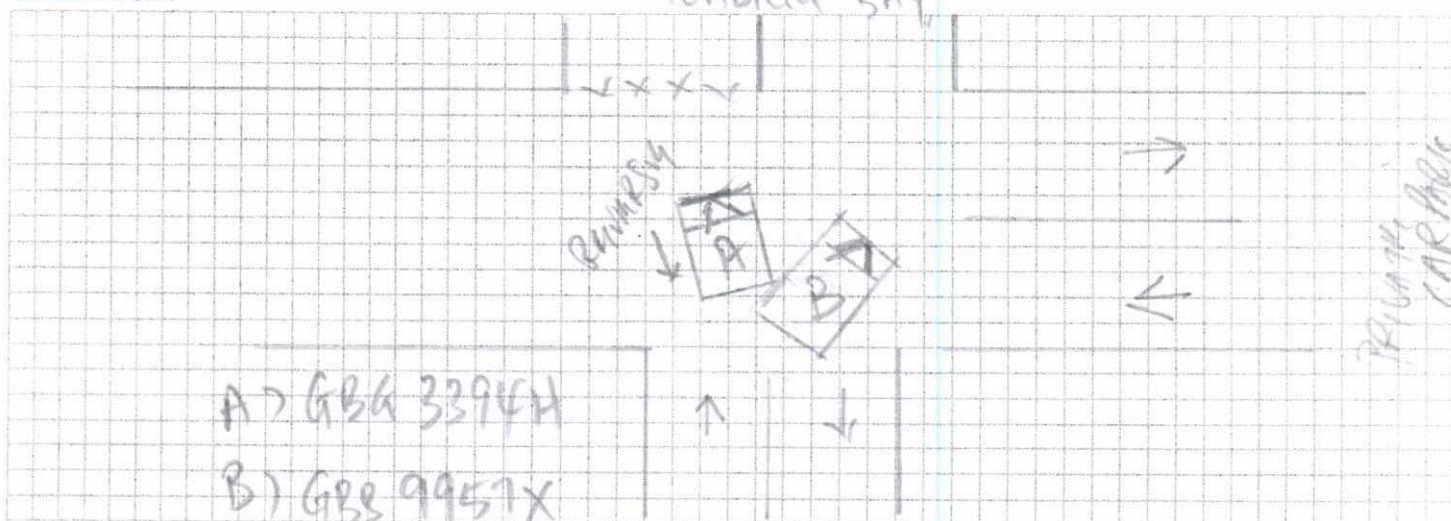
THE PAN PACIFIC HOTEL SINGAPORE
Business No. 28631800L
7 Raffles Boulevard, Marina Square,
Singapore 039595
Tel: 65-6336 8111 Fax: 65-6337 470

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 19 April, I was at 4 Jalan Mat Jambel (5114554).

I just arrive the location and was about to make delivery.

While I was reversing my truck. vehicle GBB 9957X

turn in. Due to Blind spot I did not see vehicle GBB 9957X

coming in. I then accidentally hit on the body of the

van. When the incident happen I was alone. and

the china driver was alone. vehicle 9957X he called

his Boss Mr. Lim. I then called my office to report

the situation. After the china driver took my IC. photo

we left the scene.

Declaration

We declare the foregoing particulars are true in every respect.

THE PAN PACIFIC SINGAPORE

Marina Square, 7 Raffles Boulevard

Singapore 039595

Tel 65-336 8111 Fax 65-337 3262

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 19.04.2024 (DD/MM/YYYY), TIME: 15.30 (HH:MM)

LOCATION: 4 Jalan Mat Jambul S'119554

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ABH 3394 H
b) INSURANCE COMPANY: HOTEL MARINA CITY PTE LTD
c) POLICY NUMBER: DHOM 11015841703
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: 43712/6401
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
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: PAN PAFFES/MAAPACE HOTEL MARINA CITY PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 198105201D CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Choo Kok Wah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9733 0302
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: NIL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: ABH 9957X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: W.HOCKSLE-SIM @ PANPACIFIC.COM

VIDEO

KARAN.PAN @ PANPACIFIC.COM



PAN PACIFIC
SINGAPORE

RISK MANAGEMENT REPORT

Hotel	Pan Pacific Singapore	File	500	190421	CHOO
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TYPE OF INCIDENT
(Check below)

<input type="checkbox"/>	Attempted Incident –100/200	<input type="checkbox"/>	Property – 500
<input type="checkbox"/>	Life Health and Person - 300	<input type="checkbox"/>	Major Crime – 600
<input type="checkbox"/>	Public Order - 400	<input checked="" type="checkbox"/>	Other - 700
Details of Other:		NIL	
Estimated Value:		Repair charge to be advise by another Party	
Insurance Claim: (Yes/No Give Details)		Yes. Pending for Claim from another party.	

PERSONAL DETAILS

Name	Last Name	Choo	
	Given Name	Kok Wah	
Title	Mr		
Address:			
Sex	Male	DOB	Nil
Tel: Work	Nil	Fax:	Nil
Tel: Home		E. Mail:	
Date of Incident	19 April 2021	Time of Incident	1530pm



Police File No:

FOLLOW UP: ACTIVITY RECORD

For guest related Risk Management Report, clearly state the root causes of the guest issues, what actions are taken to resolve the root causes, how the issues were resolved with the guest (state of recovery), and include all supporting correspondences associated in the follow up.

DATE	FOLLOW UP ACTIVITY

SIGNATURES

Wholesale Butchery Business Development Manager:	Karen Teh
Executive Chef :	Michele Greggio
Safety and Security Manager :	Mohd Tahar
Director of Finance:	Ivy Zhao
Director of Operations :	Edeline Tiong
General Manager :	Margaret Paul

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)

ORIGINAL

CERTIFICATE NO.	DHOM110157841703	Excess:	\$500/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBG3394H		
Name of Insured	HOTEL MARINA CITY PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 21 July 2020 to 20 July 2021

Engine# 4JJ12Y6401
Chassis# JAANHR85EH7100114

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation 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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD



For the Company