

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **5110992740005**

Date lit: 08/07/2022 13:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBM/GA2229063274	E-mail (within 4hrs, ATC 2hrs)		
Veh No: PC 5808Y	1-Motor Claim Form		
D.O.A: 01/07/2022 11:15	1-Motor W/O (within: OD, 2hrs, TP 4hrs)		
OD: TP / Reporting Only	1-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: YQ 3938P 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

NA2201810 / NA2201811

Claimant's Particulars:	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
C Checked by (Engi-In-Charge):	*N5: Courtesy Car / Tpt 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	Fax Charged	
	Invoice dated	Fax 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	04/07/2022 13:05 (SGT)
Reported by	Driver
Date of Accident	01/07/2022 11:15 (SGT)
Exact Location of Accident	528C Pasir Ris Street 51, Singapore 513528
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5869Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JEAN-JERRY L TOURS & TRANSPORT SVCS
Company Reg No	5XXXX493B
Email Address	jamesanthony@silva@hotmail.com
Mobile Phone No	(Phone) +65-84208702
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000008552-02-000

DRIVER

Name of Driver	HO JENSON, JOHN @ YOCHANAN ELIYAHU BEN HASSAN
NRIC No	SXXXX617F
Date Of Birth	29/09/1976
Occupation	Outdoor

Date Of Driving Pass	20/01/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96581040
Alt. Phone Number	-
Email Address	yochanan_netsarim@yahoo.com
Address	BLLK 538 ANG MO KIO AVENUE 5 #03-4036
Address complement	-
Postcode	560538
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3938P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO JENSON, JOHN @ YOCHANAN ELIYAHU BEN HASSAN
Gender	Male
Phone No	(Phone) +65-96581040
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC5869Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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 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.

JEAN-JERRYL TOURS & TRANSPORT SVCS

REG. NO: 53259493B
BLK 447A JALAN KAYU #06-366
SINGAPORE 791447
HP: 8420 8702 FAX: 6444 9655

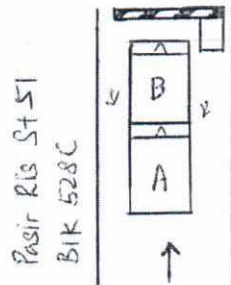
Email: jamesanthony@jean-jerry.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - PC5869Y

Veh B - YQ3938P

Describe Circumstances of the Accident

On the above mention date and time, I was waiting to exit gantry at Pasir Ris S+51 Blk 528C. Suddenly vehicle YQ3938P in front of me reverse abruptly onto my vehicle. My vehicle's front portion was damaged. We exchange particulars and left the scene.

Declaration

We declare the foregoing particulars are true in every respect.

JEAN-JERRYL TOURS & TRANSPORT SVCS

REG. NO: 53259493B
BLK 447A JALAN KAYU #06-366
SINGAPORE 791447
HP: 8420 8702 FAX: 6444 9655



Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel



DATE OF ACCIDENT : 01/07/2022 TIME : 1115
LOCATION : Pasir Ris S+51 Bk 528C

JWG

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: PC 5869Y MODEL: Toyota Hiace
- 2) INSURANCE CO.: Great American POLICY NO.: MOMVC 000008552-02-000
- 3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
- 4) OWNER NAME: Jean-Jerry Tours & Transport I/C 53259493B TEL: 8420 8702
- 5) OWNER EMAIL: Jamesanthonyysilva@hotmail.com ALTERNATIVE PHONE NO.:
- 6) DRIVER NAME: Ho Jensen, John @ Yochanan ^{Ettyah Ben Hassan} I/C 57630617F TEL: 9658 1040
- 7) DRIVER OCCUPATION: Driver EMAIL: yochanan_netsarim@yahoo.com
- 8) RELATIONSHIP WITH OWNER: Employed
- 9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:
- 11) WEATHER CONDITION: CLEAR / RAINING / OTHERS
- 12) ROAD SURFACE: DRY / WET / OTHERS
- 13) ANY SCENE PHOTOS: YES / NO
- 14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Work Purpose
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE: YES / NO
- 17) NO. OF PASSENGERS (INCLUDING DRIVER): 01 A) PASSENGER NAME:
- 18) No. of Vehicle involved (including own vehicle): 02 MALE / FEMALE
B) PASSENGER NAME:
MALE / FEMALE

29/09/1976

20/01/2014

*BIK 538 AMK AVE 5
#03-4036 (560538)*

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1**
- 1) VEHICLE NO.: YQ3938P MODEL:
 - 2) DRIVER NAME: I/C
 - 3) ADDRESS:
 - 4) CONTACT NO.: INS CO:
- VEHICLE 2**
- 1) VEHICLE NO.: MODEL:
 - 2) DRIVER NAME: I/C
 - 3) ADDRESS:
 - 4) CONTACT NO.: INS CO:

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)
IF YES, FOREIGN VEHICLE NO.:
FOREIGN VEHICLE CATEGORY:

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC: TEL:
- 3) RELATIONSHIP WITH INVOLVED PARTIES:

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN:
- 2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES / NO)

[Signature]

DRIVER'S SIGNATURE & DATE

CHENG HOE MOTOR PTE LTD (AMK)

97820185 (Whatsapp)

Email : chmarnk@singnet.com

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

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	: MOMVC000008552-02-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Jean-Jerry Tours & Transport Svcs	Chassis Number	: KDH2230030443
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2673967
Hire Purchase	: N/A	Registration Number	: PC5869Y
Period of Insurance	: From 27/06/2022 (00:00) To 26/06/2023 (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)	: SGD 2,000.00
Excess (Section 2)	: SGD 3,000.00
Windscreen Excess	: SGD 200.00

Driver Details

Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

Name of Intermediary : Acorn International Network Pte Ltd

Date of Issue : 16/06/2022

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

jchen