

# NATIONAL Assessment Centre Services

Date by 13/09/22	Job description	Date & Time Completed	Done by
Ref No NA/6412200912715	SAS e-filing		
Veh No GX 646L	E-mail (within 8hrs. AP 2hrs)		
DOA 12109122 1420	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: SNF 6366H	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: (INC hotline: 6788.6616)	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

NA2202512	<b>Invoice Preparation Checklist</b>	Amst (\$)	Amst (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date:	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 Actual 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	13/09/2022 12:08 (SGT)
Reported by	Both
Date of Accident	12/09/2022 14:20 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX646C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	J & S HANDYMAN
Company Reg No	5XXXX650K
Email Address	jamestng2008@hotmail.com
Mobile Phone No	(Phone) +65-96993511
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2184

#### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000009153-00-000

#### DRIVER

Name of Driver	TNG CHIA HONG
NRIC No	SXXXX266I
Date Of Birth	26/09/1959
Occupation	Outdoor

Date Of Driving Pass	19/10/1978
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96993511
Alt. Phone Number	-
Email Address	jamestng2008@hotmail.com
Address	BLK 445A FERNVALE ROAD
Address complement	#26-387
Postcode	792445
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLS REFER TO THE ATTACHMENT.

#### 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	SNF6366H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1542H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 09 / 2022) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Serangoon central

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EX646C  
b) INSURANCE COMPANY: Great American  
c) POLICY NUMBER: MOMVC000009153-00-000  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Liteace  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private.  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2184cc

## 2. INSURED / POLICY HOLDER

- a) NAME: J & S Handyman (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53135650K CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tng Chia Hong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S13742667 CONTACT: 9699 3511  
c) ADDRESS: 445A Fernvale Road #26-387 S(792445)

\*d) DATE OF BIRTH: (26 / 09 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/10/1978

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

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: SNF 6366H. MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMP1542H MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = james.tng.2008@hotmail.com

fax =

video: NO



## 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 Actual Driver.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

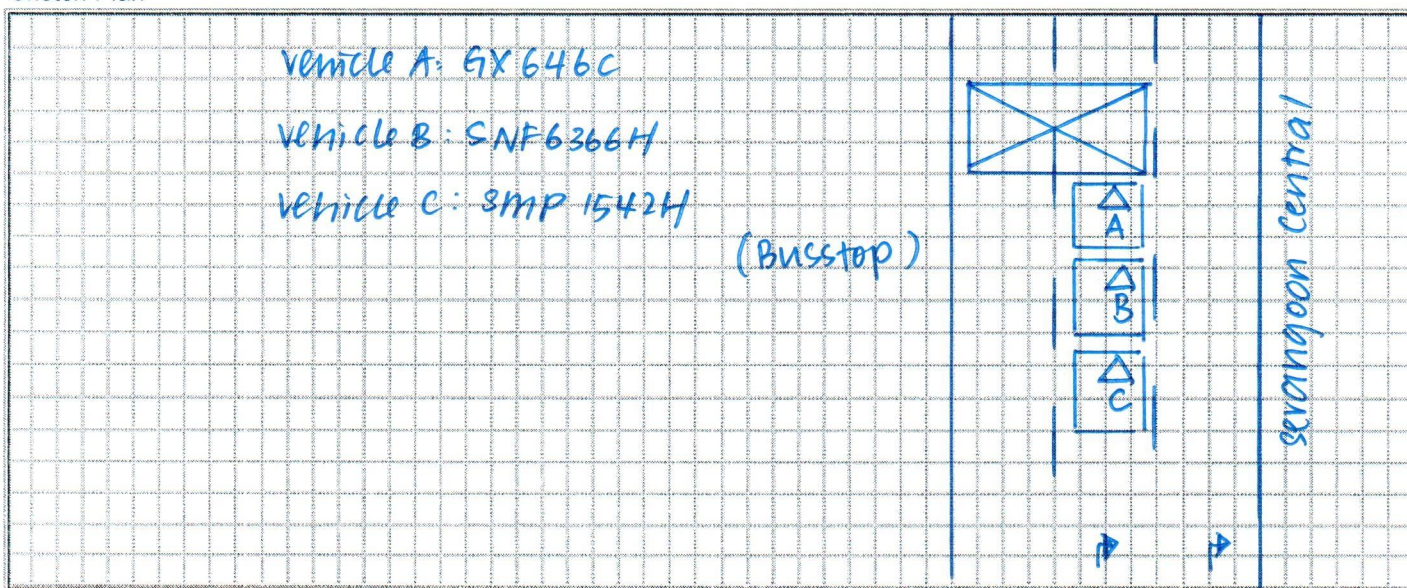
J & S HANDYMAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A', 4X646C, was stationary before the yellow box. I was stationary for about 2-3 seconds when I felt a huge impact on my vehicle's rear portion. When I alighted, I then realised I was involved in a chain collision of 3 vehicles.

Declaration

I/We declare the foregoing particulars are true in every respect.

J & S HANDYMAN

Policyholder's Signature / Date & Time



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

R 13/9/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## 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	: MOMVC000009153-00-000	Cover	: Commercial Vehicle (Third Party Fire & Theft)
Policyholder Name	: J & S Handyman	Chassis Number	: CR425007034
NCD Entitlement	: Nil	Engine Number	: 3C3982130
Hire Purchase	: N/A	Registration Number	: GX646C
Period of Insurance	: From 16/01/2022 (00:00) To 15/01/2023 (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) : N/A

Excess (Section 2) : N/A

Windscreen Excess : N/A

### Driver Details

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

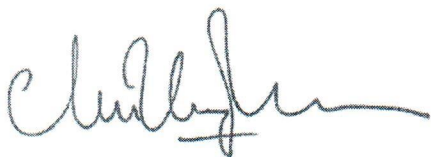
Name of Intermediary : AIA Financial Advisers Private Limited

Date of Issue : 18/01/2022

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