

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

81092373-0005

Date In: 02/07/2023 11:07	Job description	Date & Time Completed	Done by
Ref No: HBA/6012306606/	SAS e-filing		
Veh No: SUC 5585P	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 01/07/2023 15:12	i-Motor Claim Form		
OD / 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		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: SUT 72617 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:- (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

NA230/956

Invoice Preparation Checklist

Amf (\$)

Amf

1st Bill

Add

Claimant's Particulars:-

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

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 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	03/07/2023 11:07 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 15:12 (SGT)
Exact Location of Accident	Alexandra, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC5585P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAM SIEW CHEONG
NRIC No	SXXXX070F
Email Address	yammah1742@gmail.com
Mobile Phone No	(Phone) +65-97326437
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005007-00-000

DRIVER

Name of Driver	MAH LAY CHOON
NRIC No	SXXXX553J
Date Of Birth	19/06/1976
Occupation	Indoor

Date Of Driving Pass	05/02/2002
Driving experience	21 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98389425
Alt. Phone Number	-
Email Address	yammah1742@gmail.com
Address	BLK 109 JALAN BUKIT MERAH #09-1742
Address complement	-
Postcode	160109
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	YAM YU EN
Gender	Female

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	SJT7261T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JIAYI
NRIC No	SXXXX661Z
Contact Number	(Phone) +65-97999116
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

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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 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")

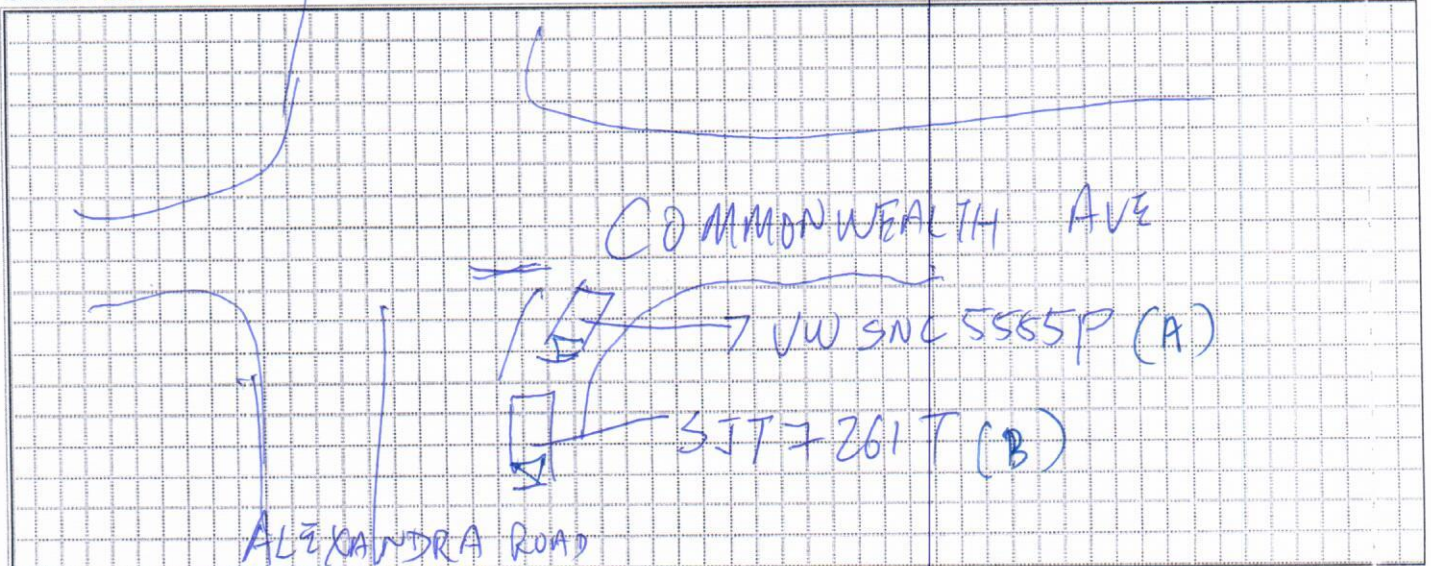
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



~~From Commonwealth Avenue~~
~~Avenue~~

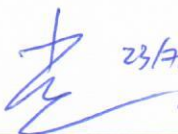
Describe Circumstance of the Accident

I was filtering out to Alexander Road which was
on my right ^{from Commonwealth Avenue} I did not manage to see the
car in front of me in time as my head was
turned towards the main Alexander Road.
I stepped on the brakes ~~when I~~ ^{but} still
hit ~~the~~ car in front of me.
the back of the


~~At~~ Both the driver and I ~~g~~ alighted from
our cars. No one was injured and
we agreed to report the accident.

Declaration

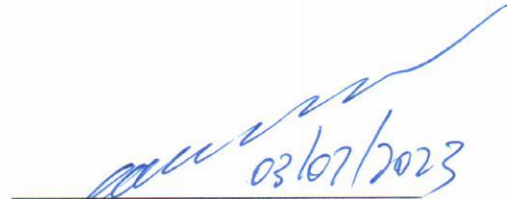
I/We declare the foregoing particulars are true in every respect.

 23/7/2023

Policyholder's Signature / Date & Time

 3/7/2023

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

 03/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : <u>1st July 2023</u>	TIME OF ACCIDENT : <u>3.12 PM</u>
VEHICLE NO : <u>SNC 5585P</u>	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : <u>Volkswagen Golf</u>	LOCATION : <u>Alexandra Road</u>
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : <u>OD</u> / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : <u>GREAT AMERICAN INSURANCE COMPANY</u>	POLICY NO : <u>MOMV P00000507-00-000</u>
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : <u>YAM SIEW CHEONG</u>	NRIC : <u>87314070 F</u>
ADDRESS : <u>5(160109) BUK 109, JALAN BUKIT MERAH, #09-1742</u>	CONTACT NO : <u>97326437</u>
EMAIL ADDRESS : <u>yammah1742@gmail.com</u>	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : <u>MAH LAY CHOON (Mdm)</u>	NRIC : <u>57618553 J</u> CONTACT NO : <u>98389425</u>
DRIVER OWNER RELATIONSHIP : <u>WIFE</u>	PASSENGER : MALE () FEMALE (<u>✓</u>) <u>YAM YU EN</u>
DATE OF BIRTH : <u>19/06/1976</u>	DRIVING PASSING DATE : <u>05/02/2002</u>
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : <u>BUK 109, JALAN BUKIT MERAH, #09-1742, 5(160109)</u>
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SJT 7261T</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>TAN JIAYI</u>	DRIVER NAME : _____
NRIC : <u>S9273661Z</u>	NRIC : _____
CONTACT : <u>97999116</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN ? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

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	: MOMVP000005007-00-000	Cover	: Private Car (Comprehensive)
Registration Number	: SNC5585P	Chassis Number	: WVVZZZCDZNW005373
NCD Entitlement	: 10% No Claim Discount	Engine Number	: DFY294745
Policyholder Name	: Yam Siew Cheong		
Hire Purchase	: DBS Bank Ltd		
Period of Insurance	: From 28/10/2022 (00:00) To 27/10/2023 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- The Policyholder
 - 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:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade or business
- 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	: Any Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Additional Excess	: Please refer overleaf		

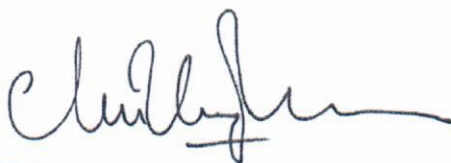
Driver Details

Main Driver	: Yam Siew Cheong
Named Driver 1	: Mah Lay Choon
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Mark Advisory Pte Ltd
Date of Issue	: 30/08/2022

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