

NATIONAL Assessment Centre Services

Date In: 12/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/0A517023543/13	SAS e-filing		
Veh No: SKJ9685G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/17 1A05	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: (VISION AUTOWORK Tel: Fax:)
TP Particulars: Veh No: SHCB380P 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac 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 ability.
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 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	12/12/2017 12:45
Date Of Accident	11/12/2017 18:05
Exact Location Of Accident	X-JUNC OF SERANGOON CENTRAL & UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9685G
Insured/Policyholder	
Name Of Registered Owner	MOHAIDIN,SHAIK AQMAL
NRIC No	S8722122I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91596885
Alternative Phone No	OTHERS-91596885

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00187947/03
Cover Note Number	

Driver

Name of Driver	MOHAIDIN,SHAIK AQMAL
NRIC No	S8722122I
Date Of Birth	23/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91596885
Fax Number	
Contact Number	OTHERS-91596885
Email Address	NOEMAIL

Address	36 JALN PARI UNAK
Postcode	488506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

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

PLS REFER TO THE ATTACHED 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	SHC8380P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EP86J
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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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:

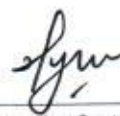
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.



Policyholder's Signature
Date & Time:



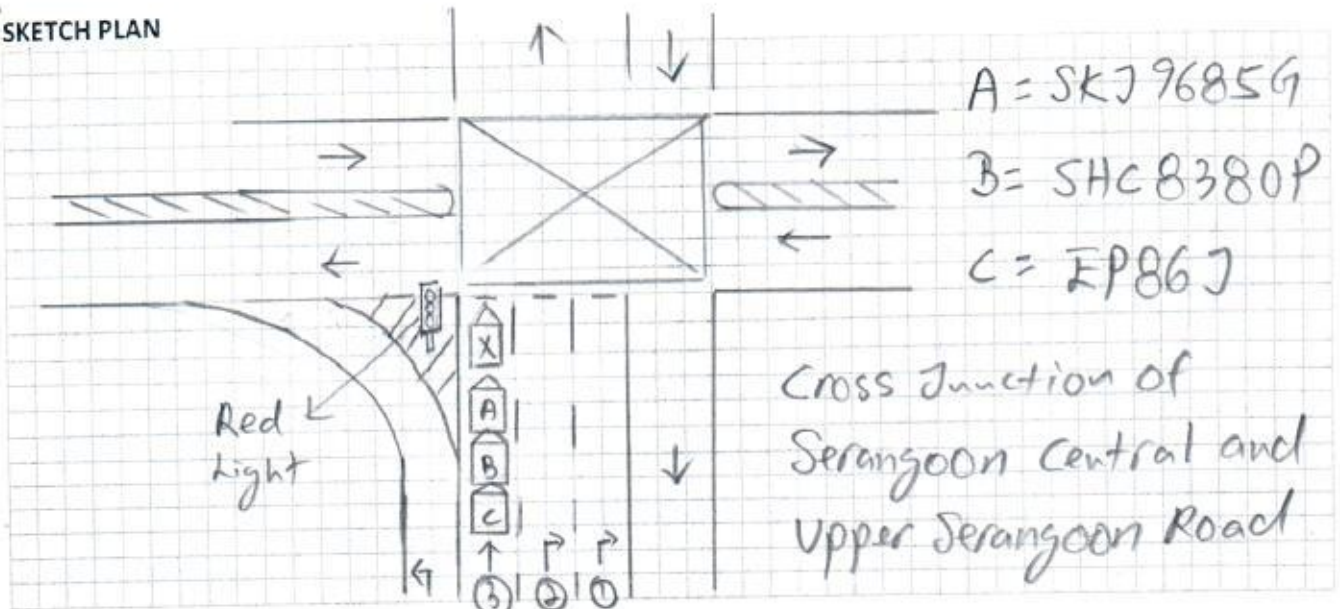
Driver's Signature
(If driver is not the policyholder)
Date & Time:



12/12/17

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

Khatter
Policyholder's Signature
Date & Time:

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

lyu 12/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 11.12.17 at about 18:05 hours at Cross Junction of Serangoon Central and Upper Serangoon Road. While I was stationary on the lane 3 waiting for the traffic light to turn green. Suddenly I heard a loud bang from behind, when I alighted I realised it was vehicle (B) had hit onto my rear portion of my vehicle (A). After the vehicle (B) collided with me, I put my vehicle in park and went out of the car to investigate and vehicle (B) reversed away from my vehicle and collided with vehicle (C). It was a chain collision which 3 vehicles involved and I wish to state that I have one passenger inside my vehicle (A).

Vehicle (A): SKJ 9685G

Vehicle (B): SHC 8380P

Vehicle (C): EP 86J

A handwritten signature in blue ink, appearing to read 'Kutter', is located below the vehicle information.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/12/2017	Time: 18:05	(hh:mm) 24 hr format
Location Cross Junction of Serangoon Central and Upper Serangoon Road		
Vehicle Number SKJ 9685G		
Insured Name Shaik Aqmal Hargim Bin Mohaidin		
NRIC / FIN 587221221	Contact Number 9159 6885	
Make Hyundai	Model i30	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company Direct Asia		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number MT / 00187947 / 03		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN	Contact Number	
Date of Birth 23/07/1987		
Driving Pass Date 12/01/2007		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address shaik.aqmal@gmail.com	() NO EMAIL	
Address of Driver 36 Jalan Pari Unak		
Singapore 488506		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SHC 8380P		
Veh C EP 86J		
Veh D		
Veh E		
Veh F		

Driver + 1 passenger

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S87221221



NAME
SHAIK AQMAL HAQIM BIN MOHAIDIN
شيك اقمال حاقيم بن موحايدين

RACE
INDIAN

Date of Birth
23-07-1987

Sex
M

Country of Birth
SINGAPORE



SKJ

SK 9685 G

Owner & driver

A0191957



NRIC No. S87221221



Board Group: B+ Date of issue: 30-07-2002

36 JALAN PARI UNAK
SINGAPORE 488506
NRIC No. S87221221

Date: 14-03-2007 No: 5622623

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S87221221
Name: SHAIK AQMAL HAQIM BIN MOHAIDIN
Birth Date: 23 Jul 1987
Issue Date: 12 Jan 2007

001472196E

SKJ
SJK90856
Owner Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE 12 Jan 2007

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

NP 428A

Licence No: S87221221

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00187947/03	
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)	
1) Vehicle Registration No.	: SKJ9685G	
Chassis No.	: KMHD351BMDU098110	
2) Name of Policy Holder	: Mohaidin, SHAIK AQMAL	
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/05/2017 00:00	
4) Date/Time of Expiry of Insurance	: 29/05/2018 23:59	
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) Any named person under the policy who is driving on the Insured's order or with his permission.		
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission		
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
Sum Insured	: Market Value	
Own Damage Excess	: S\$ 600.00 (before any applicable GST)	
Windscreen Excess	: S\$ 100.00 (before any applicable GST)	
Choice of workshop	: DirectAsia approved workshops	
Finance company / Hire Purchase	:	
Main driver	: Mohaidin, SHAIK AQMAL	
Ref	Named Driver	Date of Birth
Named driver (1)	: Mohaidin, Nadira Nasha	08/09/1992
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.		

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 30/04/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road Singapore 058716
www.DirectAsia.com