

# NATIONAL Assessment Centre Services

Job : 30-004

Date In: 01/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18001970/13	SAS e-filing		
Veh No: SKA3914H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/01/18 1810	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHA9813L	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 (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	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:-		
	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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
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 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 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	01/02/2018 09:13
Date Of Accident	31/01/2018 18:10
Exact Location Of Accident	MCE TUNNEL TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3914H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAMSUDDIN,NUR IRYNAWATI
NRIC No	S8534436F
Email Address	IRYNAWATI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91460762
Alternative Phone No	OTHERS-91460762

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	MS/00226525/02
Cover Note Number	

### Driver

Name of Driver	SHAMSUDDIN,NUR IRYNAWATI
NRIC No	S8534436F
Date Of Birth	05/10/1985
Occupation	INDOOR
Date Of Driving Pass	16/01/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91460762
Fax Number	
Contact Number	OTHERS-91460762
Email Address	IRYNAWATI@YAHOO.COM

Address	BLK 524B TAMPINES CENTRAL 7 #17-57
Postcode	522524
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### 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

I WAS TRAVELLING STRAIGHT ALONG MCE TWDS ECP ON THE EXTREME RIGHT LANE OF A5-LANES RD. INFRT OF MY VEH(C) E-BRAKE AND HIS VEH HAD HIT ONTO INFRT OF HIS VEH.I MANAGED TO STOP ONTIME WITHOUT ANY CONTACT TO THE FRT VEH(C).SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO VEH C REAR PORTION.WHEN I CAME OUT I WAS INVOLVED IN A CHAIN COLLISION.

#### 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	SHA9813L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO LEE HONG
NRIC/Passport Number	S1545955G
Contact Number	94554801
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	ER8588P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA CHING POR
NRIC/Passport Number	S7809372B
Contact Number	97827885
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJQ4551S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SLU2982A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number	SLM6365Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	



Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

SHAMSUDDIN,NUR IRYNAWATI

Approximate Age

Injuries Sustain

NECK & SHOULDER

Injured person in which vehicle?

SKA3914H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


## SKETCH PLAN

### IMPORTANT NOTICE

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2. This Form must be **completed by the Policyholder and/or the Authorised 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 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 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.

 1/2/18  
Policyholder's Signature  
Date & Time:

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

 01/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

- A - SKA3914H
- B - SHA9813L
- C - ER8588P
- D - SJQ45515
- E - SLU2982A
- F - SLM6365Y

MCE TUNNEL TOWDS ECP

D A E F C A B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

## DECLARATION

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


*[Signature]* 1/2/18  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 01/02/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8534436F**





Name  
**NUR IRYNAWATI BINTE SHAMSUDDIN**

Race  
**MALAY**

Date of birth  
**05-10-1985**

Sex  
**F**

Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8534436F**

Name  
**NUR IRYNAWATI BINTE SHAMSUDDIN**

Birth Date: **05 Oct 1985**

Issue Date: **16 Jan 2007**

001472256F



3849978



NRIC No. **S8534436F**



Date of issue  
**15-02-2006**

APT BLK 524B TAMPINES CENTRAL 7 #17-57  
SINGAPORE 522524

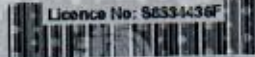
NRIC No: **S8534436F** Date: **04/01/2015**

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

PASS DATE  
**16 Jan 2007**

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

Licence No: **S8534436F**



NP 428A



## 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.

<b>Certificate No.</b>	:	MS/00226525/02
<b>Type of Coverage</b>	:	Comprehensive Cover
<b>1) Vehicle Registration No.</b>	:	SKA3914H
<b>Chassis No.</b>	:	GE61206378
<b>2) Name of Policy Holder</b>	:	Shamsuddin, Nur Iryawati
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	24/02/2017
<b>4) Date of Expiry of Insurance</b>	:	23/02/2018
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) A named person who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
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.		
<b>Sum Insured</b>	:	Market Value
<b>Own Damage Excess</b>	:	S\$ 1,500.00
<b>Windscreen Excess</b>	:	S\$ 100.00
<b>Choice of workshop</b>	:	DirectAsia approved workshops
<b>Main driver</b>	:	Shamsuddin, Nur Iryawati
<b>Important Note:</b> This policy is on named driver basis. Any unnamed drivers will not be covered.		
<b>Ref</b>	<b>Named Driver</b>	<b>Date of Birth</b>
1	Shamsirulzaman, Izhar Syafiq	04/10/1985
<b>Finance company / Hire Purchase</b>	:	UOB

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: 25/01/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**