

NATIONAL Assessment Centre Services

Date In: 22/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18003850/13	SAS e-filing		
Veh No: SJDS74Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/01/18 1150	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: SJDS74Z	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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
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 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	22/02/2018 12:24
Date Of Accident	27/01/2018 11:50
Exact Location Of Accident	CARPARK ENTRANCE OF BLK 214 PASIR RIS ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2574Z
Insured/Policyholder	
Name Of Registered Owner	YA'ACOB, MOHAMAD YUSOF
NRIC No	S1641837D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97586523
Alternative Phone No	OTHERS-88087865

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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
If No, Please state action to be taken	
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/00102812
Cover Note Number	

Driver

Name of Driver	MOHAMED FADHLY BIN MOHAMED AYOP
NRIC No	S9028392H
Date Of Birth	15/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88087865
Fax Number	
Contact Number	
Email Address	FADD-@HOTMAIL.COM

Address	BLK 214 PASIR RIS ST 21 #06-256
Postcode	510214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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)	2
Passenger 1	NAME: : NURFIRZANAH BINTE MOHAMED AYOP GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD8186E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAHMOOD BIN AHMAD
NRIC/Passport Number	S1583755A
Contact Number	91267124
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

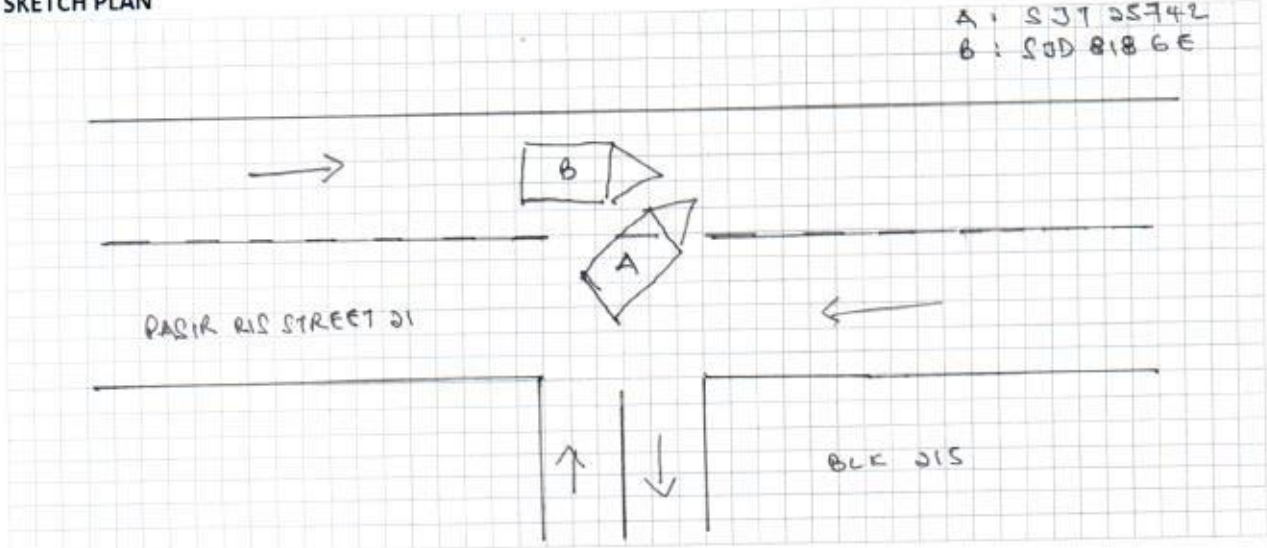
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/02/2018

@ 1580hrs.

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

SKETCH PLAN

A: SJT 25742
B: SJD 8186E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/01/2018 at about 114hrs, I was driving vehicle bearing plate number SJT 25742. I had one passenger on board. Traffic was moderate and road surface was dry.

As I was exiting the carpark of Blk 215 Pasir Ris St 21, I observed one red colour Audi bearing plate number SJD 8186E was quite a distance away. I wish to state that I was driving at slow speed as I was approaching the carpark exit.

After checking for traffic on my left, I checked for traffic on my right. At that time, one white car was quite near, making it unsafe for me to merge onto Pasir Ris St 21 hence I slowed down even further.

I was still looking to my right, and when I checked that the white car had passed, I slowly moved onto Street 21.

As I was joining onto Street 21, I felt an impact on my right. I then realised that the said red Audi was side by side with my vehicle.

I wish to state no one was injured. There is in car camera installed.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/01/2018 @ 1530hrs.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 01 / 2018) (DD/MM/YYYY), TIME: (11 : 47) (HH:MM)

LOCATION: carpark entrance of blk 214 Pasir Ris St 21, Pasir Ris St 21

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 354 3544 2
b) INSURANCE COMPANY: DirectAsia
c) POLICY NUMBER: MT/00102812/05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUBARU IMPREZA TS 1.5 (A)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USAGE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MOHAMAD TUSOF BIN YA'ACOB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1641837D CONTACT: 9758 6523
c) ADDRESS: 35 CHAI CHEE AVENUE #13-258

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMED FADHY BIN MOHAMED AYOP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7028372H CONTACT: 8808 7865
c) ADDRESS: BLK 214 PASIR RIS ST 21 #106-256

*d) DATE OF BIRTH: (15 / 08 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

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

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: SJD 8186 E MODEL: AUDI
b) DRIVER'S NAME: MAHMOOD BIN AHMAD
c) NRIC/FIN/PASSPORT: S1583455A CONTACT: 9126 7124

9. THIRD PARTY VEHICLE

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

20/02/18

waiting for ci

Email =

fax =


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9028392H**

Name
**MOHAMED FADHLY BIN
MOHAMED AYOP**

Birth Date **15 Aug 1990**
Issue Date **13 May 2010**

001855949C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9028392H**


Name
**MOHAMED FADHLY BIN
MOHAMED AYOP**

محمد فاطلي بن محمد ايوب

Race
MALAY

Date of birth **15-08-1990** Sex **M**

Country of birth
SINGAPORE



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

	PASS DATE
Class 2B	11 May 2014
Class 3	13 May 2010

MOTORCYCLES NOT EXCEEDING 200 CC
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

S / No. 9000232459

59028392H

Licence No: S9028392H

NP 475A

3756366

NRIC No. **S9028392H**

Date of issue
22-08-2005

Address
**APT BLK 214 PASIR RIS STREET 21 #06-256
SINGAPORE 510214**

NRIC No: S9028392H Date: 29/03/2010 No: 6427401



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)

Certificate No.	:	MT/00102812
Type of Coverage	:	Comprehensive Cover
1) Vehicle Registration No.	:	SJT2574Z
Chassis No.	:	JF1GH3KS59G035243
2) Name of Policy Holder	:	Ya'acob, Mohamad Yusof
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	14/12/2012
4) Date of Expiry of Insurance	:	13/12/2013
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured The Insured may also drive a car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or partner.		
(b) Any other 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.		
6) Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Insured's business. 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
Windscreen Excess	:	S\$ 100.00
Choice of workshop	:	DirectAsia.com approved workshops
Main driver	:	Chemad, Salihin
Important Note: Drivers below the age of 30 and drivers with less than 2 years of driving experience must be named to be covered - No Young & inexperienced drivers declared		
Finance company/Hire Purchase	:	DBS

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: 16/10/2012

Direct Asia Insurance (Singapore) Pte. Ltd.



Shawn Lim
Senior Manager