

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA118034704

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 13/1/18 - 15:47 | Job description | Date & Time Completed | Done by |
| Ref No: NA/DA218004746/24 | SAS e-filing | | |
| Veh No: 5J440483 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 13/1/18 - 08:50 | 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: 6BF6233D | 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 |
|-----------|---------|
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| | |

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) Est. Bill | Am't (\$) Add. Bill |
|---------------------------------|---|------------------------|------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 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: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpl 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: Idao Mobile 30 | | |
| Auditors' Comments: | Invoice dated | Fee Charged | |
| Dat. 1: | Invoice dated | Fee Charged | |
| Dat. 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 | 13/03/2018 15:47 |
| Date Of Accident | 13/03/2018 08:50 |
| Exact Location Of Accident | MANDAI RD TWDS YISHUN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SJH4048B |
| Insured/Policyholder | |
| Name Of Registered Owner | BINTE ABDUL HALIM, NUR HAZIMAH |
| NRIC No | S9020125E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90020490 |
| Alternative Phone No | OFFICE-90020490 |

Vehicle Particulars

| | |
|--|-----------------------------|
| Manufacturer | SUZUKI |
| Model | SWIFT 1.5 AT ABS AIRBAG 2WD |
| 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/00452895 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | NUR HAZIMAH BINTE ABDUL HALIM |
| NRIC No | S9020125E |
| Date Of Birth | 10/06/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/01/2011 |
| Driving Experience | 7 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90020490 |
| Fax Number | |
| Contact Number | OFFICE-90020490 |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 184 VERDE CRESCENT |
| Postcode | 688504 |
| 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 | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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

REFER TO 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 | GBF6223D |
| Vehicle Make/Model/Colour | CITITRANS BUS TRANSIT PTE LTD |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LI ZHI YING |
| NRIC/Passport Number | G3012851L |
| Contact Number | 97963805 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

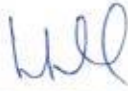
SKETCH PLAN

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 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 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. 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:

13/03/2018
14:37 HRS

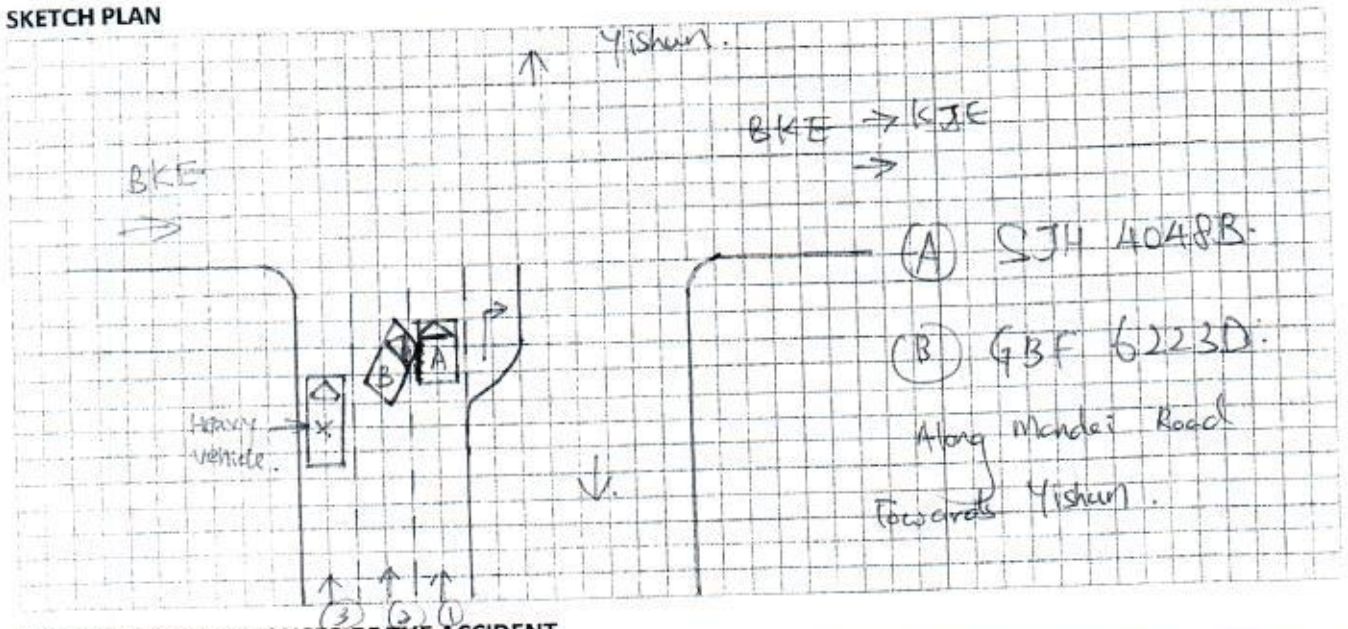

Driver's Signature
(If driver is not the policyholder)

Date & Time:
13/03/2018
14:37 HRS


Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date and time of the accident, I was driving my car (SJH 4048B) along Mandai Road Towards Yishun in the 1st lane from the right. Suddenly, I felt an impact came from left side and when I came out to inspect my car, I realized that Vehicle B (GBF 6223D) filter into my lane from the left (2nd lane) without give way to the oncoming traffic and collided then grazed onto left portion of my car. Hence, I hereto lodge this report to claim against Vehicle B's Insurance for my accident damages. I will go to see doctor if I feel any uncomfortable after this.

DECLARATION

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

Whef
 Policyholder's Signature
 Date & Time:
 13/03/2018
 14:37 HRS

Whef
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 13/03/2018
 14:37 HRS

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

VEHICLE NO : SJH 4048B

MAKE & MODEL : Suzuki Swift

| | | | |
|---|--|------------------|---|
| Date of Accident | 13 / 03 / 2018 | | |
| Time of Accident | 0848 AM / PM | | |
| Location of Accident | Along Mandai Road Towards Yishun | | |
| Exact Purpose Usage | Personal / Private Hire (Uber / Grab) / Commercial | | |
| NAME OF OWNER : | Binte Abdul Halim, Nur Hazimah | | |
| Contact No. | 9002 0490 | | |
| Nric No | S9020125E | | |
| Type Of Claim | Third Party / Own Damage / Reporting only | | |
| Insurance Co. | Direct Asia Insurance | | |
| Type of Coverage | Comprehensive / Third Party / Third Party Fire & Theft | | |
| Policy No | MT1 00452895 | | |
| NAME OF DRIVER : | As above / If No : | | |
| Nric No | As Above | Any Passenger: — | |
| Date Of Birth | 10 / 06 / 1990 | | |
| Occupation | Outdoor / Indoor | | |
| Date Of Driving Pass | 28 / 01 / 2011 | | |
| Gender | Male / Female | | |
| Contact no | 9002 0490 | Office : | Home : — |
| Address | 184 Verde Crescent SC (688504) | | |
| Driver Have Any Own Vehicle | NO / If Yes (Reg no) : | | |
| Relationship | Employee / If No: Owner | | |
| Weather Condition | Clear / Raining / Other : | | |
| Road Surface | Dry / Wet / Other : | | |
| Any Injuries | NO / If Yes Who? | | |
| Name | | | Contact : |
| Name | | | Contact : |
| Police Report | No / If Yes : Where? | | |
| Vehicle B No : | GBF 6223D | | Any Passenger: — |
| Name Of Driver | Citi Trans Bus Transit Pte Ltd Zhi Ying (G30128514) | | |
| Contact No : | 9796 3805 (Employer : 9828 6771 - Derrick) | | |
| Vehicle C No : | | | Any Passenger: |
| Vehicle D No : | | | Any Passenger: |
| Vehicle E No : | | | Any Passenger: |
| Vehicle F No : | | | Any Passenger: |
| Any Witness | | | |
| Witness Contact No | | | |
| Have you been approach by unknow person soliciting (s) / offering accident claims assistance? | | | |
| | | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Support@preciseauto.sg | | | |
| PARTICULAR WORKSHOP | PRECISE AUTO SERVICE | | |
| Address | 1 Kaki Bukit Ave 6 #02-34 | | |
| | Kaki Bukit @ Auto Bay | | |
| | Singapore 417883 | | |
| Email : | hazimah.halim@gmail.com | | Tel : 6745 7367 Fax : 6841 3390 |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9020125E



Name

NUR HAZIMAH BINTE ABDUL
HALIM

نور حزيمة بنت ابدول حليم

Race

MALAY

Date of birth

10-06-1990

Sex

F

S9020125E

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9020125E

Name

NUR HAZIMAH BINTE ABDUL
HALIM

Birth Date: 10 Jun 1990

Issue Date: 28 Jan 2011



001933478E



3780142

NRIC No. S9020125E



Date of issue

12-10-2005

184 VERDE CRESCENT
SINGAPORE 688504

NRIC No: S9020125E

Date: 26/10/2010

No: 6636585

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Jan 2011



Licence No: S9020125E

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.

| | |
|---|--|
| Certificate No. | : MT/00452895 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SJH4048B |
| Chassis No. | : JSAEZC21S00415710 |
| 2) Name of Policy Holder | : BINTE ABDUL HALIM, NUR HAZIMAH |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 06/02/2018 00:00 |
| 4) Date/Time of Expiry of Insurance | : 06/09/2018 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) The Insured | |
| (b) Any person who is named on the policy 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\$ 800.00 (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 | : BINTE ABDUL HALIM, NUR HAZIMAH |
| Named driver | : None |
| Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered. | |

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: 31/01/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer