

NATIONAL Assessment Centre Services. (Unit 1 Jan 2008)

Date In: 24/03/2018 12:52	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18005529/44	SAS e-filing		
Veh No: SDL1214H	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 23/03/2018 19:45	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 3hrs, TP 3hrs)		
	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: SJZ4857M, INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () %	(Note: BSL 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 00167	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

Human's Particulars	Invoice Preparation Checklist	Amount (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$40	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) NTUC DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	9) NTUC: Courtesy Car / Tpt Allowance	\$5	
	10) NTUC: Repair Coordination	\$10	
	11) NTUC: Post Repair Inspection	\$25	
	12) NTUC: DY / Collect Unpaid Coordination	\$5	
	TP (Nil) / TP (Non-INC) against INC	\$20	
	13) NTUC: Idle Mobile	\$0	
	Invoice dated		
	Invoice checked		

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 24/03/2018 12:52
 Date Of Accident 23/03/2018 19:45
 Exact Location Of Accident TAMPINES AVE 7 FILTER LANE TWDS TPE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDL1214H
Insured/Policyholder
 Name Of Registered Owner SEAH, CHUI HUA
 NRIC No S1723914G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-81332131
 Alternative Phone No OTHERS-81332131

Vehicle Particulars

Manufacturer TOYOTA
 Model -
 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 REPORTING ONLY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number MT/00332753/01
 Cover Note Number

Driver

Name of Driver TAN CHIEW LUAN
 NRIC No S1463862H
 Date Of Birth 09/02/1961
 Occupation INDOOR
 Date Of Driving Pass 28/12/1982
 Driving Experience 35 YEARS AND 2 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-81332131
 Fax Number
 Contact Number OTHERS-81332131
 Email Address NOEMAIL

Address	BLK 116 SIMEI STREET 1 #01-602
Postcode	520116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SISTER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 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)	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

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	SJZ4857M
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)	

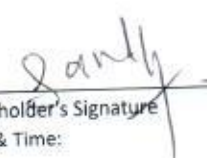
SKETCH PLAN

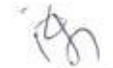
IMPORTANT NOTICE


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.

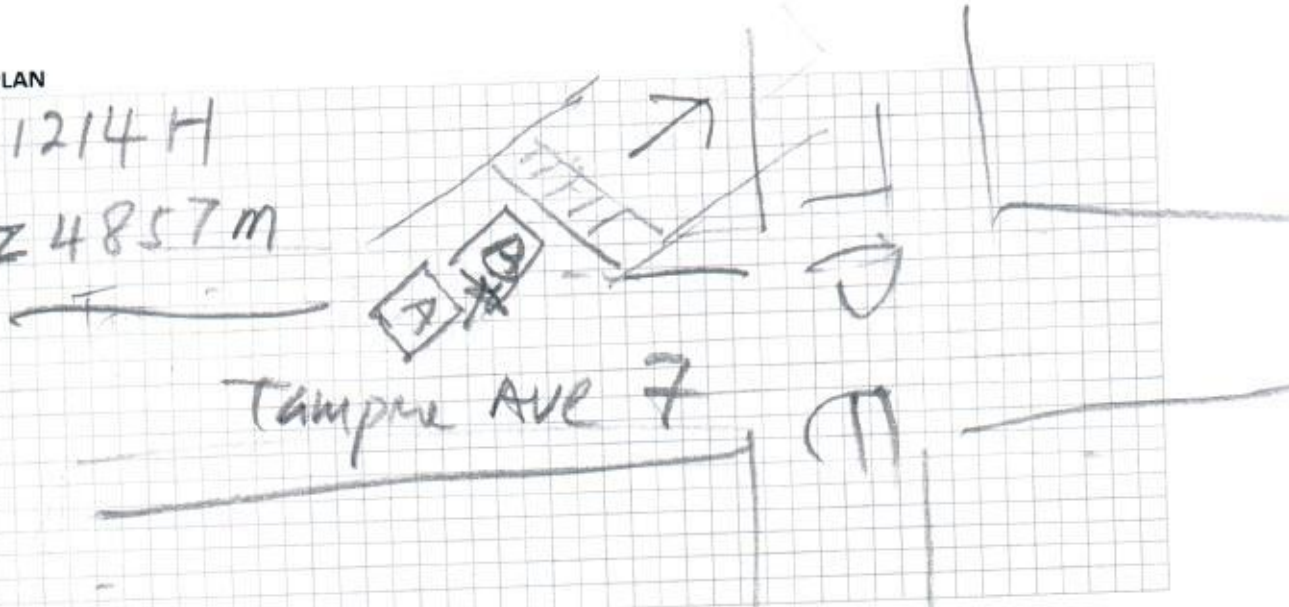

Policyholder's Signature
Date & Time:


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

 24/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

- (A) SDL1214H
(B) SJZ4857M




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Vehicle A was driving along Tampine Ave 7 towards TPE entering Filter Lane when Vehicle B stop because pedestrian ^{bicyclist} crossing and Vehicle A was behind and would not stop in time and hit on Vehicle B rear portion.

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:


Reporting Centre Personnel's Signature
Name: 24/3/2018
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1463862H



TAN CHIEW LUAN
陈翠鸾
RACE
CHINESE
Date of Birth 09-02-1961 Sex F
Country of Birth SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1463862H
Name: TAN CHIEW LUAN
Birth Date: 09 Feb 1961
Issue Date: 14 Jan 2003




1402738








NRIC No. S1463862H
Blood Group B+ Date of issue 04-11-1993
Address
APT BLK 116 SIMEI STREET 1
#01-602
SINGAPORE 1852

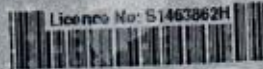
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

PASS DATE 28 Dec 1992

Licence No: S1463862H



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/00332753/01
Type of Coverage / Driver Plan	: Low Mileage Car Third-Party Fire and Theft (Flexible Plan)
1) Vehicle Registration No.	: SDL1214H
Chassis No.	: MR053AN5000066343
2) Name of Policy Holder	: Seah, Chui Hua 1/C 1723914/G
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 21/12/2017 00:00
4) Date/Time of Expiry of Insurance	: 20/12/2018 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any other person 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	: Not Applicable (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: Seah, Chui Hua
Named driver	: None
Important Note: This policy covers any authorised drivers.	

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: 29/11/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer