

NATIONAL Assessment Centre Services. (ver 1.2.2008)

Date In: 24/03/2018 11:09	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18005530/K4	SAS e-filing		
Veh No: SKZ 6681C	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 24/03/2018 09:15	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SKV 3806 B	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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 0016)	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	Action

Human's Particulars	Invoice Preparation Charges	Bill (\$)	Add. bill (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$20	
	Foreclaiming against INC Only (ver 10 Jan 2008)		
	6) TR: Re-inspection	\$75	
	7) NI: Ideal DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	Q11:		
C. Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DY / Collect Unworn Coordination	\$5	
	TP (NI) : TP (Run INC) against INC	\$20	
	*N12: Idle Mobile	\$0	
	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 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 11:09
 Date Of Accident 24/03/2018 09:15
 Exact Location Of Accident PASIR PANJANG TWDS WEST COAST EXPRESSWAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6681C
Insured/Policyholder
 Name Of Registered Owner LIM, LAY GHIM
 NRIC No S1806059J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97911020
 Alternative Phone No OTHERS-97911020

Vehicle Particulars

Manufacturer HONDA
 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 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/00447663
 Cover Note Number

Driver

Name of Driver LIM, LAY GHIM
 NRIC No S1806059J
 Date Of Birth 05/07/1967
 Occupation INDOOR
 Date Of Driving Pass 28/05/1999
 Driving Experience 18 YEARS AND 9 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-97911020
 Fax Number
 Contact Number OTHERS-97911020
 Email Address NOEMAIL

Address	BLK 92A TELOK BLANGAH STREET 31
	#22-219
Postcode	101092
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 - 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?	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)	2
Passenger 1	NAME: : LER SUAN CHEOK
	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:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV3806B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YEE HONG
NRIC/Passport Number	S7318021Z
Contact Number	96950971
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM, LAY GHIM
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SKZ6681C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

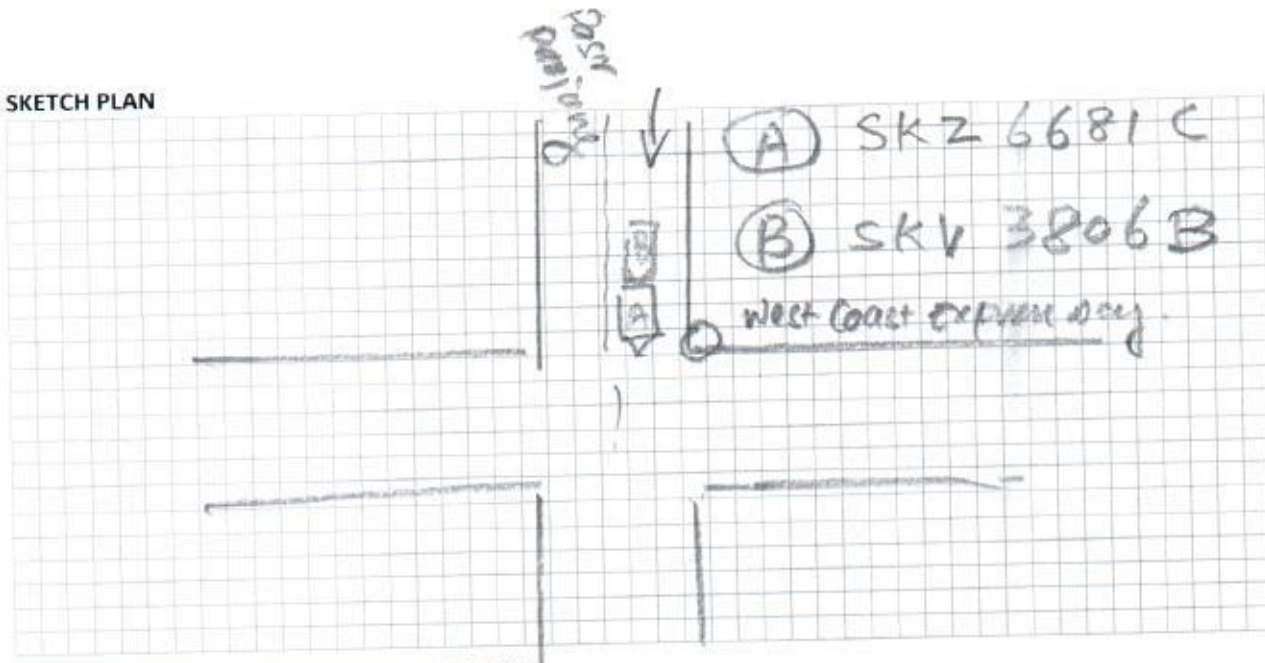
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Pasir Panjang towards West Coast Expressway. Vehicle A stop at traffic light and suddenly Vehicle B hit on Vehicle A 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:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1806059J



Name
LIM LAY GHIM

Race
CHINESE

Date of Birth
05-07-1967

Country of Birth
SINGAPORE

Sex
F




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S1806059J

Name
LIM LAY GHIM

Birth Date: **05 Jul 1967**

Issue Date: **25 Sep 2015**



002476488F

SG 50

1317729




NRIC No: **S1806059J**

Blood Group
A+

Date of issue
27-07-1994

APT BLK 92A TELOK BLANGAH STREET 31 #22-219
SINGAPORE 101092

NRIC No: S1806059J Date: 03/03/2018

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 28 May 1999



Licence No: S1806059J

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/00447663
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SKZ6681C
Chassis No.	: RU11109438
2) Name of Policy Holder	: LIM, LAY GHIM
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 29/01/2018 00:00
4) Date/Time of Expiry of Insurance	: 28/01/2019 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\$ 500.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: UNITED OVERSEAS BANK LIMITED
Main driver	: LIM, LAY GHIM
Named driver	: None
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: 18/01/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

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