

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 03/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18006091/13	SAS e-filing		
Veh No: SKB99950	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/04/18 Y000	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKX2534K	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);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	03/04/2018 16:10
Date Of Accident	01/04/2018 10:20
Exact Location Of Accident	AYE(MCE)5.5KM GILLMAN FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9995D
Insured/Policyholder	
Name Of Registered Owner	TAY,WEE LEE
NRIC No	S7441232G
Email Address	TAYWEELEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94509496
Alternative Phone No	OTHERS-94509496

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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/00141039/04
Cover Note Number	

Driver

Name of Driver	TAY BOON KENG
NRIC No	S1390551G
Date Of Birth	03/06/1950
Occupation	INDOOR
Date Of Driving Pass	11/08/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242622
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 32 TEBAN GARDENS ROAD #10-356
Postcode	600032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM SENG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 5 BEO CRESCENT , POSTCODE: 169981 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
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	SKX2524K
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAN LIM HUI YAN
NRIC/Passport Number	S9042457B
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: 1/4/18

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

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

SKETCH PLAN

AYE(MCE) 5.5KM GILLMAN FLYOVER

A - SKB999SD

B - SKX2524K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on AYE (MCE) on 1/4/2018 at 1020am location at Gillman Flyover 5.5km on the 1st lane then the car SKX2524K driving from second lane suddenly cut into my lane and hit on to my car and my car lost control and hit on to the divider that causes my car right hand side badly damage.

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.:



SINGAPORE POLICE FORCE



T/20180401/2083

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

1 of 3

Report No. T/20180401/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 21:20	Vide Report No.: D/20180401/0075	Station Diary No.: 31
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: TAY BOON KENG			Address: APT BLK 32 TEBAN GARDENS ROAD #10-356 SINGAPORE 600032		
ID Type / ID No.: NRIC NO / S1390551G			Contact No.: Home/Office: Mobile: 84242622		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 03/06/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 01/04/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE(MCE) below Gillman Flyover at 5.5km Lamp Post Number: 286				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB9995D	Car				Seriously Damaged	0
SKX2524K	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180401/2083

2 of 3

Report No. T/20180401/2083

Police Station Of Origin:

Kim Seng NPP

5 Beo Crescent SINGAPORE 169981

Tel No: 1800-2718999

CONTINUATION OF REPORT

Brief Details.

On 01/04/2018 at about 1020hrs, while I was driving along AYE(MCE) on lane 1, another vehicle (SKX2524K) driving on lane 2, suddenly filtered into my lane. His rear right wheels hit onto my front left bumper. Due to the impact, I lost control of my vehicle and hit onto the divider that caused serious damage to the front right part of my car. My car was then towed away as it was no longer able to drive. We exchanged particulars and he mentioned that he was in a hurry to the airport. No one was injured but Police attended to the scene.



**SINGAPORE
POLICE FORCE**



T/20180401/2083

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

3 of 3

Report No. T/20180401/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 TAY KAH JUN

Signature Of Informant:

PF

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2018 21:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

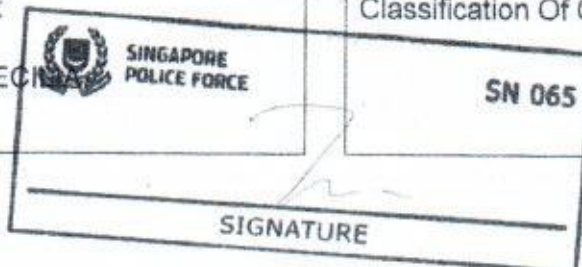
Contact No.: 65476404

Classification Of Case:

SN 065

Authentication Stamp

NP168



Date of Accident : 1/4/2018 Accident Time: 1020 (24-HR-Format)
 Accident Place : AYE (MEE) S. 5 km. Githan Hyower.
 Vehicle No. (Car Plate No.) : SKB999SD Make/Model: _____
 Insurance Company : Direct Asia. Policy No: _____
 Owner or Company Name / IC No. : ST441232G
 Owner or Company Contact No. : 94509496 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : TAY BOON KENG S1390551G
 DRIVER'S Date Of Birth : 03/06/1950 DRIVER'S License Pass Date 11/08/1978
 Relationship of Owner & Driver : Spouse Parents Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B1K 32 #10-356 Taban Gardens Rd
 DRIVER'S Contact No./ Alt No. : 1) 84242622 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Tay wee lee @ hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pfs state): _____

Other Party Driver's Particular (if any)

Vehicle No: SKX 2524K	Vehicle No: _____
Vehicle Make/Model: Mercedes CLA180	Vehicle Make/Model: _____
Name Driver: Sean Lim Hui Yan	Name Driver: _____
IC No. Driver/Contact: S9042457B	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS 1

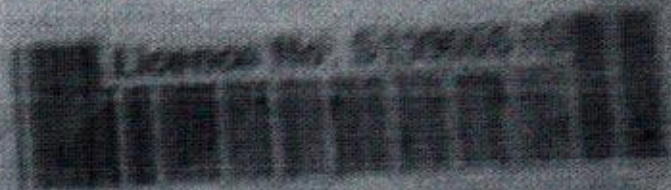
DRIVING CAR AND LIGHT MOTOR VEHICLES FOR WHICH THE
DRIVER IS NOT ADRS DRIVEN BY THE ROAD TRANSPORT BOARD

11/08/2010

11/08/1978

S1390551G

S1390551G



428A

573426



NRIC No. S1390551G

Date of issue

28-06-2005

BLK 32 TEBAN GARDENS ROAD #10-356
SINGAPORE 600032

C No: S1390551G

Date: 11/08/2010

No. 0492716

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1390551G

Name

TAY BOON KENG

03/06/1950

Date of birth 03 Jun 1950

Valid until 22 Mar 2004



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1390551G



Name

TAY BOON KENG

陈文庆

Race

CHINESE

Date of birth

03-06-1950

Sex

M

Country of birth

SINGAPORE



5798670



NRIC No. S7441232G



Date of issue

12-09-2017

Address

PT BLK 52 STRATHMORE AVENUE
02-243
SINGAPORE 141052

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7441232G



Name

TAY WEE LEE
(ZHENG WEILI)

郑 盛 利

Race

CHINESE

Date of birth

06-12-1974

Sex

M

S7441232G

Country/Place of birth

SINGAPORE

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)

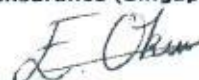
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00141039/04
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SKB9995D
Chassis No.	: ZGE200004165
2) Name of Policy Holder	: Tay, Wee Lee
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/07/2017 00:00
4) Date/Time of Expiry of Insurance	: 26/07/2018 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\$ 600.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: Hong leong finance
Main driver	: Tay, Wee Lee
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: 23/06/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer