

NATIONAL Assessment Centre Services

Part 1 (R015)

MNA 118051817

Date In: 19/4/18 13:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/DAZ18007261/h4	E-mail (within 3hrs, ATC 2hrs)		
Veh No: 5LK 5911T	i-Motor Claim Form		
D.O.A: 18/4/18 07:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: GBE 2343Y 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 (\$) [at 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2015)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QD:		
	*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: Idao 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	19/04/2018 13:36
Date Of Accident	18/04/2018 07:40
Exact Location Of Accident	ALONG AMK AVE 3 TWDS CTE/CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5811T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOONG YEN MEI
NRIC No	S7886668C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98781622
Alternative Phone No	OFFICE-98781622

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
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/00445330
Cover Note Number	-

### Driver

Name of Driver	TENG WEI KIAT (DENG WEIJIE)
NRIC No	S7422539Z
Date Of Birth	16/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94741622
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 576 WOODLANDS DR 16 #05-518
Postcode	730576
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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

PLEASE REFER TO 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	GBE2343Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOSEPH VINCENT
NRIC/Passport Number	S1359636J
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.

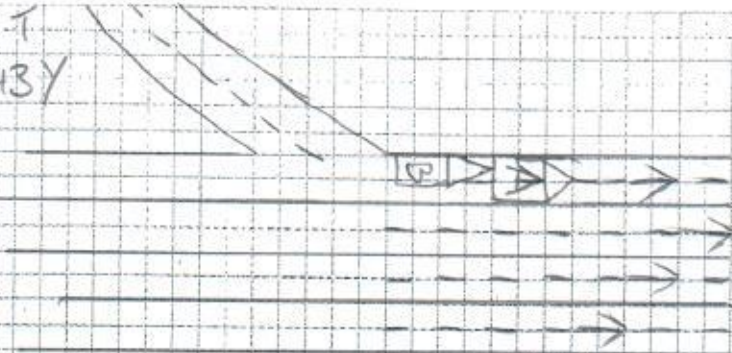
x   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Veh A = SAK 5811-T  
Veh B = GBE 2343-Y



Along Ang Mo Kio Ave 3 towards CTE/CTF

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I veh A was travelling  
 On the stated venue. As the front veh slow down and stop  
 I follow too. shortly after veh B hit onto my veh rear left  
 Portion, causing damage to it.

DECLARATION

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

x

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.:

Date of Accident : 18/4/18 Accident Time: 0710 (24-HR-Format)  
 Accident Place : Along Ang Mo Kio Ave 3 towards CTE/CITY  
 Vehicle No. (Car Plate No.) : SLK 5811 T Make/Model: Subaru Forester  
 Insurance Company : Direct Asia Policy No: MT/00445330  
 Owner or Company Name /IC No. : Choong Yen Mei S788668C  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9878 1622 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Teng Wei Kiat S7422539/2  
 DRIVER'S Date Of Birth : 16/07/1974 DRIVER'S License Pass Date 30/8/95  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 576 Woodlands Dr 16 #05-518  
 DRIVER'S Contact No./ Alt No. : 1) 9474 1622 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 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, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>GBE 2343 Y</u>	Vehicle No: _____
Vehicle Make/Model: <u>Nissan</u>	Vehicle Make/Model: _____
Name Driver: <u>Joseph Vincent</u>	Name Driver: _____
IC No. Driver/Contact: <u>S1359636/1</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7422539Z

Name:

TENG WEI KIAT  
(DENG WEIJIE)

Birth Date: 16 Jul 1974

Issue Date: 26 Apr 2003



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7422539Z



Name



TENG WEI KIAT  
(DENG WEIJIE)

邓 伟 杰

Race

CHINESE

Date of Birth

Sex

16-07-1974

M

Country of Birth:

SINGAPORE

S7422539Z

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Mar 1992
Class 2A	Motorcycles between 201 cc and 400 cc	20 May 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Aug 1995

NP 428A



NRIC No. S7422539Z

Blood Group: B+      Date of issue: 09-04-2001

APT BLK 576 WOODLANDS DRIVE 16 #05-518  
SINGAPORE 730576

NRIC No: S7422539Z

Date: 18/04/2011

No: 6775180



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7886668C



Name

CHOONG YEN MEI

钟 燕 美

Race

CHINESE

Date of birth

24-10-1978

Sex

F

Country of birth

MALAYSIA



9161747



NRIC No. S7886668C



Nationality

MALAYSIAN

Date of issue

20-04-2012

Address

APT BLK 576 WOODLANDS DRIVE 16  
#05-518  
SINGAPORE 730576



Contact us at  
Hotline: (65) 6532 2888  
E-mail: CustomerService@DirectAsia.com

## 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/00445330  
**Type of Coverage / Driver Plan** : Car Comprehensive (Value Plus Plan)  
**1) Vehicle Registration No.** : SLK5811T  
**Chassis No.** : JF1SJSKC5GG081582  
**2) Name of Policy Holder** : CHOONG, YEN MEI  
**3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act** : 20/01/2018 00:00  
**4) Date/Time of Expiry of Insurance** : 19/01/2019 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\$ 800.00 (before any applicable GST)  
**Windscreen Excess** : S\$ 100.00 (before any applicable GST)  
**Choice of workshop** : My Workshop/ My Authorised Distributor Workshop  
**Finance company / Hire Purchase** : MAYBANK  
**Main driver** : TENG, WEI KIAT  
**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: 04/01/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur  
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd  
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www.DirectAsia.com