

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 25/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/PAZ18009518/13	SAS e-filing		
Veh No: 5645869M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/05/18 1105	i-Motor Claim Form		
OD: (P) 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: ( TWINCAR )	Tel:	Fax:
TP Particulars:	Veh No: FBH32866	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
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments :-</b>	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	25/05/2018 12:31
Date Of Accident	25/05/2018 11:05
Exact Location Of Accident	PIE TWDS CHANGI AT ERP 37 AFT ADAM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5869M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN,KHIAM TECK
NRIC No	S0137698E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94773918
Alternative Phone No	OTHERS-94773918

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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/00204318/03
Cover Note Number	

### Driver

Name of Driver	TAN,KHIAM TECK
NRIC No	S0137698E
Date Of Birth	09/06/1946
Occupation	INDOOR
Date Of Driving Pass	17/03/1965
Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94773918
Fax Number	
Contact Number	OTHERS-94773918
Email Address	NOEMAIL

Address	11 CASHEW ROAD #11-03
Postcode	679672
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	
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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH3286G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SYUKRI
NRIC/Passport Number	
Contact Number	96372347
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:

25/04/18

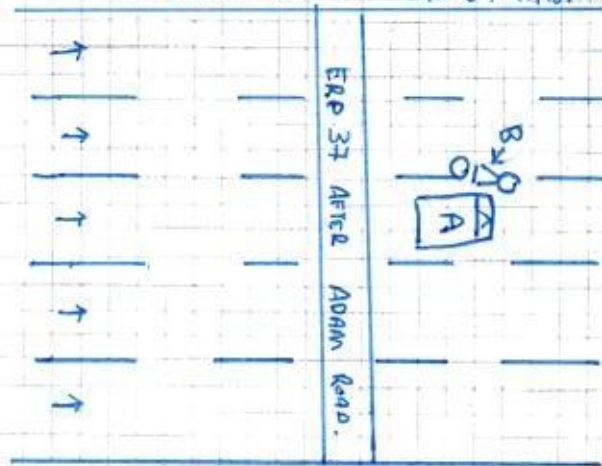
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

P/E Towards CHANGI After Lorrie road Exit A1 ERP 37 After Adam Road.

A - SGY 5869 M

B - FBH 3286 G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along P/E towards Changi in my veh(A) SGY 5869 M on the center lane of 5-Lanes, expressway. Just after ERP gantry 37 after adam road, veh(B) FBH 3286 G from my left in between lane 3 and lane 4 suddenly filtered to the right without checking blindspot and signal encroaching my path causing veh(B) right portion collided onto my veh(A) left front portion and fall on the left. Therefore, we alighted and take pictures of the accident scene.

## 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:

 25/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SGY 5869M.	Model / Make	MITSUBISHI LANCER
Date of Accident	25/05/2018		
Time of Accident	1105	HRS	
Location of Accident	PIE TOWARDS HANGS AT ERP 37 After Adam Road.		
Exact purpose use during accident	Personal use		
<b>Name of Owner</b>	TAN KHIAN TEUK		
Telephone No.	H/P : 9477 3918	Home :	Office :
NRIC	S0137698E		
Address	101 CASHEW ROAD #11-03 S(679672)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Direct Asia		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MT/00204318/03		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	17/03/1965		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER.	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	FBH 3286 G	Any Passengers :	NIL
Name of Driver	Synkri	Contact No. :	9637 2347.
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	LEFT FRONT PORTION.		
Camera Recorder	Yes / No		
Email Address	philip.tkt@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	TWIN CAR AUTOMOTIVE Pte LTD.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	HUI XIN.		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S0137698E**  
 Name: **TAN KHIAM TECK**  
 Birth Date: **09 Jun 1946**  
 Issue Date: **01 Mar 2003**


 000246407J

**REPUBLIC OF SINGAPORE** 

IDENTITY CARD NO. **S0137698E**


 Name: **TAN KHIAM TECK**  
**陳添德**  
 Race: **CHINESE**  
 Date of Birth: **09-06-1946** Sex: **M**  
 Country of Birth: **SINGAPORE**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Nov 1966
Class 2A	Motorcycles between 201 cc and 400 cc	29 Nov 1966
Class 2	Motorcycles exceeding 400 cc	29 Nov 1966
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Mar 1965


 Licence No: **S0137698E**

NP 428A

1901592


 NRIC No: **S0137698E**


 Blood Group: **O+** Date of issue: **15-04-1994**

101 CASHEW ROAD #11-03  
 SINGAPORE 679272  
 NRIC No: **S0137698E** Date: **02-04-1999** No: **2912038**



## 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)**

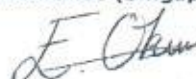
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00204318/03
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SGY5869M
<b>Chassis No.</b>	: JMYSTCY4A8U000848
<b>2) Name of Policy Holder</b>	: TAN, KHIAM TECK
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 01/10/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 30/09/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 600.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: TAN, KHIAM TECK
<b>Named driver</b>	: None
<b>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.</b>	

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: 08/09/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**