NATIONAL Assessment Centre	Services (services	091		
Date In 02/06/18	Job description	Date &Tune Complete	d Done	by
Ref No NA/DAZ 1800 9990/13	SAS e-filing			
Veh No S/V4206 m	E-mail (within 8hrs, AIC	2hrs;		
DOA 01/06/18 1440	i-Motor Claim Form			
	i-Motor W/O (Within	OD 2hrs, TP 4hrs)		371273-200
OD (IP) Reporting Only	i-Photo Uploaded			2.2
TP Insurer:	Assessment/Survey Re	port		Same States
TF HISUTER:	Ass't Report by Fax / I	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	7PJ379P I	NC()/Non-INC()	AND AND SHIP OF THE AND ADDRESS OF THE ADDRESS OF T	
Owner / Driver: (Tel:)	
Policy No: () Peri	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): 1	N: 0-20%; P: 21-79%. F: 80)-100%]	
Year of Registration: () W	arranty: YES ()/NO	0()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks:-			0	
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection	ourtesy Car ()	Date&Time Completed	Done	by
3) Upload Resurvey Photo [Repair Cost > \$30	()			
60 (0)	()			
Injury:				
Date/Time Actions				
	Inveio	e Preparation Checklist	Amt (\$)	Amt (\$ Add Bil
laimant's Particulars :-	Children Control Strong Control Control Control	Accident Reporting (\$30); Damage Assessment (\$100); INC	(\$80)	
Priver/Owner:	3) TF : T	owing Fee ollow-Through Survey	\$40/\$45 \$120	
Contact No:	5) FT : F	ollow-Through Survey (Resurvey)	\$30	
amaged Portion:	6) TR : F 7) N1 : I	niming against INC Only (wef 10 Jan 2 de-inspection dac DA + SMRT Survey	\$75 \$160	
C Checked by (Engr-In-Charge):	OD* *N5:0	Courtesy Car / Tpt Allowance	\$5 \$10	
uditors' Comments :-	*N7: I	Repair Co-ordination Post Repair Inspection DV / Collect Excess Coordination	\$25 \$5	
at. 1:		11) : TP (Non INC) against INC dac Mobile	\$20 30	4
at. 2 / 3:	Invoice a	lated Fee Charg	ed	nim 7

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.

. 化工作工作 10.00mm 20.00mm 20.00	ACCIDENT STATEMENT
Date Of Report	02/06/2018 14:21
Date Of Accident	01/06/2018 14:40
Exact Location Of Accident	53 UBI AVE 1#01-25
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV4206M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN MOHAMED ZAINOL
NRIC No	S8630541J
Email Address	MDFIZZ86@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96658647
Alternative Phone No	OTHERS-96658647
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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/00285595/02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED ZAINOL
NRIC No	S8630541J
Date Of Birth	11/10/1986
Occupation	INDOOR
Date Of Driving Pass	12/02/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96658647
Fax Number	

OTHERS-96658647

MDFIZZ86@YAHOO.COM.SG

BLK 778 WOODLANDS DR 60 Address

#02-114 730778

Postcode

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

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)

0

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

YP2379P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHUA HONG SEAH Name of Driver

S0215308D 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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 gnature

Driver's Signature

(If driver is not the policyholder)

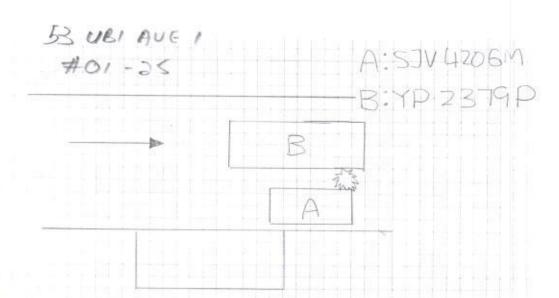
Date & Time:

Reporting Centre Personnel's Signature

02/06/18

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mobiela A was assisted alaliana
Vehicle A was barked stationary at
53. Ubi Avenue 1, #01-25 Paya Ubi Industrail
Poirk, 5408934. Vehicle B (lorry) drove
past and hit yehicle A at the side causing
Hamage to side of car. (01/06/2018, 14:40)

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. S8630541J





Name

MUHAMMAD HAFIZ BIN MOHAMED ZAINOL

محمد حافظ بن محمد ذاءينول

MALAY

11-10-1986 M

Country/Place of Earth SINGAPORE

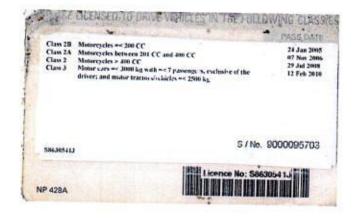
58014//



Date of issue 18-09-2017

APT BLK 778 WOODLANDS DRIVE 60 #02-114 SINGAPORE 730778







Contact us at

Hotline: (65) 6532 2888

CustomerService@DirectAsia.com E-mail:

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/00285595/02

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus-Plan)

1) Vehicle Registration No.

S1V4206M

Chassis No.

JMYSRCY2AAU000755

2) Name of Policy Holder

MUHAMMAD HAFIZ BIN MOHAMED ZAINOL

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

26/01/2018 00:00

4) Date/Time of Expiry of Insurance

: 25/01/2019 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

Main driver

MUHAMMAD HAFIZ BIN MOHAMED ZAINOL

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

Issued on:

12/01/2018

Edip Okur Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd 88 South Bridge Road Singapore 058716 www.DirectAsia.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:		
Owner ID:	Singapore NRIC	
Vehicle Details	0541)	
Vehicle No.:	SJV4206M	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	03 Jun 2018	
Vehicle Make:	MITSUBISHI	
Vehicle Model:		
Primary Colour:	LANCER 1.5 MIVEC SPORTS AT ABS D/AB	
Manufacturing Year:	White	
Engine No.:	2009	
Chassis No.:	4A910128500	
Maximum Power Output:	JMYSRCY2AAU000755	
Open Market Value:	80.0 kW (107 bhp)	
Original Registration Date:	\$18,393.00	
First Registration Date:	26 Jan 2010	
Transfer Count:	26 Jan 2010	
Actual ARF Paid:	1	
OPC Cash Rebate Details	\$18,393.00	
OPC Cash Rebate Eligibility:	N/2	
OPC Cash Rebate Eligibility Expiry Date:	No	
OPC Cash Rebate Amount:		
Intended PARF Rebate Details	*	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	25 Jan 2020	
PARF Rebate Amount:	\$10.116.00	
ntended COE Rebate Details	\$10,110.00	
COE Expiry Date:	25 Jan 2020	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$3,501.00	
COE Rebate Amount:	\$575.00	
Total Rebate Amount: information contained herein is correct as at 02 Jun 2018	\$10,691.00	

OK