

NATIONAL Assessment Centre Services

MAA418071946

Date In: 04/06/2018 12:13
Ref No: NBO/DAI/80/00244
Veh No: STX1287H
G.O.A: 04/06/2018 19:35
OP TP Reasoning Only

Description	Date & Time Completed	Done by
QAS e-filing		
B-Incall (vehicle shot, A/C shot)		
I-motor Claim Form		
I-motor 3Y/O (vehicle shot, A/C shot)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VWU		

Preferred Wkg (INC Assign Wkgp / OWI)
TP Participant: Yell No: XB 5852E INC () / Non-INC ()
Owner/Driver: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: ()
Insured/Driver Liability: () % (Note: BIL SLAND (WO): NI 0-20% PI 21-79% PI 80-100%)
Year of Registration: () Warranty: YES () / NO ()
Excess (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
() Work-in-Customer: Customer's information strictly Confidential & strictly NO later of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Removals: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check/Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:
Injury:
Injury:

Involve Preparation Checklist	Done by
1) All Accident Reporting (200)	
2) DA/Damage Assessment (3100)	INC ()
3) TP/Towing Fee	
4) TP Follow-through Survey	
5) TP Follow-through Survey (Recovery)	
6) TP Follow-through Survey (Recovery)	
7) TP Follow-through Survey (Recovery)	
8) TP Follow-through Survey (Recovery)	
9) TP Follow-through Survey (Recovery)	
10) TP Follow-through Survey (Recovery)	
11) TP Follow-through Survey (Recovery)	
12) TP Follow-through Survey (Recovery)	
13) TP Follow-through Survey (Recovery)	
14) TP Follow-through Survey (Recovery)	
15) TP Follow-through Survey (Recovery)	
16) TP Follow-through Survey (Recovery)	
17) TP Follow-through Survey (Recovery)	
18) TP Follow-through Survey (Recovery)	
19) TP Follow-through Survey (Recovery)	
20) TP Follow-through Survey (Recovery)	

Checked by (Ingr-In-Charge):
Injury:
Injury:

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	04/06/2018 12:13
Date Of Accident	01/06/2018 19:35
Exact Location Of Accident	TPE(PIE) BEFORE TAMPINES AVENUE 10 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1237H
Insured/Policyholder	
Name Of Registered Owner	SHIRIN BINTE YAHYA
NRIC No	S8521297D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94777151
Alternative Phone No	OTHERS-94777151

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA
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/00463085
Cover Note Number	

Driver

Name of Driver	SHIRIN BINTE YAHYA
NRIC No	S8521297D
Date Of Birth	30/06/1985
Occupation	INDOOR
Date Of Driving Pass	08/08/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94777151
Fax Number	
Contact Number	OTHERS-94777151
EMail Address	NOEMAIL

Address	BLK 176D EDGEFIELD PLAINS #02-186
Postcode	824176
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

PLEASE REFER TO SKETCH PLAN

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	XB5852E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
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Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

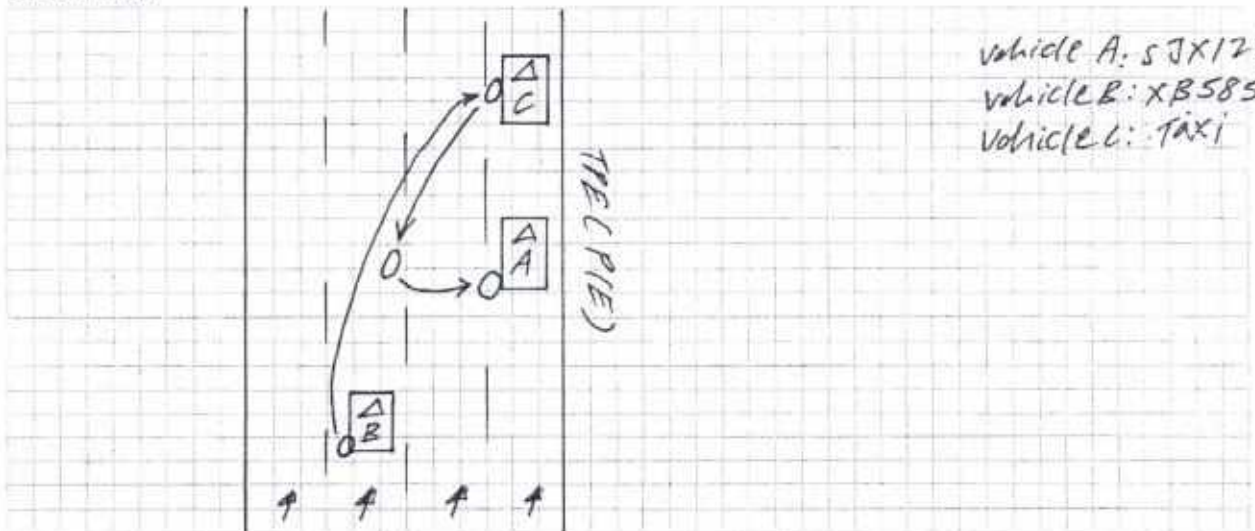
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Reporting Centre Personnel's Signature
Name: Paul Gaudin
NRIC/FIN No.: 100101010101010101

SKETCH PLAN



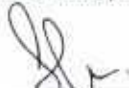
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I, vehicle A' was
 travelling straight on the stated venue. Suddenly, vehicle
 B' 's tyre hit onto my vehicle rear left 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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 06 / 2018 (dd/mm/yy) Time of Accident: 19 35 (24-HR-FORMAT)
Vehicle No.: SJX1237H Vehicle Make & Model: PROTON EXORA
Exact location of Accident: TPE (PIE) before Tampines Ave 10 Exit
Policyholder's Name / IC No.: Shirin Binte Yahya / 58521297D
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 9477 7151 Company Contact No.: _____
Driver's Address: 176D Edgelyield PLAZAS #02-186 S(824176)
Insurance Company: Direct Asia Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____
Passenger Name: _____

Gender: Male / Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No.: XB5852E ^(B)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: TAXI ^(C)

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8521297D



Name

SHIRIN BINTE YAHYA

Race

MALAY

Date of birth

30-05-1985

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number: S8521297D

Name: SHIRIN BINTE YAHYA

Exp. Date: 30 Jun 1995

Issue Date: 27 Dec 2006



001467844C



5954331

NRIC No. S8521297D



Date of issue

15-12-2006

APT BLK 1780 EDGEFIELD PLAINS #02-188
SINGAPORE 624176

NRIC No: S8521297D

Date: 13/03/2015

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

PASS DATE

Class 2B Motorcycles \leq 200 CC

29 Nov 2007

Class 2 Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

06 Aug 2005

S8521297D

S / No. 9000077046

NP 426A



Licence No: S8521297D

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)

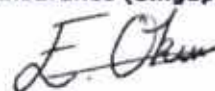
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00463085
Type of Coverage / Driver Plan	: Car Third-Party Fire and Theft (Value Plus Plan)
1) Vehicle Registration No.	: SJX1237H
Chassis No.	: PL1FZ6YRRAF028017
2) Name of Policy Holder	: SHIRIN BINTE YAHYA
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 29/03/2018 00:00
4) Date/Time of Expiry of Insurance	: 28/03/2019 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	: Not Applicable (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: SHIRIN BINTE YAHYA
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: 21/03/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer