

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MNA18075047**

Date: 01/06/2008 15:29	Job description	Date & Time Completed	Done by
Ref No: NA/DA180/0589/Y	SAS e-filing		
Veh No: SJY 2397S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/06/2008 16:40	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLH 1487M 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	Add Bill
Claimant's Particulars :-	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) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OI*:		
	*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: 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	09/06/2018 15:29
Date Of Accident	08/06/2018 16:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2397S
Insured/Policyholder	
Name Of Registered Owner	SZE SEE MING
NRIC No	S7905626Z
Email Address	STANLEY07_SSM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97530758
Alternative Phone No	OTHERS-97530758

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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/00088391/05
Cover Note Number	

Driver

Name of Driver	SZE SEE MING
NRIC No	S7905626Z
Date Of Birth	24/02/1979
Occupation	INDOOR
Date Of Driving Pass	19/05/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97530758
Fax Number	
Contact Number	OTHERS-97530758
EMail Address	STANLEY07_SSM@YAHOO.COM

Address	BLK 78 BEDOK NORTH ROAD #07-238
Postcode	460078
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 - 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	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : PENG YUAN QING (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
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	SLH1487M
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ZHONG YI
NRIC/Passport Number	
Contact Number	91271018
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SZE SEE MING

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJY2397S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PENG YUAN QING

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJY2397S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)**

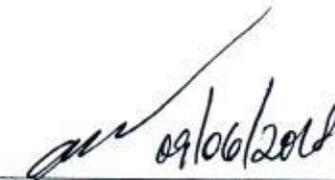
I understand, acknowledge, agree and consent that:

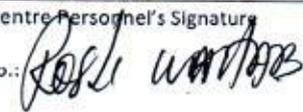
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

09/06/18 1535H

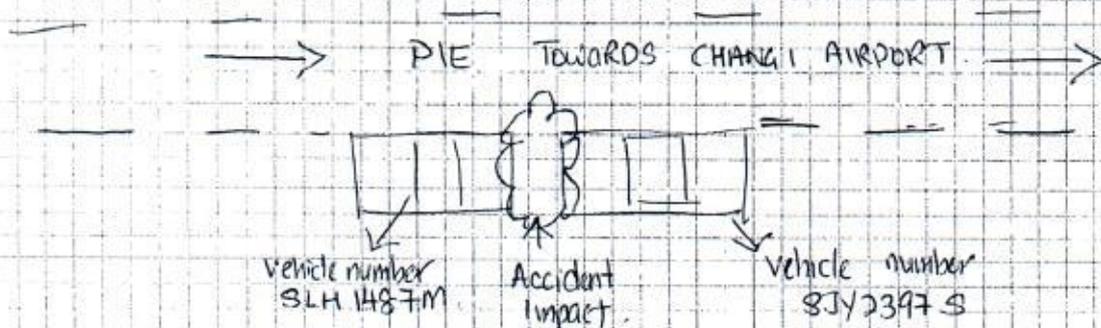

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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



SKETCH PLAN PIE TOWARDS CHANGI AIRPORT B/LF CORNIE RD EXIT

CORNIE
EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1640H, my vehicle was travelling ~~slowly~~ on PIE toward Changi Airport (Lane 1).
 Vehicle number (SLH 1487M) bang into the rear of my vehicle.
 Prior to the impact, I had full view of car ahead and was travelling at 60km/h.
 The traffic came to a halt and stopped my vehicle when the vehicle (SLH 1487M)
 bang into the rear of my vehicle.

DECLARATION

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

[Signature] 09/06/18 1535H.

Policyholder's Signature
Date & Time:

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

[Signature] 09/06/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: (08/06/2018) (DD/MM/YYYY), TIME: (16:40) (HH:MM)

LOCATION: PIE TOWARDS CHANGI AIRPORT, before LURNIE Road EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 2397 S
b) INSURANCE COMPANY: DIRECT ASIA
c) POLICY NUMBER: MT/00088 391/05
d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: TOYOTA ALTISS (SILVER)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELING HOME
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SZE SEE MING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79056262 CONTACT: 97530758
c) ADDRESS: BLK 78 BEDOK NORTH ROAD #07-238
S(460078)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (24/02/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 MAY 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED ~~YES~~ / NOT YES / ~~NO~~

7. a) REPORTED TO POLICE (YES / NOT)

IF YES, PLEASE STATE WHICH POLICE STATION: KAKI BAKIT APP SP/REF: 2.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH 1487 M MODEL: HONDA VEZEL
b) DRIVER'S NAME: TOH ZHONG YI
c) NRIC/FIN/PASSPORT: S9438796C CONTACT: 91271018

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

technetcarcare@yahoo.com.sg

Email = Stanley 07 - 8sm@yahoo.com

fax =

PENG YUAN BINH

MFE

#No of passenger
(including driver)

(2)

#No of passenger
(including driver)

#No of passenger
(including driver)

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
SIZE SEE MING

NRIC No
S7905626Z



This card is the property of the Singapore Armed Forces. Any person having this card is requested to forward it without delay to Central Personnel Base at any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S7905626Z**

SIZE SEE MING
(OU SHIMING)

Birth Date: **24 Feb 1979**
Valid Date: **19 May 2004**

001221680J



NRIC No - Colour
S7905626Z / PINK

Race
CHINESE

Blood Group
O+

Date Of Birth
24/02/1979

Country Of Birth
SINGAPORE

Sex
M

Service Status
Military Rank Status

Handwritten note:
PASS APPLICABLE SUBJECT OF PROAD...
SINGAPORE 4A 97C... 20 APR 1979

Use governed by Civilian
Terms & Conditions
1111020102050000



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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms**

PASS DATE
19 May 2004

NP 428A

License No: S7905626Z



NOTICE OF REPORTING

This is to confirm that Sze See Ming, NRIC: S7905626Z, has reported to the Police a non-injury traffic accident which occurred at Pan Island Expressway towards Changi Airport, before Lornie Road Exit on 08/06/2018 at 1640 hours involving the following vehicles:

SJY2397S (Toyota Altis / Silver)

SLH1487M (Honda Vezel/ Bronze)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Kaki Bukit NPP
Block 526 Bedok North Street 3
#01-448 Singapore 460526
Tel: 1800-4429999

Name of Issuing officer: **SGT (3) Khairi Yahya**

Date: 09/06/2018 Time: 1340 hrs

S/D Ref: 2

Police Post/ Unit: **KAKI BUKIT NPP**

Original - To be issued to informant
Duplicate- to be submitted to Traffic Police

YOUR POLICY SCHEDULE

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

Car Insurance

Policy number	: MT/00088391/05		
Period of cover	: Policy begins 13/08/2017 00:00 and runs until 12/08/2018 23:59		
Premium	: S\$ 1,102.64 (Inclusive of GST)		
Own Damage Excess	: S\$ 600.00 (before any applicable GST)		
Windscreen Excess	: S\$ 100.00 (before any applicable GST)		
Vehicle Details			
Vehicle Registration	: SJY2397S	Chassis number	: MR053ZEE106177844
Make and model	: Toyota Corolla Altis 1.6 (A)	Car usage	: Private Use + Commuting to work
Year of registration	: 2010		
Finance company / Hire purchase	: Hong Leong		
Is your car modified? (Modifications are according to LTA guidelines)	: No		
Policyholder			
Policyholder	: Sze, See Ming		
Mailing Address	: 78 BEDOK NORTH ROAD, 07-238 , Singapore 460078		
E-mail Address	: stanley07_ssm@yah oo.com	Mobile Number	: 97530758
No Claims Discount (NCD)	: 30%		
Main Driver Details			
Main Driver	: Sze, See Ming		
Date of Birth	: 24/02/1979	Marital Status	: Married
Gender	: Male	Occupation	: Civil servants : executive & admin
Certificate of Merit	: Yes		
Years of valid driving licence	: > 5		
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.			
Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			