

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18678937

Date In: 18/6/18-14:10	Job description	Date & Time Completed	Done by
Ref No: NA/DA2801147/24	SAS e-filing		
Veh No: SW 88604	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/6/18-15:20	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: XD69276	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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
	ON:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat 1:			
Dat 2 / 3:			

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	19/06/2018 14:10
Date Of Accident	18/06/2018 15:20
Exact Location Of Accident	ALONG SIMS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU8860Y
Insured/Policyholder	
Name Of Registered Owner	TEO, ENG KHOON ALAN
NRIC No	S1025329B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90052282
Alternative Phone No	OFFICE-90052282

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
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/00247589/02
Cover Note Number	

Driver

Name of Driver	TEO ENG KHOON ALAN
NRIC No	S1025329B
Date Of Birth	23/08/1953
Occupation	INDOOR
Date Of Driving Pass	06/12/1973
Driving Experience	44 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90052282
Fax Number	
Contact Number	OFFICE-90052282
EMail Address	NOEMAIL

Address	70 WORTHING ROAD
Postcode	555002
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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER TO 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

Vehicle Registration Number	XD6927G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:



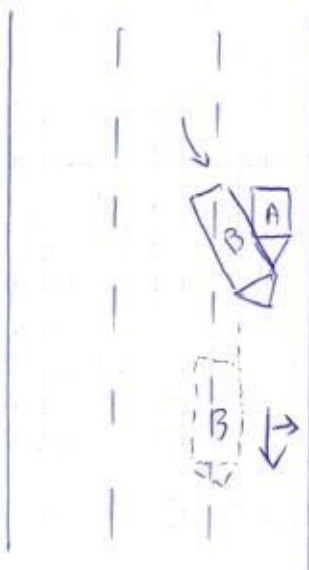
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Sim
way



DOA: 18/6/18
A: SBU 88604
B: XD 69276

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sim way, suddenly veh
B cut into my lane & collided onto my
veh RH portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Personal Particulars

Date of Accident: 18/6/18 Time of Accident: 3.20 pm
Exact Location of Accident: Sim Aye Way
Owner's Name: Teo Eng Khoo Alan NRIC No: S1025329B HP No: 9005 2282
Driver's Name: h NRIC No: h HP No: h
Date of Birth: 23/8/1953 Driving Licence Passing Date: 6/12/1973 Occupation: Indoor / Outdoor
Address: 70 Worthing Rd (555002)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SBU 88604 Make & Model: Hyundai
Insurance Co: Direct Asia Coverage: _____ Policy No: _____

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☐ Clear / ☐ Raining / Others: _____ ☐ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 0 C: _____ D: _____
men

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: XD 69270 Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars


Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1025329B**
Name: **TEO ENG KHOON ALAN**

Birth Date: **23 Aug 1953**
Issue Date: **06 Nov 2003**



000982822D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1025329B**

Name: **TEO ENG KHOON ALAN**
張英坤

Race: **CHINESE**
Date of Birth: **23-08-1953** Sex: **M**
Country of Birth: **SINGAPORE**



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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Dec 1973

NP 428A

Licence No: **S1025329B**

0321776

NRIC No: **S1025329B**

Blood Group: **A+** Date of issue: **23-04-1992**

70 WORTHING ROAD
SINGAPORE 555002
NRIC No: **S1025329B** Date: **28-05-2007** No: **5686695**



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)

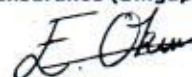
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	:	MT/00247589/02
Type of Coverage / Driver Plan	:	Low Mileage Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	:	SBU8860Y
Chassis No.	:	KMHDC51DR9U179288
2) Name of Policy Holder	:	TEO, ENG KHOON ALAN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	23/06/2017 00:00
4) Date/Time of Expiry of Insurance	:	22/06/2018 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	:	koh, peng fung frances
Ref		Named Driver Date of Birth
Named driver (1)	:	Wei Loong Benedict James, Teo 10/06/1988
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: 24/05/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

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