

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA118081976

Date In: 25/6/18-18:26	Job description	Date & Time Completed	Done by
Ref No: NA/DA18011553/24	SAS e-filing		
Veh No: SLV88RY	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/6/18-07:25	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: Shx91012 INC () / Non-INC ()

Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: (

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 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)

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

	Am't (\$) In Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
OD*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (N:n 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	25/06/2018 18:26
Date Of Accident	25/06/2018 07:25
Exact Location Of Accident	SEBBAWANG EAST WAY BESIDE BUS STOP:67111
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8818Y
Insured/Policyholder	
Name Of Registered Owner	YEO, LYE SENG
NRIC No	S1769015I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97386217
Alternative Phone No	OFFICE-97386217

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V AT ABS D/AIRBAG 2WD
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/00439454
Cover Note Number	

Driver

Name of Driver	YEO LYE SENG
NRIC No	S1769015I
Date Of Birth	18/10/1966
Occupation	INDOOR
Date Of Driving Pass	27/06/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97386217
Fax Number	
Contact Number	OFFICE-97386217
EMail Address	NOEMAIL

Address	BLK 201C PUNGGOL FIELD #07-262
Postcode	823201
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	RAINING
Road Surface	WET

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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX9101Z
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 INJURED PERSON 1

Name	YEO LYE SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV8818Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: 25/6/2018

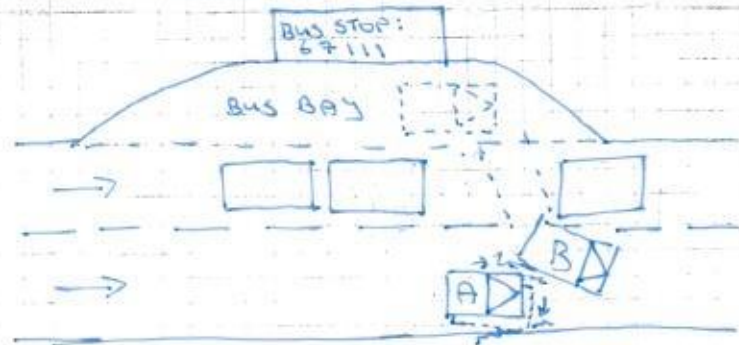

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/6/2018


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

SKETCH PLAN

VEHICLE A - SLV 8818 Y
VEHICLE B - SAX 9101 Z

ST ANNE'S CHURCH



IMPACT FROM
VEHICLE B CAUSE
THE RIGHT SIDE OF
MY VEHICLE TO HIT
ONTO THE CURB ON
THE RIGHT.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ON THE RIGHT LANE OF SENG KANG EAST WAY TOWARDS SENG KANG EAST DRIVE.

WHILE TRAVELLING STRAIGHT AHEAD, SUDDENLY A VEHICLE CUT INTO MY LANE DIRECTLY CAME OUT FROM THE BUS STOP ID: 67111 AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE, AND THE IMPACT CAUSE MY VEHICLE SWERVED RIGHT AND HIT ONTO THE CURB OF THE ROAD CENTER DIVIDER.

THE CAR IN FRONT DIDN'T STOP IMMEDIATELY AND DRIVE ON AHEAD, WHICH THEN TURNED INTO ST ANNE'S WOOD AND STOPPED THERE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLV 8818 Y
VEHICLE B - SAX 9101 Z

DECLARATION

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


Policyholder's Signature

Date & Time: 25/6/2018


Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/6/2018


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

Vehicle No.	SLV 8818 Y	Model / Make	TOYOTA VOXY
Date of Accident	25/06/2018		
Time of Accident	0725	HRS	
Location of Accident	SANJAKH EAST WAY	(BUS STOP ID 67111)	TOWARDS SANJAKH EAST DR
Exact purpose use during accident	PRIVATE USE		
Name of Owner	SEO, LYE SENH		
Telephone No.	H/P: 97356217	Home:	Office:
NRIC	S17640151		
Address	BUK 201C PUNGOL FIELD #07-262 S(823201)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	DIRECT ASA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MT/00434454		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	NIL
Date of birth	14 OCT 1966		
Occupation	Outdoor / Indoor		
Driving License Pass Date	27 JUN 1985		
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.	SEO, LYE SENH 97356217		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SGX 9101 Z	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	LEFT FRONT / AND	RIGHT RIM. (HIT CURB)	
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTG LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S17690151



YEO LYE SENG

RACE
CHINESE
Date of Birth
18-10-1966 M
Country of Birth
SINGAPORE

050.11

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S17690151

Name

YEO LYE SENG

Birth Date 18 Oct 1966

Issue Date 04 Feb 2004



001106310G



2162984

NRIC No: S17690151



Blood Group: Date of Issue
A+ 21-06-1994

APT BLK 201C PUNGGOL FIELD #07-262
SINGAPORE 823201

NRIC No: S17690151

Date: 04-08-2003 No: 4687857

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc/	13 Mar 1990
Class 2A	Motorcycles between 201 cc and 400 cc	13 Mar 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jun 1985

NP 428A



Licence No: S17690151

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/00439454
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLV8818Y
Chassis No.	: ZWR80-0284851
2) Name of Policy Holder	: YEO, LYE SENG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 28/12/2017 00:00
4) Date/Time of Expiry of Insurance	: 27/12/2018 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\$ 600.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	:
Main driver	: YEO, LYE SENG
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: 18/12/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer