

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 25/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/DA/18013485/13	SAS e-filing		
Veh No: FBL 6906K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/07/18 2130	i-Motor Claim Form		
OD: (P) 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: SHA 9807E 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 (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	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 \$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	25/07/2018 09:34
Date Of Accident	23/07/2018 21:30
Exact Location Of Accident	ANG MO KIO AVE 8 SLIP RD TO ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6906K
Insured/Policyholder	
Name Of Registered Owner	JAMARI BIN ABDUL HAMED
NRIC No	S7704245H
Email Address	JAMINCS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81860920
Alternative Phone No	OTHERS-81860920

Vehicle Particulars

Manufacturer	HONDA
Model	STEED 400
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00362368/01
Cover Note Number	

Driver

Name of Driver	JAMARI BIN ABDUL HAMED
NRIC No	S7704245H
Date Of Birth	11/02/1977
Occupation	INDOOR
Date Of Driving Pass	04/07/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81860920
Fax Number	
Contact Number	OTHERS-81860920
Email Address	JAMINCS@YAHOO.COM

Address	BLK 114 SERANGOON NORTH AVE 1 #11-557
Postcode	550114
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AT ANG MO KIO AVE 8 SLIP RD TO ANG MO KIO AVE 5. SUDDENLY VEH(B) BEARING REG NO SHA9807E FROM MY RIGHT SIDE HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH AND RUN OVER MY RIGHT LEG.

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	SHA9807E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RONALD
NRIC/Passport Number	
Contact Number	83686760
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JAMARI BIN ABDUL HAMED
Approximate Age	
Injuries Sustain	BODY & RIGHT LEG
Injured person in which vehicle?	FBL6906K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

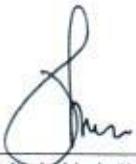
SKETCH PLAN

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**.
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

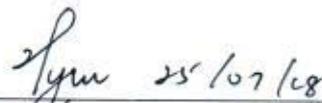
Date & Time:

25/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

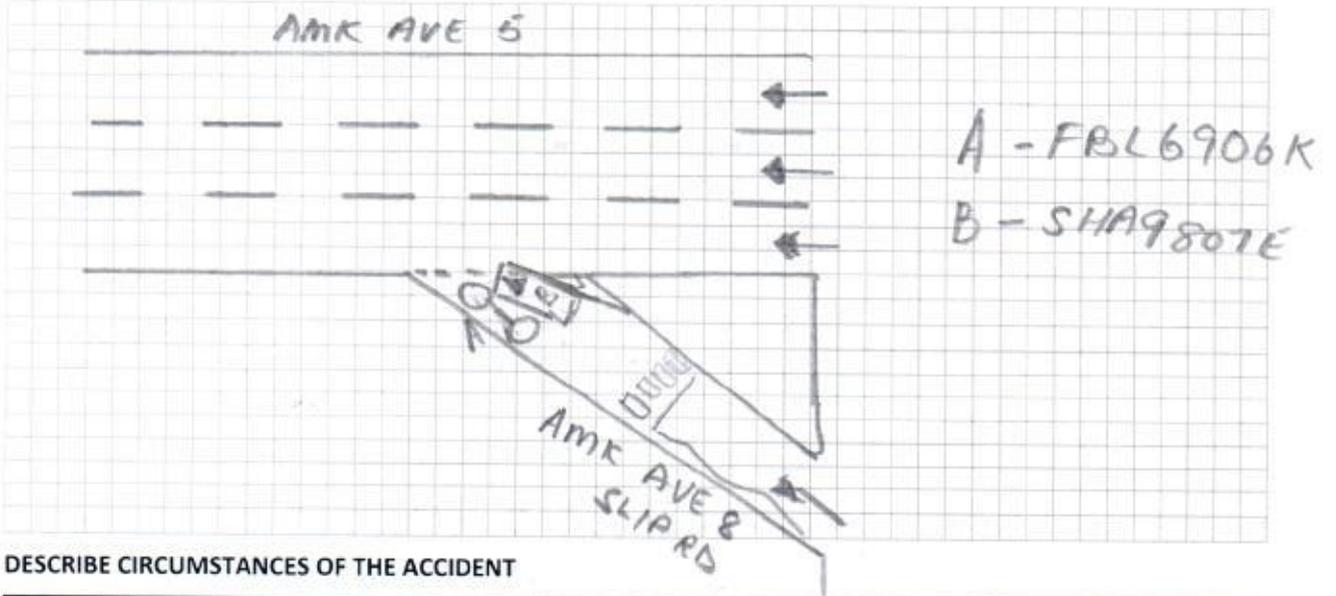


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: *25/7/18*

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

[Signature] *25/07/18*

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

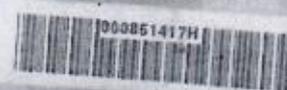
License Number: **S7704245H**

Name: **JAMARI BIN ABDUL HAMED**

Birth Date: **11 Feb 1977**

Issue Date: **20 Sep 2003**

000851417H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7704245H**



Name: **JAMARI BIN ABDUL HAMED**

Race: **MALAY**

Date of birth: **11-02-1977**

Country/Place of birth: **SINGAPORE**

Sex: **M**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 2B Motorcycles < 200 CC

Class 2A Motorcycles between 201 CC and 400 CC

PASS DATE

01 Sep 1995

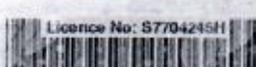
04 Jul 2006

S / No. 9000044918

S7704245H

NP 420A

License No: S7704245H



5211363



NRIC No: **S7704245H**



Date of issue: **30-08-2013**

Address: **APT BLK 114 SERANGOON NORTH AVENUE 1 #11-557 SINGAPORE 550114**





Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

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.

Motorcycle Insurance

Policy number	: MC/00362368/01
Period of cover	: Policy begins 22/03/2018 and runs until 21/10/2018 (both dates inclusive)
Premium	: S\$ 128.94 (inclusive of GST)
Policy Excess	: S\$ 600.00
Policyholder	
Policy holder	: Jamari Bin Abdul Hamed
Mailing address	: 114 SERANGOON NORTH AVENUE 1, #11-557, Singapore 550114
E-mail address	: jamincs@yahoo.com
No Claims Discount (NCD)	: 20%
Mobile Number	: 81860920
Offence Free Discount	: Yes
Driver Details	
Main Driver	: Jamari Bin Abdul Hamed
Date of birth	: 11/02/1977
Gender	: Male
Driving experience	: > 5
Marital status	: Married
Occupation	: Private sector : workers/skilled workers
Named Driver	
Important Note: The policy only cover the main driver and the following named driver:	
No named driver declared	
Motorcycle Details	
Vehicle Registration	: FBL6906K
Make and model	: Honda Steed 400
Motorcycle usage	: Private Use + Commuting to work
Chassis number	: NC371000993
Year of registration	: 1998
Finance company/ Hire purchase	:
Third-Party Fire and Theft Cover Details	
<input checked="" type="checkbox"/> Own Damage – fire	Market Value
<input checked="" type="checkbox"/> Own Damage – theft	Market Value
<input checked="" type="checkbox"/> Third-party property damage	S\$ 500,000
<input checked="" type="checkbox"/> Third-party death or bodily injury	Unlimited
<input checked="" type="checkbox"/> 24 Hour accident towing	S\$ 100 per accident
Medical expenses for driver and passengers	Not Covered
Personal accident for drive	Not Covered
24-hour breakdown assistance	Not Covered

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur
Chief Underwriting Officer