

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI 18014729/13	SAS e-filing		
Veh No: 5GE3358P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/08/18 1900	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (SM AUTOMOTIVE)	Tel:	Fax:
TP Particulars:	Veh No: FBM3699Y	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 (\$) 1st 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) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: 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 (N'n INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
at 1:	Invoice dated	Fee Charged		
at 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	14/08/2018 14:36
Date Of Accident	13/08/2018 19:00
Exact Location Of Accident	JUNC OF ANG MO KIO AVE 5 & AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE3358P
Insured/Policyholder	
Name Of Registered Owner	LIM TIONG BENG
NRIC No	S1689033B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96317526
Alternative Phone No	OTHERS-96317526

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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/00445787
Cover Note Number	

Driver

Name of Driver	LIM TIONG BENG
NRIC No	S1689033B
Date Of Birth	07/07/1965
Occupation	INDOOR
Date Of Driving Pass	12/11/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96317526
Fax Number	
Contact Number	OTHERS-96317526
EMail Address	NOEMAIL

Address	BLK 129 SERANGOON NORTH AVE 1 #10-94
Postcode	550129
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?	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)	2
Passenger 1	NAME: NG PING PING GENDER: FEMALE

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

PLS REFER TO THE ATTACHED 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	FBM3699Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ANG MD KID AVE 10

ANG MD KID AVE S.

UNKNOWN VEHICLE

VEHICLE STOP AFTER IMPACT.

A: 306 3358P
B: 306 3699P

The diagram shows a street layout with a vertical road labeled 'ANG MD KID AVE S.' and a horizontal road labeled 'ANG MD KID AVE 10'. A dashed line indicates a vehicle's path from the bottom towards the intersection. At the intersection, a vehicle is shown in a stopped position, labeled 'VEHICLE STOP AFTER IMPACT.'. Other vehicles are shown in various positions along the vertical road. Two points are marked on the right side of the vertical road, labeled 'A' and 'B'. Arrows indicate the direction of traffic flow. Handwritten notes 'A: 306 3358P' and 'B: 306 3699P' are present on the right side of the diagram.

I WAS TRAVELLING ALONG THE SECOND RIGHT LANES OF A LANES ALONG ANG MO KIU AVE 5, WHILE TRAVELLING, I CAME TO A STOP BEHIND VEHICLE AT THE JUNCTION WITH ANG MO KIU AVE 10, DUE TO TRAFFIC RED LIGHT AHEAD. WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, ONE M/CYCLE FB M 36994 CAME FROM MY REAR AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY STATIONERY STOP VEHICLE. AFTER THE ACCIDENT, WE BOTH STOP TO EXCHANGE PARTICULAR AND THE RIDER ALSO ADMITTED HIS FAULT.

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

 14/08/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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:

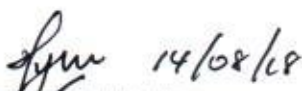
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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



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

VEHICLE NO: 3GE 3358P

MAKE & MODEL: MAZDA 6.

DATE OF ACCIDENT	13 / 08 / 2018	
TIME OF ACCIDENT	7.00 AM/PM	
LOCATION OF ACCIDENT	ANG MO KIO AVE 5 x ANG MO KIO AVE 10	
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY TO ANG MO KIO AVE 2.	
NAME OF OWNER	LIM TIONG BENG	
TEL NO	9631 7506.	
NRIC	S 168 9033B	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
INSURANCE CO	DIRECT ASIA.	
TYPE OF COVERAGE	Comprehensive // Third Party / Third Party Fire & Theft	
POLICY NO.	MT/00445787	
NAME OF DRIVER	As Above / If No:	
NRIC	Any Passengers: 1 NG PING PING	
DATE OF BIRTH	07 / 07 / 1965 FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	12 / 11 / 1991	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Office: Home:	
ADDRESS	BLK 129 SERANGOON NORTH AVE 1 # 10-9H S(550129)	
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	FBM 36994 Any Passenger: NO	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
OWNER/DRIVER EMAIL		
IN-CAR CAMERA	YES // <u>NO</u>	
PARTICULAR WORKSHOP	SM AUTOMOTIVE	
	1 Kaki Bukit Ave 6, Blk C #01-43	
	Autobay@Kaki Bukit Singapore 417883	
TEL NO	TEL: 6747 9241	
CONTACT PERSON	Reena / Sukyi	
FAX NO.	FAX: 6741 7276	
EMAIL	reena@nhtmotor.com	
	admin@nhtmotor.com	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1689033B



Name

LIM TIONG BENG

林 中 明

Race

CHINESE

Date of birth

07-07-1965

Sex

M

S1689033B

Country of birth

SINGAPORE

4 9 5 5 2 5 5



NRIC No. **S1689033B**



Date of issue

12-03-2013

Address

APT BLK 129 SERANGOON NORTH AVENUE 1
#10-94
SINGAPORE 550129

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S 1689033 B**

Name
LIM TIONG BENG

Birth Date: **07 Jul 1965**

Issue Date: **06 Mar 2013**



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

	EFFECTIVE DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	12 Nov 1991

NP 428A



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/00445787
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SGE3358P
Chassis No.	: JM6GJ1072G0221418
2) Name of Policy Holder	: Lim, Tiong Beng
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 29/01/2018 00:00
4) Date/Time of Expiry of Insurance	: 28/01/2019 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\$ 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	: Hong Leong Finance Limited
Main driver	: Lim, Tiong Beng
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: 10/01/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer