

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA68114317

Date In: 03/09/2018 18:26	Job description	Date & Time Completed	Done by
Ref No: NBA/DAI/80/6060/Y	SAS e-filing		
Veh No: 80E 260/Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/09/2018 17:20	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: SLU 709/M	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	Am't (\$) 1st Bill	Am't (\$) 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		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	03/09/2018 18:26
Date Of Accident	01/09/2018 17:20
Exact Location Of Accident	SLIP RD FROM QUEENSWAY INTO HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE3601Y
Insured/Policyholder	
Name Of Registered Owner	CHAY MAI LING
NRIC No	S1716417A
Email Address	MAILING@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96404176
Alternative Phone No	OTHERS-96404176

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/00341781/01
Cover Note Number	

Driver

Name of Driver	CHAY MAI LING
NRIC No	S1716417A
Date Of Birth	01/09/1965
Occupation	INDOOR
Date Of Driving Pass	22/10/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96404176
Fax Number	
Contact Number	OTHERS-96404176
Email Address	MAILING@SINGNET.COM.SG

Address	97 HOLLAND ROAD #02-04
Postcode	278541
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?	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)	4
Passenger 1	NAME: : HUSBAND GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : SON 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

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	SLU7091M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HSIEN FEI
NRIC/Passport Number	
Contact Number	81257522

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

3/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 03/09/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Faster Road

HOLLAND Road

SDE 3601Y

SLU 7091 M

Queensway

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car stopped at the giveaway line after the pedestrian crossing.

A few seconds later, the car behind bumped into the back of my car. The car that knocked mine was SLU 7091 M.

We got out to inspect the cars. The other cars behind us honked ~~us~~ so we drove to our condo nearby to exchange details.

Upon inspection, they admitted that hit our car as the driver thought we were moving off.

Both parties agreed to settle through insurance company.

DECLARATION

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

Chay Marli

Policyholder's Signature

Date & Time: 3/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/09/2018

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 01/01/2018 (DD/MM/YYYY), TIME: 17:23 (HH:MM)

LOCATION: Slip road from Queensway to Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDE 3601Y
 b) INSURANCE COMPANY: Direct Asia
 c) POLICY NUMBER: MT/00341781/01
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MAZDA 3
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: going 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: CHAY MAI LING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1716417A CONTACT: 96404176
 c) ADDRESS: 97 Holland Road #02-04
5278541

* 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: (01/09/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 22/10/1990

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU 7091 M MODEL: Hyundai
 b) DRIVER'S NAME: Hsien Fei
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 81257522

9. THIRD PARTY VEHICLE

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

EMAIL = mailing@Singnet.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1716417A



Name
CHAY MAI LING

謝美玲

Race
CHINESE

Date of Birth
01-09-1965

Sex
F

Country of Birth
MALAYSIA



S1716417A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1716417A

Name
CHAY MAI LING

Birth Date: 01 Sep 1965

Issue Date: 27 Jan 2004




1001098135F

A0082234



NRIC No. S1716417A



Blood Group: B+

Date of Issue: 20-09-2001

Address
97 HOLLAND ROAD
#02-04
SINGAPORE 278541


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Oct 1990

NP 426A

Licence No: S1716417A



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/00341781/01				
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plan)				
1) Vehicle Registration No.	:	SDE3601Y				
Chassis No.	:	JM6BM42A8G0324521				
2) Name of Policy Holder	:	Chay, Mai Ling				
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	23/11/2017 00:00				
4) Date/Time of Expiry of Insurance	:	22/11/2018 23:59				
5) Persons or Classes of Persons Entitled to Drive						
(a) The Insured						
(b) Any person who is named on the policy 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	:	DirectAsia approved workshops				
Finance company / Hire Purchase	:					
Main driver	:	Chay, Mai Ling				
Ref						
Named driver (1)	:	<table border="0"> <tr> <td>Named Driver</td> <td>Date of Birth</td> </tr> <tr> <td>Tay, Soo Min</td> <td>14/07/1960</td> </tr> </table>	Named Driver	Date of Birth	Tay, Soo Min	14/07/1960
Named Driver	Date of Birth					
Tay, Soo Min	14/07/1960					
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.						

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: 24/10/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer