

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 23/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/DA/18019257/13	SAS e-filing		
Veh No: FBJ6409P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/10/18 1500	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: (MOFO 51 Tel: Fax:)

TP Particulars:	Veh No: 5LX5129L	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%. 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)	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

NA1806813	Invoice Preparation Checklist	Am (\$)	Am (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) N1: Idao 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-on INC) against INC \$20		
	9) N12: Idao 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 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. 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	23/10/2018 16:22
Date Of Accident	22/10/2018 13:00
Exact Location Of Accident	MANDALAY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ6409P
Insured/Policyholder	
Name Of Registered Owner	SUZILAWATI BINTE M'A ARIP
NRIC No	S9130241A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96490652
Alternative Phone No	OTHERS-96490652
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA LX
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/00409189/01
Cover Note Number	
Driver	
Name of Driver	SUZILAWATI BINTE M'A ARIP
NRIC No	S9130241A
Date Of Birth	31/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96490652
Fax Number	
Contact Number	OTHERS-96490652
Email Address	NOEMAIL

Address	BLK 293 TAMPINES ST 22 #04-496
Postcode	520293
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181023/7008

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 Witness 1

Name	MR GOH
Phone Number	93857351
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5129L
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)

1

DETAILS OF INJURED PERSON 1

Name

SUZILAWATI BINTE M'A ARIP

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBJ6409P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

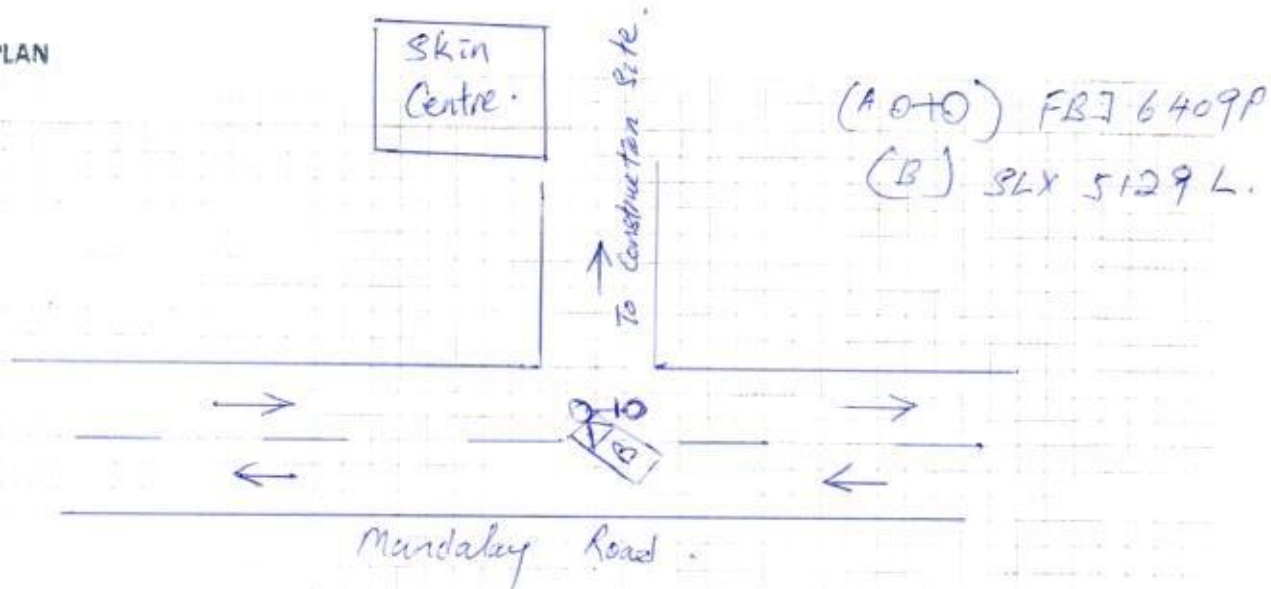


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/10/18

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to Police Report No:
T/20181023/7008.

DECLARATION

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


Policyholder's Signature
Date & Time:


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

 23/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181023/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181023/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 15:37		Vide Report No.: E/20181022/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUZILAWATI BINTE M'A ARIP			Address: APT BLK 293 TAMPINES STREET 22 #04-496 SINGAPORE 520293		
ID Type / ID No.: NRIC NO / S9130241A			Contact No.: Home/Office: Mobile: 96490652		
Nationality: SINGAPORE CITIZEN			Email: suzi_08@hotmail.com		
Sex: Female	Age: 27	Date of Birth: 31/08/1991	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Fundraiser			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2018 13:00	Type of Location: Straight Road
Location: MANDALAY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6409P	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Red		0
SLX5129L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6409P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00409189/01	19/08/2017	18/08/2019



**SINGAPORE
POLICE FORCE**



T/20181023/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181023/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUZILAWATI BINTE M'A ARIP	ID No.	S9130241A
Related Vehicle	FBJ6409P (Motorcycle)	Contact No.	96490652
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was riding straight on Mandalay Road when SLX5129L ade a sudden right turn from the opposite direction.

He hit the right side of my bike and it fell on the left. A witness, Mr Goh, who had a recording of the incident through his in car cam assisted to provide footage. His number was also provided to IO Fadzli.

I sustained a fracture to my hand and 5 cuts and abrasions to my hand, body and legs. An ambulance was called in and I was treated at TTSH till 10pm. I am experiencing difficulty in walking due to the impact of the collision.

My Vespa was badly damaged and towed to my mechanic.



**SINGAPORE
POLICE FORCE**



T/20181023/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181023/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/10/2018 15:37

Classification Of Case:

Vehicle No.	FSJ 6409P	Model / Make	Verpa
Date of Accident	22 / 10 / 18		
Time of Accident	1300 HRS		
Location of Accident	Mandalay Road		
Exact purpose use during accident	Private Used		
Name of Owner	Suzilawati Binte M'a An Arap		
Telephone No.	H/P: 9649 0652	Home :	Office :
NRIC	S 9130241A		
Address	Buk 293, Tampines St 22 #04-496 (S) 520293		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	Direct Asia		
Type of Coverage	Comprehensive Third Party <u>Third Party / Fire / Theft</u>		
Policy No.	MC / 00409189 / 01		
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers :	N/A
Date of birth	31 / 08 / 1991		
Occupation	Outdoor / Indoor		
Driving License Pass Date	13 / 05 / 2010		
Gender	Male / <u>Female</u>		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>owner</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Suzilawati Binte M'a Arap		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u> (At Traffic Police Division HQ Calang)		
Vehicle B No.	SLX 5129L	Any Passengers :	N/A
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	Mr Goh	Witness Contact :	9385 1351
Accident Portion	Right side , left side and front portion		
Camera Recorder	Yes <u>No</u>		
Email Address	suzi-08@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jacky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9130241A**

Name: **SUZILAWATI BINTE M'A ARIPI**

Birth Date: **31 Aug 1991**
Issue Date: **13 May 2010**

 001855904H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9130241A



Name

SUZILAWATI BINTE M'A ARIPI

سوزیلاواتی بنت ماریف

Race

MALAY

Date of birth

31-08-1991

Sex

F

S9130241A

Country of birth

SINGAPORE

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

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

PASS DATE

13 May 2010
07 Jan 2013

S9130241A

S / No. 9000164209

NP 428A

Licence No: S9130241A



3943470

NRIC No: **S9130241A**



Date of issue

11-10-2006

Address

**APT BLK 293 TAMPINES STREET 22
#04-496
SINGAPORE 520293**

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.	:	MC/00409189/01
Type of Coverage	:	Third-Party Fire and Theft Cover
1) Vehicle Registration No.	:	FBJ6409P
Chassis No.	:	ZAPM6840000004356
2) Name of Policy Holder	:	SUZILAWATI BINTE M'A ARIP
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	19/08/2018
4) Date of Expiry of Insurance	:	18/08/2019
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use		
Use only for private purposes, in accordance with the declared motorcycle 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
Policy Excess	:	S\$ 600.00
Main driver	:	SUZILAWATI BINTE M'A ARIP
Important Note: The policy only cover the main driver and the following named driver:		
Ref	Named Driver	Date of Birth
1	MOHAMED YAZID BIN M'A ARIP	
Finance Company / Hire Purchase		

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: 14/08/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer