

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA118144224**

Date In: <b>7/1/18-18:29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/DAI/802077/24</b>	SAS e-filing		
Veh No: <b>578086A</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>7/1/18-14:00</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>JHD 8581X</b>	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

<b>NA1807252</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant'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			
	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:-			
QC Checked by (Engr-In-Charge):	9) QP:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile \$0			
Dat. 2 / 3:	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	07/11/2018 18:29
Date Of Accident	07/11/2018 14:00
Exact Location Of Accident	CHAI CHEE ST OPP BETHESDA CATHEDRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8026A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG, WANG CHING
Passport No/FIN	F1048898L
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-96669205
Alternative Phone No	OFFICE-96669205

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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/00336199/02
Cover Note Number	

### Driver

Name of Driver	ABDUL KARIM BIN SULAIMAN
NRIC No	S1413089F
Date Of Birth	15/09/1960
Occupation	INDOOR
Date Of Driving Pass	15/03/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87423127
Fax Number	
Contact Number	OFFICE-87423127
EMail Address	NOEMAIL

Address	BLK 54 CHAI CHEE STREET #02-869
Postcode	460054
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8581X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	ABDUL KARIM BIN SULAIMAN
------	--------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJT8026A

YES

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:

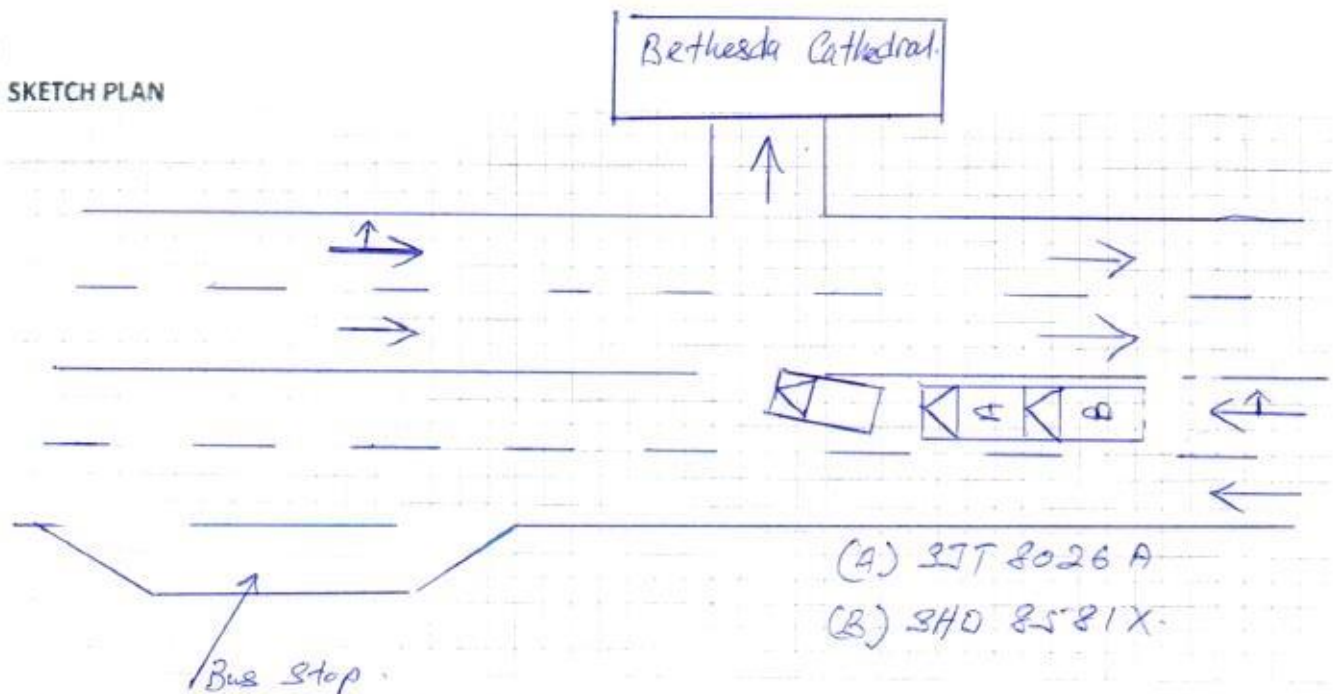
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/11/18 at @ 1400hrs, I was travelling in my vehicle (3JT 8026 A) along Chai Chee Street Opposite Bethesda Cathedral on the right lane. I saw a vehicle ahead wanted to turn right and I slow down and stopped. Suddenly, a vehicle (340 8581 X) from behind collided onto the rear portion of my vehicle.

## 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:

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




<b>Vehicle No.</b>	SJT 8026A	<b>Model / Make</b>	Mercedes B180
<b>Date of Accident</b>	7 November 2018		
<b>Time of Accident</b>	14:00	<b>HRS</b>	
<b>Location of Accident</b>	Chai Chee Street Opposite Bethesda Cathedral.		
<b>Exact purpose use during accident</b>	Personal		
<b>Name of Owner</b>	Ng Wang Ching		
<b>Telephone No.</b>	H/P: 9666 9205	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	F 1048898 L : 630924-01-5154		
<b>Address</b>	No. 38A, Jalan Murni 13, Taman Surtia, 81100 Johore Bahru, Johore		
<b>Claim type</b>	OD	(THIRD PARTY) REPORTING ONLY	
<b>Insurance Company</b>	Direct Asia Insurance.		
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	MT/00336199/02.		
<b>Name of Driver</b>	As Above If No, Abdul Karim Bin Sulaiman.		
<b>NRIC</b>	S1413089 F	<b>Any Passengers :</b> No Passengers.	
<b>Date of birth</b>	15 September 1960		
<b>Occupation</b>	Outdoor / (Indoor) Music Teacher.		
<b>Driving License Pass Date</b>	15 March 1986		
<b>Gender</b>	(Male) / Female		
<b>Contact No.</b>	H/P: 87423127	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 54 Chai Chee Street #02-869 (460054).		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Husband.	
<b>Weather condition</b>	(Clear)	Raining	Other
<b>Road Surface</b>	(Dry)	Wet	Other
<b>Any Injuries</b>	No,	(If Yes, Who?)	
<b>Name And Contact No.</b>	Abdul Karim Ben Sulaiman (H/P: 87423127)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SHD 8581X	<b>Any Passengers :</b> No Passengers.	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b> N.A.	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>	ijazah1509@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
Yes (No)			
<b>PARTICULAR WORKSHOP</b>	Twincar.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixen.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S1413089F**  
 Name  
**ABDUL KARIM BIN SULAIMAN**  
 Birth Date **15 Sep 1960**  
 Issue Date **01 Jul 2014**

002320518D



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1413089F**




 Name  
**ABDUL KARIM BIN SULAIMAN**  
 Race  
**MALAY**  
 Date of birth  
**15-09-1960**  
 Country/Place of birth  
**SINGAPORE**  
 Sex  
**M**

523580

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

**EFFECTIVE DATE**

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  15 Mar 1986

NP 425A



Date of issue  
**04-11-2013**  
 Address  
**APT BLK 54 CHAI CHEE STREET**  
**#02-869**  
**SINGAPORE 480084**





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

## 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.

<b>Certificate No.</b>	: MT/00336199/02
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SJT8026A
<b>Chassis No.</b>	: WDD2452322J509979
<b>2) Name of Policy Holder</b>	: NG, WANG CHING
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 30/10/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 29/10/2019 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 700.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: Yong Lee Seng Motor Pte Ltd
<b>Main driver</b>	: NG, WANG CHING
<b>Named driver</b>	: None
<b>Important Note:</b> 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: 14/09/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

  
Edip Okur  
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd  
20 Anson Road #08-01 Twenty Anson Singapore 079912  
www.DirectAsia.com