

NATIONAL Assessment Centre Services.

[Part 1 Jan 05]

NA118152433

Date In: 24/11/2018 14:13	Job description	Date & Time Completed	Done by
Ref No: NA118152433	SAS e-filing		
Veh No: SCV 8469M	E-mail (within 5hrs, AIC 2hrs)		
DOA: 24/11/2018 10:55	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: SJE 9998S	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 repailer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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

NA1180761	Invoice Details	Fee Charged	Fee Charged
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/145		
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	Fee Charged
	Invoice dated		

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	24/11/2018 14:13
Date Of Accident	24/11/2018 10:55
Exact Location Of Accident	GUILLEMARD ROAD JUNCTION OF GEYLANG LORONG 20
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8469M
Insured/Policyholder	
Name Of Registered Owner	TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)
NRIC No	S8842180I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90176422
Alternative Phone No	OTHERS-90176422

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (A)
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/00498020
Cover Note Number	

Driver

Name of Driver	TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)
NRIC No	S8842180I
Date Of Birth	02/11/1988
Occupation	INDOOR
Date Of Driving Pass	28/09/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90176422
Fax Number	
Contact Number	OTHERS-90176422
Email Address	NOEMAIL

Address	BLK 316C PUNGGOL WAY #10-705
Postcode	823316
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 - MAJOR/MINOR RD
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)	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

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	SJE9998S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO HUAY SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	2
Passenger 1	NAME: : GENDER: : MALE

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:

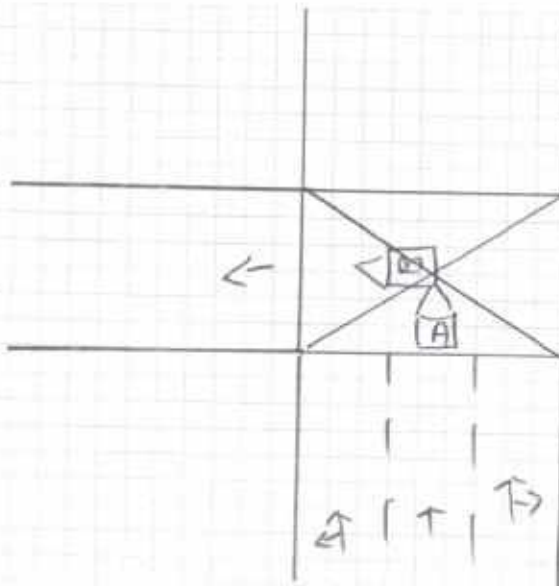
Reporting Centre Personnel's Signature
Name: *Rashid Hussain*
NRIC/FIN No.:

SKETCH PLAN

Guillemard Road turning
into geylang for 20.

(A) - SLN 5469M

(B) - SJE 9498S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Guillemard Road. Out of the sudden vehicle B turn into geylang for 20 from the oppsite side. I could not brake in time and hit onto vehicle B left hand rear portion. we came down and exchange details and left.

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.:

VEHICLE NO: SLN 8469M.

MAKE & MODEL: Toyota Ario

DATE OF ACCIDENT	24 / 11 / 2018.
TIME OF ACCIDENT	1057 <input checked="" type="radio"/> / PM
LOCATION OF ACCIDENT	Guillemard road Junction of geylang lor 20.
Exact Purpose use during accident	personal use.
NAME OF OWNER	Teo Shi Hui Geraldine
TELP NO.	9617 6422.
NRIC	S88421802.
CLAIM TYPE	OD / <input checked="" type="radio"/> Third Party / Reporting Only
INSURANCE CO.	Direct Asia
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	MT100498000.
NAME OF DRIVER	<input checked="" type="radio"/> As above / If No:
NRIC	Any Passenger: <input type="radio"/>
DATE OF BIRTH	02 / 11 / 1988.
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor
DATE OF DRIVING PASS	24 / 05 / 2007.
GENDER	Male / <input checked="" type="radio"/> Female
CONTACT NO.	Office: Home:
ADDRESS	B/316C Punggol way #10-705 SC823316).
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Others,
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Others,
ANY INJURIES	<input checked="" type="radio"/> No / Yes (Who?):
CONTACT NO.	
POLICE REPORT	<input checked="" type="radio"/> / Yes (Where?):
VEHICLE (B) NO.	SJE 99985 Any Passenger (<input checked="" type="radio"/> male.
NAME	Teo Huang Seng.
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.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88421801



Name

TEO ZHI HUI, GERALDINE
(ZHANG ZHIHUI)

張 芝 惠

Race
CHINESE

Date of birth
02-11-1988

Sex
F

3424920

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S88421801

Name

TEO ZHI HUI, GERALDINE
(ZHANG ZHIHUI)

Birth Date: 02 Nov 1988

Issue Date: 28 Sep 2007



NRIC No. S88421801



Date of issue
06-11-2003

APT BLK 316C PUNGGOL WAY #10-705
SINGAPORE 823316

NRIC No: S88421801

Date: 12/06/2017

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

PASS DATE

Class 2A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

28 Sep 2007



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/00498020	
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)	
1) Vehicle Registration No.	: SLN8469M	
Chassis No.	:	
2) Name of Policy Holder	: Teo, Zhi Hui Geraldine	
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 10/07/2018 00:00	
4) Date/Time of Expiry of Insurance	: 09/07/2019 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\$ 800.00 (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	: Teo, Zhi Hui Geraldine	
Ref	Named Driver	Date of Birth
Named driver (1)	: Tan, Yong Shen	: 29/04/1986
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: 02/07/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer