

Date In: 23/4/2017 12:07	Job description	Date & Time Completed	Done by
Ref No: NBB/DAI/202347/Y	SAS e-illing		
Veh No: STD 3519L	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 22/4/2017 17:45	I-Motor Claim Form		
OD / TP (Reporting Only)	I-Motor W/O (within 24 hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SKB 99127	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: BSL 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 repeller.
() 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

Human's Particulars:	Invoice Preparation Checklist:	by	Amu (\$)
Driver/Owner:	1) AR: Accident Reporting (320)		
Contact No:	2) DA: Damage Assessment (3100)	INC (530)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$40	
	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$70	
	For e-mailing against INC Only (Ref: 10 Jan 2007)		
	6) TR: Re-inspection	\$75	
	7) NT: New DA + SMART Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
	*N1: Courtesy Car / Tol Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$75	
	*N8: DY / Collect Excess Operation	\$5	
	TP (N11) + TP (N12) against INC	\$20	
	9) NTUC Mobile	\$5	
	Invoice sent	Paid Charged	
	Invoice sent	Not 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 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	23/11/2017 12:07
Date Of Accident	22/11/2017 11:45
Exact Location Of Accident	LEBUH RAYA TEBERAU TOWARDS PELANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3519L
Insured/Policyholder	
Name Of Registered Owner	VELDA OH SUI PEI,(HU SUPEI)
NRIC No	S7617142D
Email Address	GTANCS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96900549
Alternative Phone No	OTHERS-81987997

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00371774
Cover Note Number	

Driver

Name of Driver	TAN CHEE SIANG
NRIC No	S7818462J
Date Of Birth	26/06/1978
Occupation	INDOOR
Date Of Driving Pass	15/07/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81987997
Fax Number	
Contact Number	OTHERS-96900549
EMail Address	GTANCS@YAHOO.COM

Address	BLK 105 JALAN RAJAH #06-84
Postcode	320105
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
Was any body injured in the Accident?	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

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 (TYPE OF COLLISION IS BOTH PARTY REVERSE AND HIT REAR TO REAR)

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	SKB9912T
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Name of Driver	WANG YONG KHANG, BRANDON (YUAN YONGKANG)
NRIC/Passport Number	S8605581C
Contact Number	81234066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN


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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**.
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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: 23/11/2017
11:40 am

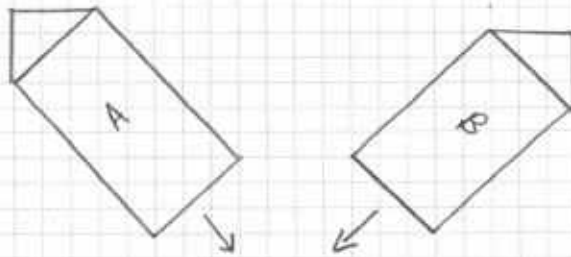

Reporting Centre Personnel's Signature
Name: Rosli Wabidin
NRIC/FIN No.:

SKETCH PLAN

LEBUH RAYA MUDEROU TOWARDS PALANGI

A) SJD 3519L

B) KB 9912T



Both reverse
from unmarked carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On date of accident, both car were parked at an open area beside a money changer. The open area is unmarked and there are vehicles parked in different direction. Both vehicle reversed and knocked.

I decided not to claim for my repair as vehicle COE is ending soon in March 2018.

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: 23/11/2017

11:40 am.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/11/2017
Keshi

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 11 / 2017 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: UNSUH RAYA TEBEROU TOWARD PULAU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 3519 L
 b) INSURANCE COMPANY: DIRECTASIA
 c) POLICY NUMBER: MT/00371774
 d) POLICY TYPE: COMPREHENSIVE / (THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: (HUSUREI) VELDA OH SUI PEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7617142 D CONTACT: 96900549
 c) ADDRESS: 105, JALAN RAJAH H06-84 SC320105

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

- DRIVER
 a) NAME: TAN CHEE SIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7818462 J CONTACT: 81987997
 c) ADDRESS: 105, JALAN RAJAH H06-84 SC320105

* d) DATE OF BIRTH: 26 / 06 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 15 / 07 / 1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKB9912 T MODEL: HYUNDAI ELANDRA
 b) DRIVER'S NAME: WANG YONG KHANG, BRANDON (YUAN YONGKANG)
 c) NRIC/FIN/PASSPORT: S8605581 C CONTACT: 81234066

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email = gtancs@yahoo.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7818462J



Name

TAN CHEE SIANG

陈 志 祥

Race

CHINESE

Date of birth

26-06-1978

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence
Name

S7818462J

TAN CHEE SIANG

Birth Date: 26 Jun 1978

Issue Date: 06 Aug 2003



1000722054E



3884301

NRIC No: S7818462J



Date of issue

29-12-2004

APT BLK 105 JALAN RAJAH #06-84
SINGAPORE 320105

NRIC No: S7818462J

Date: 10/04/2013

No: 7407031

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

Class 2B	Motorcycles not exceeding 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 2	Motorcycles exceeding 400 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Valid Date

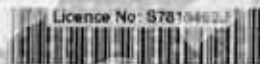
16 Sep 1995

19 Aug 1997

03 Apr 2000

15 Jul 1999

Licence No: S7818462J



TP 423A

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/00371774
Type of Coverage / Driver Plan	: Low Mileage Car Third-Party Only (Value Plan)
1) Vehicle Registration No.	: SJD3519L
Chassis No.	: RN61056361
2) Name of Policy Holder	: VELDA OH SUI PEI, (HU SUPEI)
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 17/03/2017 00:00
4) Date/Time of Expiry of Insurance	: 17/03/2018 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\$ 0.00 (before any applicable GST)
Windscreen Excess	: Not Applicable (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: VELDA OH SUI PEI, (HU SUPEI)
Named driver	: None
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: 16/03/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer