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00 A 18/0/18 1540	i-Motor Claim Form	
	i-Motor W/O (Within: OD 2hrs TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp	1
Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:	
Mal. No.	SLRSSYOM INC( )/Non-INC( )	
P Particulars.	Tel:	
Owner / Driver: (	eriod: ( ) Cover Type: ()	
Policy No: ( )	Date: Time: )  [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%]	
Insured/Driver Liability: ( %)	[Note out of	-
Insured/Differ Bushing (	Warranty: YES ( ) / NO ( )	
Year of Registration: ( )  Excess: (S ) Loading: \$1.	,000 ( ) / \$2,000 ( )	
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# 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 witholding of material facts may allow insurance companies to
- 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.

- 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

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	nereby consent to the activity
三十分。北京的北京的北京的	ACCIDENT STATEMENT
Date Of Report	19/01/2018 13:04
Date Of Accident	18/01/2018 15:40 ALONG PIE TWDS JURONG NEAR THOMSON EXIT
Exact Location Of Accident	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8169L
Insured/Policyholder	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Name Of Registered Owner	WONG,LOKE MENG
NRIC No	S7900699H BENW1179@YAHOO.COM.SG
Email Address	BENW11/3@1AHOO:GOM:GO

# Alternative Phone No

**Email Address** 

Mobile Phone No

Vehicle Particulars	
Manufacturer	HONDA
Managas	STREAM
Model	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

(LOCAL) +65-97671179

OTHERS-97671179

Are you claiming	under your o	wn insurance	policy
for ropair to your	vehicle?		

for repair to your vehicle?	
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
venicle Category	

# Insurance Company

Insurance Company	THE LETT
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Name of more and	COMPREHENSIVE
Type Of Coverage	COMPREHENOIVE

Type Of Coverage	0.000
Fleet Policy	NO
Delicy Number	MT/00274322/02

Policy Number	MT/00274322/02	
Cover Note Number		

Driver	
Name of Driver	WONG, LOKE MENG
	S7900699H
NRIC No	01/01/1979
Date Of Birth	
Occupation	OUTDOOR
n i Of Dairing Book	23/03/1999

Date Of Driving Pass	23/03/1999
Driving Experience	18 YEARS AND 9 MONTHS
Driving Experience	MALE

Gender	MALE
Geridei	(LOCAL) +65-97671179
Mobile Number	(LOCAL) +65-51071110

OTHERS-97671179
BENW1179@YAHOO.COM.SG

81 BUKIT DRIVE Address #01-01

587850

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

: GRACE Passenger 1 NAME:

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS JURONG NEAR THOMSON RD EXIT ON THE EXTREME RIGHT LANE OF A3-LANES RD.INFRT OF MY VEH STOP AND I FOLLOWED SUIT TO STOP WITHOUT ANY IMPACT TO THE FRT VEH.SUDDENLY I FELT THE IMPACT FROM MY REAR PORTION OF MY VEH. WHEN I CAME OUT I SAW THERE WAS 5 VEHICLES INVOLVED IN A CHAIN COLLISION.

#### Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

FRONT ONLY

Remarks/ Reasons: Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

SLR5540M Vehicle Registration Number

TOYOTA CHR Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TAN KIM MENG Name of Driver S1736658J NRIC/Passport Number 96923322 Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

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)

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

UNKNOWN

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

**SJW381K** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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:

Penarting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		TILL							11111	-	
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GIARMC SketchPlanForm\_V3











Contact us at

Hotline: (65) 6532 2888

CustomerService@DirectAsia.com E-mail:

# 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.

MT/00274322/02 Certificate No.

Car Comprehensive (Value Plus Plan) Type of Coverage / Driver Plan

SK18169L 1) Vehicle Registration No. RN63102178 Chassis No.

2) Name of Policy Holder WONG, LOKE MENG

3) Effective Date / Time of Commencement

: 24/11/2017 00:00 of Insurance for the Purpose of the Act

4) Date/Time of Expiry of Insurance : 23/11/2018 23:59

5) Persons or Classes of Persons Entitled to Drive

(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.

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.

Market Value Sum Insured

S\$ 0.00 (before any applicable GST) Own Damage Excess

S\$ 100.00 (before any applicable GST) Windscreen Excess

DirectAsia approved workshops Choice of workshop

Finance company / Hire Purchase

WONG, LOKE MENG Main driver

Named driver

Important Note: 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). Direct Asia Insurance (Singapore) Pte. Ltd.

28/09/2017 Issued on:

> Edip Okur **Chief Underwriting Officer**