Date in a chilic server			-	
Date In: 20/1/18-17:29	Jeb description	Date & Time Completed	Done	pi.
Ref No: NA / 742 1800 1324/24	SAS e-filing			
Veh No: 5 U 8030 6	E-mail (within Shrs, AIC 2hrs)			
20:11-8/164: A.O.D	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2hr	s, 7'P 4hrs)		
OD / TP/ Reporting Only	i-Photo Uploaded			(T.C. )
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol: Fa	ix:	
TP Particulars: Veh No: 1073	790 . INC(	)/Non-INC()	#1	677 H ES-254
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]	
Year of Registration: ( ) Wa	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	)( )/\$2,000( )			
General Remarks:				
( ) Walk-In Customer: Customer's inform	ation strictly Confidential & St	HOURISTON O DO 1694 1 1 1 1		
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( ) Total Loss Case : to e-mail Insurer		: :		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO( );T	owing Co: (	- 0	)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hv
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	incosy car ( )			
2) OC Check / Post O mair Inspection	( )			
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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 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 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

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22/01/2018 12:29 Date Of Report 20/01/2018 12:05 Date Of Accident

CTE TWDS AYE BEFORE BRADDELL RD EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAIL		

SJU8030G Vehicle Registration Number

Insured/Policyholder

FOO. YEE MING Name Of Registered Owner S74224671 NRIC No Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-93858911 Alternative Phone No OFFICE-93858911

Vehicle Particulars

VOLKSWAGEN Manufacturer

PASSAT 1.8T AT 3C23J7 Model

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR

**Insurance Company** 

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

NO

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

MT/00443202 Policy Number

Cover Note Number

Driver

KEVIN LAU (LIU JUNHUI) Name of Driver

S7430900C NRIC No 05/10/1974 Date Of Birth INDOOR Occupation 11/10/1994 Date Of Driving Pass

Driving Experience 23 YEARS AND 3 MONTHS

MALE Gender

(LOCAL) +65-90683636 Mobile Number

Fax Number

Contact Number OFFICE-90683636

**EMail Address** NOEMAIL Address

BLK 169B PUNGGOL FIELD

#12-675

Postcode

822169

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

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?

YES

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU7329C

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97212252

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 5. 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: Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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- 10000	- (4)							
	24							
SCRIBE CIRCUMSTANCES OF THE ACCIDENT								
I was travelling along the ment	tion r	bad	01	NL	ane	5	Suc	120
hicle's which was travelling on	lane	2 4	C	tu	it	ny	har	ie

AS I was travelling glong the mention road on Lane 5, Suddenly
rehicle's which was travelling on lone 4 cut into my bone Thus collided onto my rehicle front right portion. A witness which
Thus collided onto my vehicle front right portion. A witness which
were travella behind me stopped and provide me the video sourie
which mount on his vehicle. After the accident I feel neck and
shoulder pain and will consult doctor, and was given 3 day me.

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.:

# **ACCIDENT STATEMENT**

ACC	IDENT DATE: (20/01/18)(DD/MM/YYYY	), TIME: (12 . 05 ) (HH:MM)
	ATION: CTE TOwards AVE before	
1.	DETAILS OF VEHICLE	•
	a) VEHICLE NUMBER: STU 8030 to	0.00.71
(4)	b)INSURANCE COMPANY: DIRECT ASIA IN	MUNITE.
	C)POLICY NUMBER: MT/00443202	TO A TURE LA T
	e)MAKE & MODEL: VOIK SWAGEM DOSAT	IY / IHIKD PARTY FIRE & THEFT)
		(AMOTORCYCLE (OTHERS)
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	
	h) PURPOSE OF USING AT ACCIDENT TIME: 190	
	i) ARE YOU CLAIMING UNDER YOUR OWN INSUR	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	
2.	INSURED / POLICY HOLDER	
	A)NAME: FOO, YEEMING.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 57 422 4671	_CONTACT: 93858911
	c)ADDRESS:	
8 8 8	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	1050
ALLA AP ARROW 3	DRIVER	LDER
4 No of passenga. (Including driver)	a)NAME: Kerin Lan (Lin Junhui)	(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: 574201006	CONTACT: 9008 3636
(T)	CIADDRESS: Block 1698 Punggol FI	eld # 12-675
	(c) 2221691.	11180000
9	*d)DATE OF BIRTH: ()(DD/N e)OCCUPATION: (INDOOR / OUTDOOR)	IM/YYYY)
	f)YEARS OF DRIVING EXPRERIENCE: 24	56
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES:/ NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	[[
5.	a) WEATHER CONDITION: (CLEAR / RAINING / O	THERS
	b)ROAD SURFACE: (DRY)/ WET / OTHERS	1 10
	WAS ANYBODY INJURED (YES /NO)	
7.	a) REPORTED TO POLICE (YES /NO)	9
8.	IF YES, PLEASE STATE WHICH POLICE STATION:_ THIRD PARTY VEHICLE	
- No of passenger	a) VEHICLE NUMBER: SJU 7329C	MODEL: Honda CIVIC.
Induding diver	b) DRIVER'S NAME:	MODEL: HOTHER STATE
	c) NRIC/FIN/PASSPORT:	CONTACT: 9721 2252
(3) 9.	THIRD PARTY VEHICLE	
tho of passenger	d) VEHICLE NUMBER:	_MODEL:
Induding driver)	e) DRIVER'S NAME:	
- including driver)	f) NRIC/FIN/PASSPORT:	_CONTACT:
$(\_)$	110	
( ) See Section ( ) All	**	101
	TI 50	4

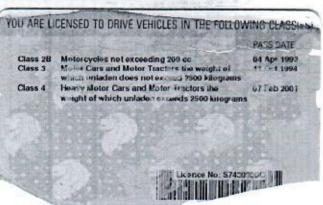
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Contact us at

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

# CERTIFICATE OF INSURANCE

Hotor 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/00443202 Certificate No.

Type of Coverage / Driver Plan : Car Third-Party Fire and Theft (Value Plus Plan)

1) Vehicle Registration No. : stu8030g

Chassis No. WVWZZZ3CZAP016900

2) Name of Policy Holder : FOO, YEE MING

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

28/12/2017 00:00 4) Date/Time of Expiry of Insurance : 29/12/2018 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.

6) Limitations as to use

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The poli-does not cover use for hire or reward, builton, 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 \$\$ 800.00 (before any applicable GST)

Windscreen Excess : Not Applicable (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase : ni

FOO, YEE HING Main driver

**Kamed driver** 

Important Note: This policy does not cover drivers below the age of 30 and drivers who held a valid drivin 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 (Halaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 27/12/2017