

NATIONAL Assessment Centre Services

(wef: 10 Jan 2005)

Date In: 19/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/DA/18003160/13	SAS e-filing		
Veh No: SK5474K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/02/18 1100	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLM7425B 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	Add Bill
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N-in INC) against INC \$20	
	9) N12: Idac Mobile 30	
	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 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.

ACCIDENT STATEMENT

Date Of Report	19/02/2018 12:51
Date Of Accident	14/02/2018 11:00
Exact Location Of Accident	ECP SLIP RD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS474K
Insured/Policyholder	
Name Of Registered Owner	LIM, JIAO JIE GEORGIA
NRIC No	S8848440A
Email Address	MARCUS474CHOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91291917
Alternative Phone No	OTHERS-94740474

Vehicle Particulars

Manufacturer	AUDI
Model	A7
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/00343707/01
Cover Note Number	

Driver

Name of Driver	CHOW TIEN MIN, MARCUS (ZOU TIANMING, MARCUS)
NRIC No	S8320077D
Date Of Birth	06/07/1983
Occupation	INDOOR
Date Of Driving Pass	13/09/2004
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94740474
Fax Number	
Contact Number	
EMail Address	MARCUS474CHOW@GMAIL.COM

Address	BLK 461 TAMPINES ST 44 #11-42
Postcode	520461
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180214/2144

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7425B
Vehicle Make/Model/Colour	HONDA CRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHELLE NAI PECK KOON
NRIC/Passport Number	S7335394G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHOW TIEN MIN,MARCUS(ZOU TIANMING,MARCUS)
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKS474K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

 19/02/18

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



SINGAPORE POLICE FORCE



T/20180214/2144

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Report No. T/20180214/2144

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2018 17:48	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: CHOW TIEN MIN, MARCUS		Address: APT BLK 461 TAMPINES STREET 44 #11-42 SINGAPORE 520461	
ID Type / ID No.: FIN NO / S8320077D		Contact No.: Home/Office:	Mobile: 94740474
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 06/07/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/02/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY SLIP ROAD TOWARDS CITY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS474K	Car	AUDI		Blue		0
SLM7425B	Car	HONDA		White		0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180214/2144

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180214/2144

CONTINUATION OF REPORT

Driver			
Name	CHOW TIEN MIN, MARCUS	ID No.	S8320077D
Related Vehicle	SKS474K (Car)	Contact No.	94740474
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2018	Date Discharge	14/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I was driving my vehicle V1 (SKS474K) along the right of 2 lane road going straight. As there road works on the left lane. There were only 1 lane available and the traffic condition was slow moving. While driving, the car infront of mine had proceeded to stop as such I also stop my vehicle.

After my vehicle stop for about 2-3 seconds, V2 (SLM7425B) which was behind my vehicle suddenly collided onto the rear of my vehicle. The impact was not great however during the accident, I felt a minor whiplash. Me and V2 driver exchange particulars and I then went to sought medical treatment.

No witness, no mechanical fault, there is in-built camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180214/2144

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Report No. T/20180214/2144

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 GOH JUN KIAT JASON

Signature Of Informant:.

Signature Of Interpreter:
Not applicable

Date/Time:
14/02/2018 17:48

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430



Classification Of Case:
POLICE FORCE

SIGNATURE

Authentication Stamp
NP168

Letter of Authorization

I hereby authorise my driver Chow Tien Min Marcus
S8320077D to act on my behalf dealing with
accident matters.

LIM JIAO JIE GEORGIA

S8848 LGE0A

A handwritten signature in blue ink, appearing to be 'Lim Jiao Jie', written in a cursive style.

ACCIDENT STATEMENT

ACCIDENT DATE: (14/02/2018) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: East Coast Expressway Slip Road towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS474K
b) INSURANCE COMPANY: Direct Asia
c) POLICY NUMBER: MT/00343707101
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: AUDI A7
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIM JIAO JIE GEORGIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8848440A CONTACT: 91291917
c) ADDRESS: BLK 461 TAMPINES ST 44 #11-42
5520461

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOW TIEN MIN MARCUS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8320077D CONTACT: 94740474
c) ADDRESS: BLK 461 TAMPINES ST 44 #11-42
5520461

- *d) DATE OF BIRTH: (06/07/1983) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 14

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: TAMPINES NORTH NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM7425B MODEL: HONDA CRV
b) DRIVER'S NAME: MICHELLE NAI PECK KOON
c) NRIC/FIN/PASSPORT: S73353946 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email = marcus474chow@gmail.com

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8320077D**
Name

**CHOW TIEN MIN, MARCUS
(ZOU TIANMING, MARCUS)**

Birth Date: **06 Jul 1983**
Issue Date: **13 Sep 2004**

001284690A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8320077D**



Name
**CHOW TIEN MIN, MARCUS
(ZOU TIANMING, MARCUS)**
邹天明

Race
CHINESE

Date of birth **06-07-1983** Sex **M**

Country of birth
SINGAPORE



S8320077D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	13 Sep 2004

NP 426A

Licence No: **S8320077D**



4582321



NRIC No: **S8320077D**



Date of issue
14-05-2010

**APT BLK 461 TAMPINES STREET 44 #11-42
SINGAPORE 520461**

NRIC No: **S8320077D** Date: **21/09/2011** No: **6870745**

**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.

Certificate No.	:	MT/00343707/01
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	:	SKS474K
Chassis No.	:	WAUZZZ4GXCN041474
2) Name of Policy Holder	:	Lim, Jiao Jie Georgia
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	05/11/2017 00:00
4) Date/Time of Expiry of Insurance	:	10/10/2018 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 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\$ 1,500.00 (before any applicable GST)
Windscreen Excess	:	S\$ 100.00 (before any applicable GST)
Choice of workshop	:	DirectAsia approved workshops
Finance company / Hire Purchase	:	Maybank
Main driver	:	Lim, Jiao Jie Georgia
Named driver	:	None
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).

Issued on: 19/02/2018

Direct Asia Insurance (Singapore) Pte. Ltd.**Edip Okur**
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road Singapore 058716
www.DirectAsia.com