

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA/18038359

Date In: 21/3/18-12:01	Job description	Date & Time Completed	Done by
Ref No: NA/DA3 8005247/24	SAS e-filing		
Veh No: 55L 99376	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/3/18-08:50	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: 6BB3163J	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 repairer.
() 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	21/03/2018 12:01
Date Of Accident	21/03/2018 08:50
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9937G
Insured/Policyholder	
Name Of Registered Owner	CAI, XUEMIAO
NRIC No	S8480756G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97334333
Alternative Phone No	OFFICE-97334333

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0 MIVEC GLS CVT ABS D/AB G/D SR
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/00418052
Cover Note Number	

Driver

Name of Driver	SUN GUOFEI
NRIC No	S8677405D
Date Of Birth	12/12/1986
Occupation	INDOOR
Date Of Driving Pass	19/11/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87221997
Fax Number	
Contact Number	OFFICE-87221997
Email Address	NOEMAIL

Address	3 SEMBAWANG CRESCENT #13-08
Postcode	757094
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3163J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KOUK SENG FREDERICK
NRIC/Passport Number	S7245609B
Contact Number	97226681
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT5834E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PENG LINJUN

NRIC/Passport Number

G3139261L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLQ9061H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM YEN SUN

NRIC/Passport Number

S6933400H

Contact Number

98163392

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

NRIC/FIN No.:

SKETCH PLAN



SLE towards BKE

D - SLQ9061H
A - SJL 9937G
B - GBB 2163J
C - SLT 5A34E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along SLE on middle lane. Front cars brake & stop and I follow too and stop on line.

Out of sudden, hit by Veh B at the rear, caused my car moved forward & hit into Veh D.

When I came down & realized it's a chain collision of 4 vehicles.

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: S5L9937G

MAKE & MODEL: Mit bauer

DATE OF ACCIDENT	21 / 03 / 2018		
TIME OF ACCIDENT	8.50	(AM / PM)	
LOCATION OF ACCIDENT	SLG towards BKE		
Exact Purpose use during accident	Private Use		
NAME OF OWNER	Cai Xuemiao		
TELP NO.	9733 4333		
NRIC	S8480756G		
CLAIM TYPE	OD / Third Party / Reporting Only		
INSURANCE CO.	Direct ASA		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	MT/0041805Z		
NAME OF DRIVER	As above / If No: Sun Guifei		
NRIC	S8677405D	Any Passenger: N.I	
DATE OF BIRTH	12 / 12 / 1986		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	19 / 11 / 2016		
GENDER	Male / Female		
CONTACT NO.	Office:	Home: 8722 1997	
ADDRESS	3 Sembawang Crescent #13-08 S'757094		
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):		
RELATIONSHIP	Employee / If No: wife		
WEATHER CONDITION	Clear / Raining / Others,		
ROAD SURFACE	Dry / Wet / Others,		
ANY INJURIES	No / Yes (Who?):		
CONTACT NO.			
POLICE REPORT	No / Yes (Where?):		
VEHICLE (B) NO.	G8B 3163J	Any Passenger	Unknown
NAME	Lim Kook Seng Frederick S 7245609E		
CONTACT NO.	9722 6681		
VEHICLE (C) NO.	SLT 5834E	Any Passenger	Unknown
VEHICLE (D) NO.	Peng Linxin G 3139261L		
VEHICLE (E) NO.		Any Passenger	
VEHICLE (F) NO. D	SLQ 9061H	Any Passenger	Unknown
ANY WITNESS	Lim Yen Sun S6933400H		
WITNESS CONTACT NO.	9816 3392		
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 DRIVING LICENCE



Licence Number: **S8677405D**

Name:

SUN GUOFEI

Birth Date: **12 Dec 1986**

Issue Date: **19 Nov 2016**



002630867E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8677405D**



Name

SUN GUOFEI

孙 国 飞

Race

CHINESE

Date of birth

12-12-1986

Sex

F

Country/Place of birth

CHINA



S8677405D

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 19 Nov 2016



Licence No: S8677405D

NP 428A

5431783



NRIC No. **S8677405D**



Date of issue

03-03-2015

3 SEMBAWANG CRESCENT #13-08
SINGAPORE 757094

NRIC No: **S8677405D**

Date: **22/10/2016**

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/00418052
Type of Coverage / Driver Plan	:	Low Mileage Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	:	SJL9937G
Chassis No.	:	JMYSTCY4A9U001470
2) Name of Policy Holder	:	Cal, Xuemiao
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	23/09/2017 00:00
4) Date/Time of Expiry of Insurance	:	22/09/2018 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\$ 0.00 (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	:	Cal, Xuemiao
Ref		Named Driver
Named driver (1)	:	Sun, Guofei
		Date of Birth
		12/12/1986
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: 25/09/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

F. O. O'Brien

Edip Okur
Chief Underwriting Officer