

PLEASE ARRANGE TO SURVEY  
VEHICLE AT 30 BUKIT BATOK  
CRESCENT (S 658075)

Lee Chen Sin  
CLAIM DEPARTMENT  
DID : 66547520  
FAX :

Date : 10/04/2018

To : INDIA INTERNATIONAL INSURANCE PTE LTD

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : KWA BEE CHENG

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00407308

Accident Date : 10/03/2018

Vehicle No : SJH-7174-A

Make & Model : HONDA STREAM 1.8 RSZ A

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR FENDER RH	RESTORE	
1	REAR BUMPER	RESTORE	
	<b>Sub Total</b>	<b>0.00</b>	
	<b>Discount 20% On Parts</b>	<b>(0.00)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO CARRY OUT REAR REPAIR	400.00	
	TO SPRAY PAINTING ON REAR AFFECTED AREA	500.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	

Date : 10/04/2018

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**  
**ESTIMATION**

Attn : **Motor Claim Department**

FAX :

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## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	935.00	

Remarks:

935.00

**SUB TOTAL**

**GST 7.0 %** 65.45

**TOTAL** 1,000.45

Surveyor's name: \_\_\_\_\_

Principal's name: KWA BEE CHENG

Survey Date & Time: \_\_\_\_\_

## 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	12/03/2018 18:25
Date Of Accident	10/03/2018 18:00
Exact Location Of Accident	WOODLANDS CAUSEWAY LINK TOWARDS MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7174A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWA BEE CHENG
NRIC No	S7936744C
Email Address	KWA_BC@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96655112
Alternative Phone No	OTHERS-96655112

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 RSZ (A)
Exact Purpose for which vehicle was being used at time of accident	
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/00407308
Cover Note Number	

### Driver

Name of Driver	CHENG WEI-MING, DOMINIC
NRIC No	S8028796H
Date Of Birth	17/09/1980
Occupation	INDOOR
Date Of Driving Pass	04/01/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82880520
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 739 JURONG WEST ST 73 #15-52
Postcode	640739
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	SIDE SWIPE
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?	NO
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)	2
Passenger 1	
	NAME: : KWA BEE CHENG
	GENDER: : FEMALE

#### 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

KINDLY REFER TO SKETCH PLAN.

#### 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	SH116H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN


### IMPORTANT NOTICE


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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:

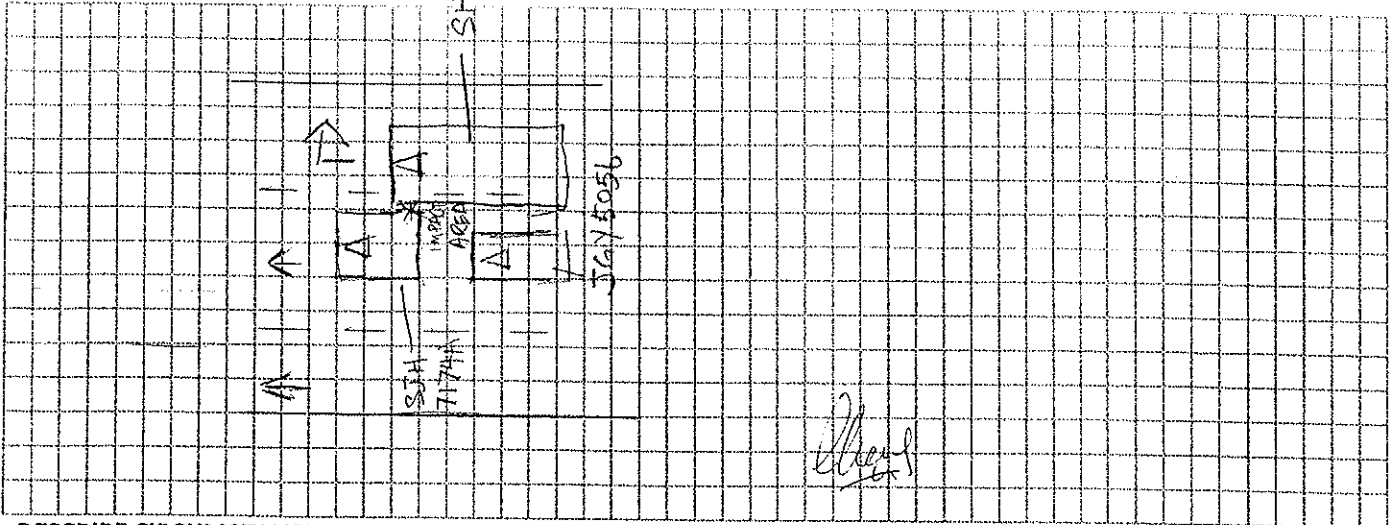
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12/3/18

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12th Mar '18

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(My wife & I) Woodlands  
On 10th March 2018 around 5.57pm we were traveling on a causeway link towards Manay's custom. Traffic was heavy. My car was on the 2nd lane. There was a bus (SH116H) on the outmost right lane wanted to cut into our lane behind us. There is a van (JGNY5056) behind us which the driver refused to give way to the bus. Hence, the bus ~~edge~~ <sup>edge</sup> forward and hit the rear <sup>right</sup> bumper ~~off~~ <sup>of</sup> the driver side. Our car was stationary at the point of impact. No injury involved.

Alfred


### Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.


- Reporting Only
- Claim OD
- ✓ - Claim TP
- Claim OD/TP at other workshop

### DECLARATION

I/WE declare the foregoing particulars are true in every respect.

 12/3/18  
Policyholder's signature  
Date & Time

12th mar'18   
Driver's Signature  
(if driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.