

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MNA 118056110

Date In: 30/4/18 10:26	Job description	Date & Time Completed	Done by
Ref No: NA/DAI 18007855144	SAS e-filing		
Veh No: SJU 2842U	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 27/4/18 21:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PA 8936C	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 (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	30/04/2018 10:26
Date Of Accident	27/04/2018 21:00
Exact Location Of Accident	ALONG SERANGOON RD TURNING INTO PIE AT THE SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2842U
Insured/Policyholder	
Name Of Registered Owner	KANG AI LING
NRIC No	S7832474J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84981782
Alternative Phone No	OFFICE-84981782

Vehicle Particulars

Manufacturer	BMW
Model	Z4 SDRIVE35IS SMT D/AB 2WD 2DR GAS/D NAV
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/00409865
Cover Note Number	-

Driver

Name of Driver	KANG AI LING
NRIC No	S7832474J
Date Of Birth	31/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84981782
Fax Number	
Contact Number	OFFICE-84981782
Email Address	NOEMAIL

Address	BLK 403D FERNVALE LANE #15-153
Postcode	794403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	PA8936C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KANG AI LING
Approximate Age	
Injuries Sustain	NECK & BACK & HEADACHE
Injured person in which vehicle?	SJU2842U
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:

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

SKETCH PLAN

A - SJU28424
B - PA8936C

Seranggam Road

B D

P/E

A - SJU28424
B - PA8936C

9111

Seranggam Road

Refer to the police report T/20180428/2070

Refer to the police report T/20180428/2070

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.:

Date of Accident : 27/4/18 Accident Time: 9PM (24-HR-Format)
Accident Place : Serangwan Road towards PIE
Vehicle No. (Car Plate No.) : SSU28424 Make/Model: BMW
Insurance Company : Direct Asia Policy No: MT/00409865
Owner or Company Name /IC No. : Kang Ai Ling / 578324745
Owner or Company Contact No. : _____ Owner's Hp 84981782 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 31/10/1978 DRIVER'S License Pass Date 31/7/1998
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : BLK 403 D Fervale Lane # 15-133 5794403
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>PA 8936C (AXA)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20180428/2070

1 of 4

Report No. T/20180428/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/04/2018 12:40

Vide Report No.:

Station Diary No.:
13

Informant's Particulars

Name of Informant:
KANG AI LING

Address:
APT BLK 403D FERNVALE LANE #15-153 SINGAPORE
794403

ID Type / ID No.:
NRIC NO / S7832474J

Contact No.:
Home/Office: Mobile: 84981782

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 39 31/10/1978

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
SALES DIRECTOR

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	27/04/2018 21:00	Bend

Location:
Along Road 1 Traveling Toward Road 2
SERANGOON ROAD
PAN ISLAND EXPRESSWAY
Along Serangoon Road turning into PIE, at the filter lane

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	

Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Light

Type of Collision:	Anyone conveyed by ambulance:
Moving Vehicle Against - Parked Vehicle	No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8936C	Bus/Coach/Minibus	ISUZU	LT134P	Multi-Colored		0
SJU2842U	Car	BMW	Z4 SDRIVE35IS SMT D/AB 2WD 2DR GAS/D NAV	Grey	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180428/2070

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Report No. T/20180428/2070

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU2842U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00409865	07/09/2017	06/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PAKKIRISAMY VEERASEKARAN	ID No.	G8119406N
Related Vehicle	PA8936C (Bus/Coach/Minibus)	Contact No.	83748240
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KANG AI LING	ID No.	S7832474J
Related Vehicle	SJU2842U (Car)	Contact No.	84981782
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	28/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/04/18 at about 2100hrs, I was travelling alone along Serangoon Road in my vehicle bearing registration no. SJU2842U. As I intended to turn into PIE via the filter lane, I gradually braked and came to a complete stop before the stop line to look out for on-coming traffic first. However, about 3 seconds later, I suddenly felt an impact from the rear of my vehicle. It was then I realised that a bus had collided onto the rear of my vehicle.

Both the other driver and I then alighted from our vehicles to see if anyone requires immediate medical attention and to inspect our vehicle damages. After exchanging our particulars, we then left the scene. I noted no visible injuries on the other driver.

I felt pains on the back of the neck and suffered a headache, as such I went to see the doctor soon after the accident occurred, and I was given 3 days of MC. I wish to state that I do not have a camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20180428/2070

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Report No. T/20180428/2070

CONTINUATION OF REPORT

2018

SINGAPORE
POLICE FORCE



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20180428/2070

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20180428/2070

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:

E /

Sgt 2 MARCUS TEO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2018 12:40

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



SINGAPORE
POLICE FORCE

Classification Of Case:

SN 057

Authentication Stamp

NP189

SIGNATURE



878-32474

Date of issue
16-12-2018

1999

APT BLK 403D FERNVALE LANE
#15-153
SINGAPORE 794403

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

李海英 王成刚

Class 3 Motor Cars and Motor Tractors the weight of which laden does not exceed 2500 kilograms

21 Jul 1948

PSP 425A

License No: 57832474J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7832474J



1999

KANG AI LING
(JIANG AILING)

江 艾 森

Page

CHINESE

Date of birth:

31-10-1978

Country/Place of birth
SINGAPORE

See

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57832474J

REPUBLIC OF SINGAPORE DRIVING LIC

ST832474J

1999

KANG AI LING
(KANG AILING)

Exp Date: 31 Oct 1978

Issue Date: 25 Jun 2012

1999年6月19日

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/00409865
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SJU2842U
Chassis No.	: WBALM12010E393334
2) Name of Policy Holder	: Kang, Ai Ling
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 07/09/2017 00:00
4) Date/Time of Expiry of Insurance	: 06/09/2018 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any person who is named on the policy 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\$ 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	: OCBC
Main driver	: Kang, Ai Ling
Named driver	: None

Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.

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.

Issued on: 20/08/2017



Edip Okur
Chief Underwriting Officer