

**NATIONAL Assessment Centre Services**

Date In: <b>04/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI18008250/13</b>	SAS e-filing		
Veh No: <b>SKC2187K</b>	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: <b>02/05/18 2300</b>	i-Motor Claim Form		
OD: <b>(P) Reporting Only</b>	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: ( **TEAMWORK** ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GZ126B** 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:- (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	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
NA1802825		
Driver/Owner:	1) AR : Accident Reporting (\$30);	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)	
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) NI : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpt 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

## 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	04/05/2018 13:49
Date Of Accident	02/05/2018 23:00
Exact Location Of Accident	LOWER DELTA FLYOVER TWDS LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2187K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOO, LIP KIAN EDWARD
NRIC No	S7729031A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98558108
Alternative Phone No	OTHERS-98558108

### Vehicle Particulars

Manufacturer	FORD
Model	GALAXY 2.0 GHIA ECOBOOST
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/00319730/01
Cover Note Number	

### Driver

Name of Driver	SOO, LIP KIAN EDWARD
NRIC No	S7729031A
Date Of Birth	06/10/1977
Occupation	INDOOR
Date Of Driving Pass	27/05/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98558108
Fax Number	
Contact Number	OTHERS-98558108
Email Address	NOEMAIL

Address BLK 40 TANGLIN HALT ROAD  
#10-153  
Postcode 143040  
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 SIDE SWIPE  
Weather Conditions CLOUDY  
Road Surface WET

#### 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 HONG KAH NORTH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-5679999 - FAX NO: 65652508  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180503/2113 / T/20180503/2125

#### 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 Witness 1

Name MANICKAM PADHMANABAN  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ126B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 SOO, LIP KIAN EDWARD

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKC2187K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

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:

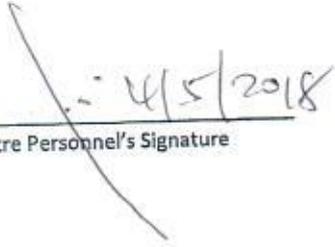
04/05/2018

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

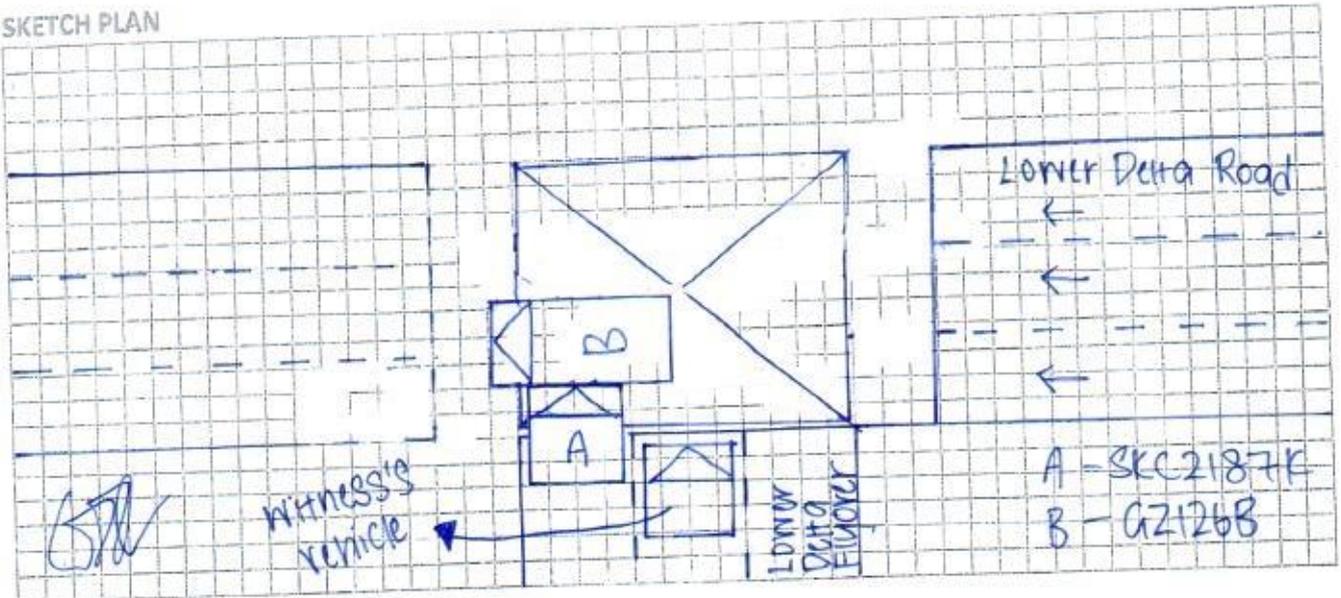
04/05/2018

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

T/20180503/2113

T/20180503/2125

DECLARATION

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

*GPN*

Policyholder's Signature

Date & Time: 04/05/2018

*GPN*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04/05/2018

~~:- 4/5/2018~~

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180503/2113

1 of 4

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20180503/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2018 15:47	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: SOO LIP KIAN EDWARD		Address: APT BLK 40 TANGLIN HALT ROAD #10-153 SINGAPORE 143040	
ID Type / ID No.: NRIC NO / S7729031A		Contact No.:	Mobile: 98558108
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 06/10/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Project Executive		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/05/2018 23:00	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE exit towards lower delta road, Traffic junction				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ126B	Lorry	TOYOTA		White	Seriously Damaged	1
SKC2187K	Car	FORD	GALAXY 2.0 GHIA ECOBOOST	Grey	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180503/2113

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20180503/2113

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC2187K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00319730/01	26/07/2016	29/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOO LIP KIAN EDWARD		ID No.	S7729031A
Related Vehicle	SKC2187K (Car)		Contact No.	98558108
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/05/2018		Date Discharge	03/05/2018
No. of Days granted Medical Leave	10		Degree of Injury	Slight
Driver				
Name	GAN BOON PENG		ID No.	G8005023U
Related Vehicle	NIL		Contact No.	87999456
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

**Brief Details.**

On 02/05/2018 at about 2300hrs, I was traveling in my vehicle of reg: V1) SKC2187K along AYE (Exit), traffic junction at Lower delta flyover, I was on the extreme left lane of a 3 lane road, I stopped my vehicle at the traffic light junction as it was red. One vehicle of reg v3) GX4700C which was traveling on the middle lane also stopped at the traffic junction. When the traffic light turns green, I advance my vehicle to make a right turn onto Lower Delta Road towards Telok Blangah direction. Suddenly, I saw a bright light coming from my right side, I then immediately stepped on the brakes to stop my vehicle. I then felt a heavy impact and heard a loud sound. I was then in a shock and I saw V2) GZ126B which was lorry was swirling on the road and subsequently then come to a stop. I then alighted from my vehicle. The driver of V3, Pahdu hp; 93444294 then came to assist me. he wrote down his name and contact details as he claims he had witness the accident. I then call for police assistances. I observed the driver of v2 and one other passenger were smoking at a distance. The traffic police then arrived. The paramedics also was at scene however no one was conveyed.

There is no In-Cam installed in my vehicle. I observed there is In-Cam installed in V2 however the driver



**SINGAPORE  
POLICE FORCE**



T/20180503/2113

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Report No. T/20180503/2113

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**CONTINUATION OF REPORT**

informed that there is no SD card in the camera as his boss had already retrieve it and left the scene.

On 03/05/2018 I went to Singapore General Hospital as I was not feeling well. I felt pain my neck and back area and also weakness on my right shoulder area. I was given 10 days of MC dated on 03/05/2018 to 12/05/2018.



**SINGAPORE  
POLICE FORCE**



T/20180503/2113

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Report No. T/20180503/2113

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**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:

J /

Sgt 1 NIMROD GOH TIAN JIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/05/2018 15:47

Officer In Charge Of Case:

JP / GIT /

Sgt 2 LIM HONG LEE

Control No.: 65476438

SN 116

Authentication Stamp

NP 168

Signature:

Classification Of Case:

**Singapore Police Force**



Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20180503/2125

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2018 16:45	Wide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: MANICKAM PADHMANABAN		Address: APT BLK 416 BUKIT BATOK WEST AVENUE 4 #12-258 SINGAPORE 650416	
ID Type / ID No.: NRIC NO / S7065035E		Contact No.: Home/Office: Mobile: 93444294	
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 01/04/1970	Type of Informant: Witness
Race: Indian		Language:	Institution / School Name:
Occupation: Supervisor		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/05/2018 23:00	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE (Exit) towards Lower Delta Road, Traffic Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX4700C	Lorry	MITSUBISHI		White	No Damage	9



Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**CONTINUATION OF REPORT**

**Brief Details.**

I am lodging this report as a witness.

On 02/05/2018 at about 2300hrs, I witness a accident that took place at the traffic junction of Lower Delta Road. I was traveling in my vehicle of reg: V1) GX4700C along AYE (Exit) towards Lower Delta Road, I was on the middle lane of a 3 lane road. While at the traffic junction, I came to a stop as the traffic light was red. I noticed there is one blue colored vehicle stopped at the stop line of the traffic junction on the extreme left lane. When the traffic light was green, I started to advance my vehicle to make a right turn onto Lower Delta Road. I was advancing slowly, the vehicle on my left was also advancing slowly, Suddenly I saw one lorry from the right, The lorry was traveling very fast and the left side of the lorry collided into the front side of the blue coloured vehicle. I saw the lorry was swirling on the road and subsequently came to a stop. I alighted from my vehicle to make a check on the driver of the blue coloured vehicle and if he need any assistances. I observed the driver to be in a shock state and advised him to call for the police and he did so.

I observed the driver and the passenger of the lorry alighted from the driver side of vehicle and then make a check on the vehicle. Both of them did not approached the other driver. I wrote my name and contact details and passed to the driver of the blue coloured vehicle. I then left the scene.

There is no In-cam installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180503/2125

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Report No. T/20180503/2125

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**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:

J /

Sgt 1 NIMROD GOH TIAN JIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/05/2018 16:45

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

SN 116

Classification Of Case:

Authentication Stamp

NP168

Signature :

Singapore Police Force

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	02 / Apr / 2018	(DD/MM/YY)
Time of accident	11:00pm	(HH:MM)
Exact location of accident	LOWER Delta Flyover toward LOWER Delta Road	

## DETAILS OF VEHICLE

Vehicle registration number	SKC2187K		
Vehicle make and model	GALAXY 2.0 GHIA ECO BOOST		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	Direct ASIA		
Policy number	MT / 00319730 / 01		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	300 Lip Kian Edward	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	87729031A		
Contact	98558108		
Address	Blk 40 Tanglin Halt Road #10-153 3(143040)		

## DRIVER

SAME AS INSURED ABOVE  (SKIP TO D.O.B)

Male  Female

Name	
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	06-10-1977
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	27 May 2014

Email: Teamwork

**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	(Inclusive of driver)

**PASSENGER 1**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE ACTION**

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Hong Kah North NPP

**WITNESS 1**

Name	Manickam Padhmanaban
------	----------------------

**WITNESS 2**

Name	
------	--

**THIRD PARTY VEHICLE 1**

Vehicle registration number	AZ126B
Vehicle make model	Lorry
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 2**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**INJURED PERSON 1**

Name	300 Zip Kian Edward	
Injuries sustained	Neck and weakness in right arm	
Which vehicle person in?	SKC2187K	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7729031A**

Name  
**SOO LIP KIAN EDWARD  
(SU LIJIAN EDWARD)**

Birth Date: **06 Oct 1977**  
Issue Date: **27 May 2014**

002309045C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7729031A**



Name  
**SOO LIP KIAN EDWARD  
(SU LIJIAN EDWARD)**  
**苏立健**

Race  
**CHINESE**

Date of birth: **06-10-1977** Sex: **M**

Country of birth  
**SINGAPORE**

57729031A

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **27 May 2014**

NP 428A

Licence No: **S7729031A**



388374



INIC No. **S7729031A**



Date of issue  
**17-02-2005**

Address  
**APT BLK 40 TANGLIN HALT ROAD  
#10-153  
SINGAPORE 143040**



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.

<b>Certificate No.</b>	:	MT/00319730/01
<b>Type of Coverage / Driver Plan</b>	:	Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	:	SKC2187K
<b>Chassis No.</b>	:	WF0MXXGBWMAA19802
<b>2) Name of Policy Holder</b>	:	Soo, Lip Kian Edward
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	31/07/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	:	29/07/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(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.		
<b>6) Limitations as to use*</b>		
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.		
<b>Sum Insured</b>	:	Market Value
<b>Own Damage Excess</b>	:	S\$ 600.00 (before any applicable GST)
<b>Windscreen Excess</b>	:	S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	:	DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:	Century Tokyo Leasing (S) Pte Ltd
<b>Main driver</b>	:	Soo, Lip Kian Edward
<b>Named driver</b>	:	None
<b>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.</b>		

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: 31/07/2017

**Edip Okur**  
Chief Underwriting Officer

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