NATIONAL Assessment Co.	atre Services	we' i Jairooj		¥0	Ø.	
Date In 15/05/2018 12	3 8 Jeb description		Date & Time Completed	Done	př	
Ref No. NBA / DAI 1800 8927	k4 SAS e-filing					
VeliNo SGG 7435M	E-mail (within 8	hrs, AIC 2hrs)				
DOA 15/05/2018 08	i-Motor Clain	n Form	I HAVE THE TOTAL OF THE TOTAL O			
	i-Motor W/O	(Within: OD 2hrs	TP 4hrs)			
OD TP :\Reporting Only	i-Photo Uploa	ded	!	The second section of the sec		
TO	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:		
TP Particulars: Veh No:	SLQ 8204 L	INC()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80	-100%]		
Year of Registration: ()			
Excess: (\$) Loading:	\$1,000 () / \$2,000 ()				
General Remarks:-	Maria de la companya della companya della companya della companya de la companya della companya	1250 125 get	akakan haran da	E 88 5		
() Walk-In Customer: Customer's	information strictly Con	fidential & St	rictly NO rafer of repaire	r.		
() Total Loss Case : to e-mail In		4				
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Drive-In ()/ Towed-In (); Inv	oice: YES () / No	0();1	owing Co. (
Remarks:- (INC hotline: 6788 6610	0		Date&Time Completed	Done	by	
20 4 12 12 11 1 20 at 20 at 2 at 2 1 1 1 2 at 2 at 2 at 2 at 2 a) / Courtesy Car ()	20 C 200 C 21 2 A A A A				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost:						
Injury:		1				
No.	SCHOOL STATE		GORGON WINE IN	\$3.50 P. F. F.	7 - V	
Date/Time Actions		AL STANKS STANK	nrowser acital incl.	Tagen of the con-	-	
		PORTURAL PROPERTY.	· ·			
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		E-22901 SUSTANION	CALADOS SERVICIOS DE P	Anit (S)	Amt (
. 13		Invoice Pre	paration Checklist	1st Bill	Add B	
laimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC	(082)		
CONTRACTOR AND		3) TF : Towing F	ec .	\$40/\$45		
river/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120		
ontact No:	en serangan managan ayan bengasaran a	For claiming a	gainst INC Only (wef 10 Jan 20	\$75	esalsed.	
amaged Portion:		6) TR : Re-inspec 7) N1 : Idac DA		\$160		
	- 1	8) NTUC Addition	onal Services:-			
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5		
		*N6: Repair C *N7: Post Rep	o-ordination	\$10		
uditors' Comments :-		*N8: DV / Col	lect Excess Coordination	\$5		
t. 1:		NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	(Non INC) against INC	30		
1. 2 / 3:		9) N12: Idae Mo Invoice dated	Fee Charge	ıd .	807	
3. 2. 3.	1	Invoice dated	Fee Charge	d 31354		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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.

aforesaid.	ACCIDENT STATEMENT
Control of the Contro	15/05/2018 12:38
Date Of Report	15/05/2018 08:00
Date Of Accident	CLEMENTI AVENUE 6 SLIP ROAD TOWARDS AYE (TUAS)
Exact Location Of Accident	
Country/State of Loss	SINGAPORE
Two Days of the Control of the Contr	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG7435M
Insured/Policyholder	
Name Of Registered Owner	LUA CHONG HOO
NRIC No	S2157162H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83827908
Alternative Phone No	OTHERS-83827908
Vehicle Particulars	
Manufacturer	KIA
Model	PICANTO-1.1 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING TO WORK
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/00302228/01
Cover Note Number	
Driver	
Name of Driver	KEONG SHIR TING
NRIC No	S8770510B
Date Of Birth	22/03/1987
Occupation	INDOOR
Date Of Driving Pass	20/07/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96704620
Fax Number	27 02
I MAI I WILLIAM I	

ESTEEKEONG@GMAIL.COM

Address

5, TECK WHYE AVENUE, 09-150

Postcode

680005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - DAUGHTER-IN-LAW

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?

Foreign Vehicle Registration Number

SLQ8204U (PRIVATE CAR)

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

AS I WAS DRIVING IN MY CAR(SGG7435M) ON CLEMENTI AVENUE ON THE SLIP ROAD EXITING TOWARDS AYE(TUAS), I STOPPED AT THE GIVE WAY LONE FOR ONCOMING CARS ON THE MAIN ROAD. SUDDENLY I FELT AN IMPACT ON MY REAR OF THE CAR. I GOT DOWN TO REALISE VEHICLE BEARING NUMBER (SLQ8204U) HAD KNOCKED UNTO MY REAR PART OF MY CAR. WE THEN MOVED TO A SAFE SPOT AND EXCHANGE PARTICULARS.

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 INJURED PERSON 1

Name

KEONG SHIR TING

Approximate Age

Injuries Sustain

BACK PAIN

Injured person in which vehicle?

SGG7435M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

5. TECK WHYE AVENUE, 09-150

SINGAPORE

Postcode

680005

SKETCH PLAN

IMPORTANT NOTICE

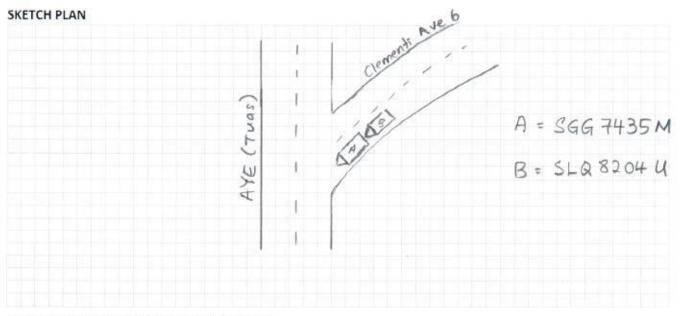
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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:
 - 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As	I was driving in my car (SGG7435M) on Clementi 6 on the slip road exiting towards AYE (Tuas),
tvenue	6 on the slip road exiting towards AYE (Tuas),
1 stop	ped at the give way line for oncoming cars on
the r	nain road.
1110	
Sv	addenly I felt an impact on my rear of the
car.	ny rear part of my car. We then moved to spot and exchange particulars.
unto	my rear part of my car. We then moved to
a safe	spot and exchange particulars.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 5 / 2018)(DD/MM/YYYY), TIME: 08:00)(HH:MM) LOCATION: Chements Ave 6 slip road towards AYE (Thus) 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SGG 7435 M b) INSURANCE COMPANY: Direct Asia C)POLICY NUMBER: MT 00302228 01 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e MAKE & MODEL: Kia Picanto f|TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Personal use I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: Lua Chong Hoo (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 5215 7162 H CONTACT: 83827908 CIADDRESS: 5, Teck Whye Avenue, 09-150, Singapore, 680005 * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER \$ Ho of passengs DRIVER (Including driver) a) NAME: Keong Shir Ting bINRIC/FIN/PASSPORT: S8770510 B CONTACT: 96704620 CIADDRESS: 5, Teck Whye Avenue, 09-150, Singapore, 680005 "d) DATE OF BIRTH: (22 / 03 / 1987) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASS - 20 July 2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter- In-Law 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 8. THIRD PARTY VEHICLE Hills of prosper a) VEHICLE NUMBER: SLQ 8204 4 MODEL: Toyota Harrier Chow Tat Kwang C) NRIC/FIN/PASSPORT: S7935504 F CONTACT: 9475 2736 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:

email = estee keong @gmail.com

Pax =

e) DRIVER'S NAME:

NRIC/FIN/PASSPORT:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8770510B





KEONG SHIR TING





CHINESE Date of birth

22-03-1987 Country/Place of birth MALAYSIA



5273152



Date of Issue

25-02-2014

APT BLK 440A CLEMENTI AVENUE 3 #21-06 SINGAPORE 121440

NRIC No: \$8770510B

Date: 03/03/2018

YOU ARE LICENSEU TO OHME VEHICLES IN THE FOLLOWING CLASSIES) Class 3 Meter Cers—sonory with —7 presengers, exclusive 20 Jul 2006 of the 0.724; and other motor visites — 2500kg ESTEE KEONG HP 96704620



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/00302228/01

Type of Coverage / Driver Plan : Car Comprehensive (Value Plan)

1) Vehicle Registration No. : SGG7435M

Chassis No. KNABA24336T294484

2) Name of Policy Holder : LUA, CHONG HOO

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act : 23/05/2017 00:00

4) Date/Time of Expiry of Insurance : 22/05/2018 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\$ 2,500.00 (before any applicable GST)

Windscreen Excess : S\$ 100.00 (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase :

Main driver : LUA, CHONG HOO

Ref Named Driver Date of Birth
Named driver (1)

: Lua, Ying Han 02/06/1987
Named driver (2)

: Chin, Siew Kim 12/12/1955

Named driver (3) : Keong, Shir Ting 22/03/1987

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).

Issued on:

25/04/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Lompany Registration, 200822611G

Edip Okur Chief Underwriting Officer

re) Pte Ltd