Date In: 13/6/18-19: 04	Jeb description	Date & Time Completed	Done by
Res No. NA DAY 8010837 /ry	SAS e-filing		
Veh No: Schilogk	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 13/6/18-15:20	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:
TP Particulars: Veh No: Sk	A 698 B 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: 80-10	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:-			3
() Walk-In Customer: Customer's in			****
() Total Loss Case : to e-mail Ins		Suicuy NO 131er di Tepaner.	
		Tourism Co. (· · · · ·
		Towing Co: (
Remarks:- (INC hotline: 6788 6616) i e de la compania	Dates Time Completed	Done by
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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 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.
- 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.	rem to the architing of this report at the centre and to copies of the report being frade available
the provider of the first of the party of	ACCIDENT STATEMENT
Date Of Report	13/06/2018 19:04
Date Of Accident	13/06/2018 15:20
Exact Location Of Accident	SUNTEC CITY TOWER 3 BASEMENT CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG1109K
Insured/Policyholder	
Name Of Registered Owner	CHEN, SI TING ANGELA
NRIC No	S8736497F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91280423
Alternative Phone No	OFFICE-91280423
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW BEETLE 1.6 A 6SPD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY 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/00312676/01

Cover Note Number

Driver

Name of Driver CHEN SI TING, ANGELA

NRIC No S8736497F Date Of Birth 09/11/1987 Occupation INDOOR Date Of Driving Pass 17/05/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91280423

Fax Number

Contact Number OFFICE-91280423

EMail Address NOEMAIL Address 26 CARDIFF GROVE

Postcode 558892

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 Kegistration Number of Diversional

•

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

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 SKA698B
Vehicle Make/Model/Colour BMW X1

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver BAN MISAKO
NRIC/Passport Number S2733091F
Contact Number 97305611

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any take 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 Petsonnel's Signature

Name:

NRIC/FIN No.:

VANCLE A > SEGMOGINE
VANCLE B > SKA698B

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DECLARATION

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

e & Time: Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DINGAR DIE ACCIDENT STATE HEMT

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. 4

SECULAR PROPERTY OF THE PARTY O	ACCIDENT DETAILS	and the Constitution of th
Date of accident	13/06/18	(DD/MM/YY)
Time of accident	1520	(HH:MM)
Exact location of accident	Sunter city Tower 3 carpark F	Basemel corpork

CHARLES STATE OF THE STATE OF T	DETAILS OF VEHICLE
Vehicle registration number	SLGIIOAK
Vehicle make and model	bolleswager Beetle
Type of vehicle	Saloon & MPV CRV Van CRV O Van O Lorry O Bus O Motorcycle O Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

国际国际国际	INSURANCE IN	ORMATION	STANDARD BOOK AND
Insurance company	Viceca 1		
Policy number	MTIO	0312676/01	
Type of policy	Comprehensive D	Third party fire & theft \square	TP only [

Name	(NO. SI TIM ADDER	Male 🗆	Female @
NRIC / Fin / Passport number	chen, si ting Angela S8736497F		
Contact	91280423		
Address	26 Cardiff Grove, Singap	one 5588°	12

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	Acres .
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		함
Email address		
Date of birth	91111987	
Occupation	Indoor d Outdoor a	
Driving date pass	17 (05/2007	

Was driver an employee of Yes o No 2 State And Device of the Insured of the Insured of the Griver and Insured: Accident captured by camera? Yes o No o Weather condition Clear of Raining of Others:	
the Insurad's company? If no, relationship of the driver and insured. Accident captured by camera? Yes D No D	
Accident captured by camera? Yes a No a	
Clear Raining D Others:	
Meanner condition	
Dry Wei D	V C d di can
No of passenger (Inclus	ive of driver)
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Name	
Gender Male D Female D	
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PASSENGER 2	CHARLES IN N
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PASSENGER 3	新生物学的企业
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PASSENGER 5	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND
Name	
Gender Male Female Female	
PASSENGER 6	CONTRACTOR OF THE
Name	
Gender Male Female Female	
OTHER INFORMATION	在到祖民和教育等
Was anybody injured? Yes □ No Ø	
Was other vehicle damaged? Yes ▷ No ☐	
DETAILS OF POLICE ACTION	THE RESERVE
Reported to police? Yes No No If yes, please state which police static	on.
Police station name	
Folioc seasons train-	
WITNESS 1	A SALVANIE
Name	Mary Same
	THE REAL PROPERTY.
Name WITINESS 2	

A Marine was transfer or the first of the fi	TRIED PARTY VEHICLE 1
Vehicle registration number	SKA 698 B
Vehicle maks model	BMW XI
Name	Ban Misako
NRIC / Fin / Passport number	527330915
Contact	97305611
Contact	SWAR VIEW
Park Committee of the C	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle make model	
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NRIC / Fin / Passport number	
Contact	
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Vehicle make model	
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NRIC / Fin / Passport number	
Contact	
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Name		
injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
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Was injured conveyed to	Yes 🗆	No 🗆
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Was injured conveyed to	Yes 🗆	No 🗆
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Name	THE REAL PROPERTY.	(MIGNED FENSOR 4
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CHEN SI TING, ANGELA

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GHEN SI TING, ANGELA

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 May 2007 of the driver; and other motor vehicles -< 2500kg

NP 428A





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/00312676/01

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

: SLG1109K

Chassis No.

WVWZZZ9CZAM006928

2) Name of Policy Holder

CHEN, SI TING ANGELA

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act

: 14/10/2017 00:00

4) Date/Time of Expiry of Insurance

: 13/10/2018 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\$ 700.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

: DBS Bank Ltd

Main driver

CHEN, SI TING ANGELA

Named driver

None

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:

14/09/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer Company Registration; 200822611G