

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA 119076889

Date In: 13/6/18 -17:54	Job description	Date & Time Completed	Done by
Ref No: NA/PA218010840/24	SAS e-filing		
Veh No: ED111B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/6/18 -19:30	i-Motor Claim Form		
OD : TP Reporting Only	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: () Tel: () Fax: ()

TP Particulars: Vch No: 56J15577 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

	Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 30		
	Invoice dated	Fee Charged	
	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	13/06/2018 17:54
Date Of Accident	12/06/2018 19:30
Exact Location Of Accident	ALONG DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ED1111B
Insured/Policyholder	
Name Of Registered Owner	LOW, CHEE PING
NRIC No	S7401129B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98428650
Alternative Phone No	OFFICE-98428650

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00455465
Cover Note Number	

Driver

Name of Driver	LOW CHEE PING (LIU ZHIBIN)
NRIC No	S7401129B
Date Of Birth	14/01/1974
Occupation	INDOOR
Date Of Driving Pass	12/03/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98428650
Fax Number	
Contact Number	OFFICE-98428650
Email Address	NOEMAIL

Address	6 WATTEN PARK
Postcode	287406
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	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WAN RU 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

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	SGJ1557T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97295618
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.



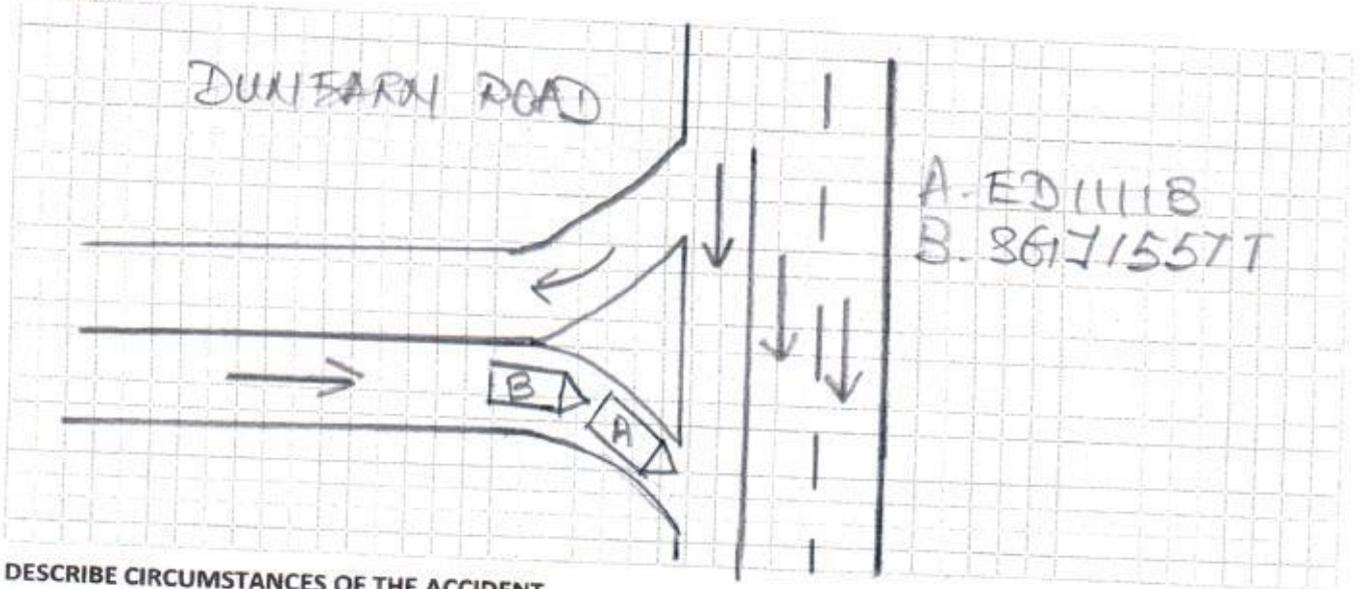
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY AT JUNCTION, OUT OF POSITION
I FELT AN IMPACT FROM MY VEH REAR PORTION.

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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: ED 1111 B MAKE/MODEL: VW / TOURAN

DATE OF ACCIDENT 12/06/2018 TIME 19 HR 30 MIN AM/PM
DAY/MONTH/YEAR

LOCATION OF ACCIDENT DUNELARK ROAD

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER LOW CHEE JINNY

CONTACT NO 98428650

NRIC S7401129B

CLAIM TYPE OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY TREK ASIA

TYPE OF COVERAGE COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO WT/00A55465

ACCIDENT DRIVER

NAME OF DRIVER LOW CHEE JINNY AS ABOVE IF NOT- KINDLY FILL IN BELOW

NRIC S7401129B NO OF PASSENGER/S 1 WAN RA. S8155927I

DATE OF BIRTH 14 JAN 1974

OCCUPATION OUTDOOR INDOOR

DATE OF DRIVING PASS 12/03/2004

GENDER MALE FEMALE

CONTACT NO _____

ADDRESS NO-6 WAYTEN PARK SINGAPORE S7406

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION CLEAR RAINING OTHER: _____

ROAD SURFACE DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO S81557T NO OF PASSENGER/S 0

NAME _____

CONTACT NO 97295618

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____

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/00455465
Type of Coverage / Driver Plan	: Car Third-Party Only (Value Plan)
1) Vehicle Registration No.	: ED1111B
Chassis No.	: WVGZZZ1TZBW043356
2) Name of Policy Holder	: Low, Chee Ping
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 13/02/2018 00:00
4) Date/Time of Expiry of Insurance	: 12/02/2019 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\$ 0.00 (before any applicable GST)
Windscreen Excess	: Not Applicable (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: NA
Main driver	: Low, Chee Ping
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).

Issued on: 14/06/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer