

NATIONAL Assessment Centre Services <small>(wef 1 Jan 2005)</small> <b>MAY 1808351</b>			
Date In: <b>28/06/2018 12:09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/DAI 180117774</b>	SAS e-filing		
Veh No: <b>SLG 6646J</b>	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: <b>28/06/2018 08:30</b>	i-Motor Claim Form		
OD: <b>TP</b> 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:	Veh No: <b>SHP 459J</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%; 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	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) RT: 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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (N-in INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	28/06/2018 12:09
Date Of Accident	28/06/2018 08:30
Exact Location Of Accident	NUS ENGRG DR NEAR TO BLDG EW/1 PARKING LOT 15
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6646T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH HOE ANN
NRIC No	S1175817G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98193187
Alternative Phone No	OTHERS-98193187

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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/00433792
Cover Note Number	

### Driver

Name of Driver	SOH HOE ANN
NRIC No	S1175817G
Date Of Birth	27/07/1955
Occupation	INDOOR
Date Of Driving Pass	23/02/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98193187
Fax Number	
Contact Number	OTHERS-98193187
Email Address	NOEMAIL



Address	BLK 849 JURONG WEST STREET 81 #11-259
Postcode	640849
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	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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SHF459J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YONG KWONG YAN
NRIC/Passport Number	S0210770H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN

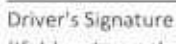
### IMPORTANT NOTICE



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

NUS FALGER DRIVE 2 NEAR FEW/1

PARKING lot 15



A) SLG 6646T

B) SHF 459J

15 KM/HRS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/06/2018 AT 08:32 I WAS ABOUT TO PARKING MY CAR AT NUS PARKING lot 15, I WANTED SLOW SUDDELY A TAXI CAME SWIPE THE FRONT RIGHT WHEEL & FRONT DAMAGE THE TAXI WAS DRIVING FAST FOR THE SPEED LIMIT IN THAT AREA WAS ONLY 15KM/H. WE EXCHANGE PARTICULARS THAT ALL

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:

 28/06/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 06 / 2018 (DD/MM/YYYY), TIME: 08 : 32 (HH:MM)

LOCATION: PARKING LOT 15 KUALA KANGKAR PR: 2 NEAR TO FAN/1

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 6666T  
 b) INSURANCE COMPANY: DIRECT ASIA  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA STATION  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: SOH HEE ANN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98193187  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (27 / 07 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/02/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. 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

- a) VEHICLE NUMBER: SHF 459J MODEL: TOYOTA (TAXI)  
 b) DRIVER'S NAME: YONG KWONG YAN  
 c) NRIC/FIN/PASSPORT: S0210770H CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = MOVA

fax = KEONG @ MOVA.COM.SG

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1175817G




Name  
SOH HOE ANN

苏和安

Race  
CHINESE

Date of Birth 27-07-1955 Sex M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LIC

License Number S1175817G

Name  
SOH HOE ANN

Birth Date 27 Jul 1955

Issue Date 16 Dec 2002




1830



NRIC No. S1175817G



Blood Group A Date of issue 29-03-1994

APT BLK 849 JURONG WEST STREET 81 #11-259  
SINGAPORE 640849

NRIC No. S1175817G Date: 23/11/2009 (R) No: 6239409

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PAGE 1 OF 1

Class 2B	Motorcycles not exceeding 200 cc	30 Dec 1974
Class 2A	Motorcycles between 201 cc and 400 cc	30 Dec 1976
Class 2	Motorcycles exceeding 400 cc	30 Dec 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Feb 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 May 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7200 kilograms	22 Jul 1979

License No. S1175817G



## 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/00433792
<b>Type of Coverage / Driver Plan</b>	Car Third-Party Only (Value Plan)
<b>1) Vehicle Registration No.</b>	SLG6646T
<b>Chassis No.</b>	Jhmrn684s205688
<b>2) Name of Policy Holder</b>	Soh, Hoe ann
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	13/12/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	12/12/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<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\$ 0.00 (before any applicable GST)
<b>Windscreen Excess</b>	Not Applicable (before any applicable GST)
<b>Choice of workshop</b>	DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	
<b>Main driver</b>	Soh, Hoe ann
<b>Named driver</b>	None
<b>Important Note:</b> 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: 27/11/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur  
Chief Underwriting Officer

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