| NATIONAL Assessment Centre   | Acrices property  | MMA 118086970.   |  |
|--|---|--|--|
| Date in 6 17 / 18 09:43  | Jeb description   | Date & Time Completed  |  |
| Relito NAI DAZ 18 - 12311 /h4  | SAS e-filling   |  |  |
| Vehiller SLK 4020R.  | E-mail (within this, ed), 2003)   |  |  |
| 517 118 12120.   | i-Motor Claim Form  |  |  |
| 252  | i-Motor W/O (within OD 2)   | n±, TP 4h(5)   |  |
| Oliv. TP * Revenue, Only   | i-Photo Uploaded  |  |  |
| TF Insurer:  | Assessment/Survey Report  |  |  |
|  | Ass't Report by Fax / Hand  | to Owner/Wksp  |  |
| Preferred Wksp / INC Assign Wksp / OW: (   | Description of the second   | Tel: F   | ax:  |
| TP Particulars: Veh No: 5  | LP 6010 E. INC  | )/Non-INC( )   |  |
| Owner / Driver: (  |   | Tel  | j  |
| Policy No. ( ) Perio   | od ( )  | Cover Type: (  | j.   |
| Confirmed by : (   | Date:   | Time:  | ĵ  |
| Insured/Driver Ejability: ( %) [No   | ote-Est. Status (WO): N: 0-2  | 20%; P. 21-79%. F. 30-1  | 00%]   |
| Year of Registration: ( ) W  | arranty: YES ( ) / NO (   | )  |  |
| Excess (S ) Loading: \$1,000   | )()/\$2,000()   |  |  |
| General Remarks:-  |   |  |  |
| ( ) Walk-In Customar : Customer's inform   | nation strictly Confidential & S  | trictly NO rafer of repairer.  |  |
| ( ) Total Loss Case : to e-mail Insurer  | - D. Wichel Dollard Healthou  |  |  |
| Drive-In ( ) / Towed-In ( ); Invoice:  | YES ( ) / NO ( );   | Towing Co. (   | . 1  |
| Remarks:- (INC hotline: 6788 6616)   |   | Date&Time Completed  | Done by  |
| Apply for Transport Allowance ( ) / Cor  | urtesy Car ( )  |  |  |
| 2) QC Check / Post Repair Inspection   | ( )   |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$300  | 00] ( )   |  |  |
| Injury:  |   |  |  |
| Date/Time   Actions  |   | Part of the second control of  |  |
| The state of the s | T 1840 18 2 A 18 1 A | AND WITH COMPANY AND ADDRESS.  | The second   |
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|  | 3   |  |  |
|  |   |  |  |
| 32   | Invoice Pro   | paration Checklist   | Ant (5) Ant (3   |
| Taimant's Particulars :-   | I) AR : Assiden   | and the same of the same has been a same or the same of the same o |  |
| river/Owser  | 2) DA : Damege<br>3) TF : Towing  | Assessment (\$100), INC (\$80)<br>Fee 540/   | direct the second second   |
| SEX SEMINO TO SOCIATE  | 4) FT : Follow-1  | A STATE OF THE PARTY OF THE PAR | 120  |
| ontact No:   |   | sgeinst INC Only (wof 10 Jan 2005)   |  |
| amaged Portion:  | 6) TR : Re-inspe<br>7) N1 : Idno DA   |  | \$75<br>160)   |
| .3   | 8) NTUC Additi  |  |  |
| C Cheeked by (Engr-In-Charge):   | Ole* *N5; Courter   | y Car / Tpt Allowance  | 55   |
| TAKE A SECTION OF THE PROPERTY | * NE. Repeir C  | Decadination   | 510<br>525   |
| uditors' Comments :-   | *148: DV / Co   | Heet Excess Coordination   | 53   |
| 4.12   | TP (M11) : 11<br>9) M12 Ideo M  | Park Print (Art of the Capture Print (Art of | 20   |
| 1.273  | laverie # data f  | Fee Charges  | PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR |
|  | Invalce dated   | Fee Charges  |  |

### 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 <u>truthful and accurate</u> 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.
- 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

ACCIDENT STATEMENT

| State of the same of the same  | ACCIDENT STATEMENT                        |  |  |  |
|--|---|--|--|--|
| Date Of Report   | 06/07/2018 09:43                          |  |  |  |
| Date Of Accident   | 05/07/2018 12:20                          |  |  |  |
| Exact Location Of Accident   | PAYA LEBAR RD SLIP RD INTO EUNOS AVE 5    |  |  |  |
| Country/State of Loss  | SINGAPORE                                 |  |  |  |
| na vide  | DETAILS OF OWN VEHICLE                    |  |  |  |
| Vehicle Registration Number  | SLK4020R                                  |  |  |  |
| Insured/Policyholder   |   |  |  |  |
| Name Of Registered Owner   | KOH CHEH PEI WINNIE                       |  |  |  |
| NRIC No  | S8237783B                                 |  |  |  |
| Email Address  | NOEMAIL                                   |  |  |  |
| Mobile Phone No  | (LOCAL) +65-93697860                      |  |  |  |
| Alternative Phone No   | OFFICE-93697860                           |  |  |  |
| Vehicle Particulars  |   |  |  |  |
| Manufacturer   | NISSAN                                    |  |  |  |
| Model  | NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR         |  |  |  |
| 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                                       | REPORTING ONLY                            |  |  |  |
| 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/00446162                               |  |  |  |
| Cover Note Number  |   |  |  |  |
| Driver   |   |  |  |  |
| Name of Driver   | KOH CHEH HOON WENDY (XU JINFEN WENDY)     |  |  |  |
| NRIC No  | S7939824A                                 |  |  |  |
| Date Of Birth  | 18/12/1979                                |  |  |  |
| Occupation   | INDOOR                                    |  |  |  |
| Date Of Driving Pass   | 28/04/2001                                |  |  |  |
| Driving Experience   | 17 YEARS AND 2 MONTHS                     |  |  |  |
| Gender   | FEMALE                                    |  |  |  |
| Mobile Number  | (LOCAL) +65-96446420                      |  |  |  |
| Fax Number   |   |  |  |  |
| Contact Number   |   |  |  |  |
| EMail Address  | NOEMAIL                                   |  |  |  |
|  |   |  |  |  |

Address BLK 122 PAYA LEBAR WAY #11-2907

Postcode 381122

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

-

NO

NO

#### 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

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.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING ALONG PAYA LEBAR RD AT THE SLIP RD TURNING INTO EUNOS AVE 5. MY VEH ACCIDENTALLY ROLLED FORWARD HIT ONTO VEH B (BEARING NO SLP6010E) REAR PORTION.

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP6010E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver RABANZO ERNY BANAAG

NRIC/Passport Number G6278406M

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

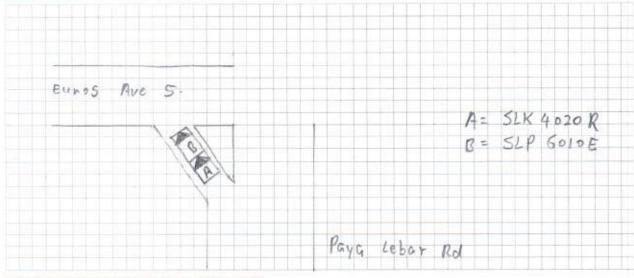
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Please | Refer | +0 | statement |  |
|--------|-------|----|-----------|--|
|        |       |    |           |  |
|        |       |    |           |  |
|        |       |    |           |  |
|        |       |    |           |  |
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# DECLARATION

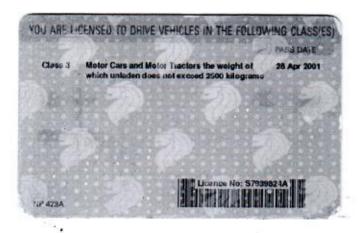
I/We declare the foregoing particulars are true in every respect.

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.:











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/00446162

Type of Coverage / Driver Plan

Car Third-Party Only (Value Plan)

1) Vehicle Registration No.

SLK4020R

Chassis No.

JN1TAAE12Z0972448

2) Name of Policy Holder

Koh, Cheh Pei Winnie

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

: 16/01/2018 00:00

4) Date/Time of Expiry of Insurance

: 15/01/2019 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

Maybank

Main driver

Koh, Cheh Hoon Wendy

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:

06/01/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer Company Registration; 2008226110