

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 02/08/08	Job description	Date & Time Completed	Done by
Ref No NA/DAI18014049/12	SAS e-filing		
Veh No SW31917	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 01/08/18 0730	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **5647373M** 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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: 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:-		
ON*		
*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	02/08/2018 12:01
Date Of Accident	01/08/2018 07:30
Exact Location Of Accident	SLIP RD TWDS KPE ALONG PUNGGOL EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3191Y
Insured/Policyholder	
Name Of Registered Owner	ONG,SER CHUAN
NRIC No	S8134553H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92994628
Alternative Phone No	OTHERS-92994628

Vehicle Particulars

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00463232
Cover Note Number	

Driver

Name of Driver	TEO SU-FENG,MICHELLE LOUISE(ZHANG SHUFEN,MISHELLE
NRIC No	S8140824F
Date Of Birth	09/12/1981
Occupation	INDOOR
Date Of Driving Pass	13/03/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92994628
Fax Number	
Contact Number	
Email Address	TAZTEO@YAHOO.COM.SG

Address	23 PUNGGOL FIELD WALK #16-17
Postcode	828750
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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

PLS REFER TO THE ATTACHED 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	SGY7373M
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEE KWONG
NRIC/Passport Number	S1831446J
Contact Number	98168434
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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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.

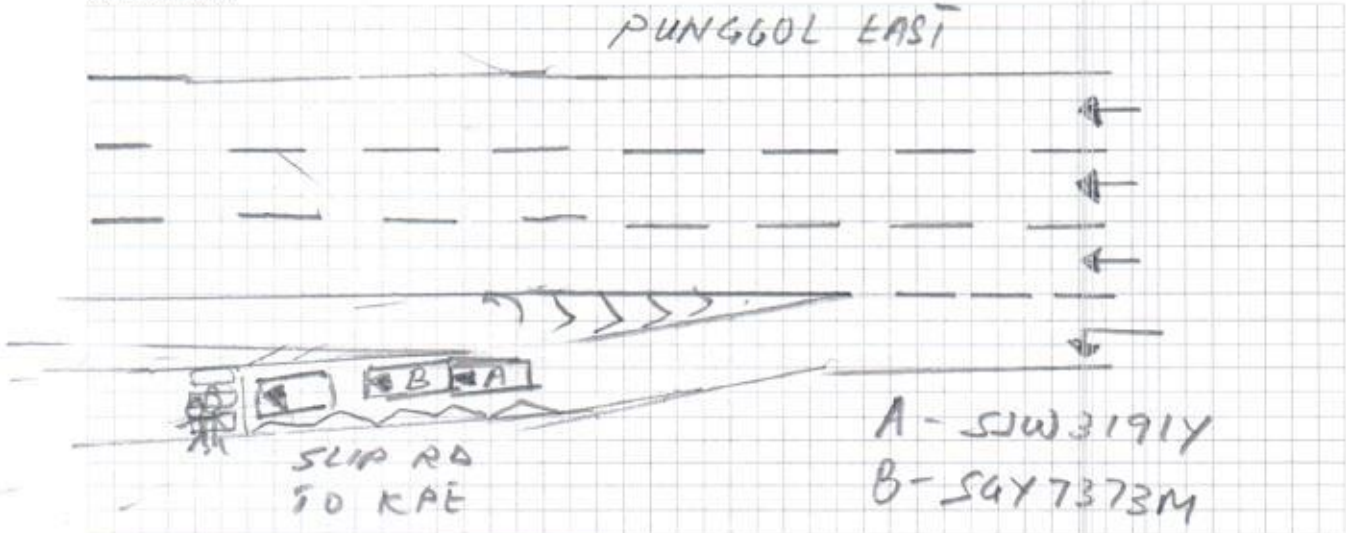
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

PUNGGOL EAST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

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.:

I WAS TRAVELLING FROM PUNGGOL EAST SLIP RD TWDS KPE.SUDDENLY INFRT OF MY VEH E-BRAKE
DUE TO THE VEH INFRT OF HIM E-BRAKE TOO.I HAVE NOT ENOUGH TIME TO STOP AND MY VEH HIT
ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 08 / 2018 (DD/MM/YYYY), TIME: 07 30 (HH:MM)

LOCATION: Slip Road towards KPE along Punggol East

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 3191 Y
 b) INSURANCE COMPANY: Direct Asia
 c) POLICY NUMBER: MT00463232
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 318i
 f) TYPE: SALOON COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK
 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: ONG SER CHUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8134553H CONTACT: _____
 c) ADDRESS: 23 PUNGGOL FIELD WALK #16-17
(S828750)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO SU-FENG MICHELLE LOUISE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S814824F CONTACT: 92994628
 c) ADDRESS: 23 PUNGGOL FIELD WALK #16-17
(S828750)

*d) DATE OF BIRTH: 09 / 12 / 1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 15 YEARS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SG47373M MODEL: PENQUIN 308
 b) DRIVER'S NAME: LEE CHAE KWONG
 c) NRIC/FIN/PASSPORT: S1831446J CONTACT: 98168434

9. THIRD PARTY VEHICLE

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

*No of passenger
 (Including driver)
(1)

*No of passenger
 (Including driver)
(1)

*No of passenger
 (Including driver)
()

01/08/18

wee hy bur
 confirmation

00 01 REPORTING

Email = TAZTEO@YAHOO.COM.SG

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8140824F**

Name:
TEO SU-FENG, MICHELLE LOUISE
(ZHANG SHUFEN, MICHELLE LOUISE)

Birth Date: **09 Dec 1981**
 Issue Date: **13 Mar 2003**



 000280349G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8140824F**



Name:
TEO SU-FENG, MICHELLE LOUISE
(ZHANG SHUFEN, MICHELLE LOUISE)

Race:
CHINESE

Date of birth:
09-12-1981

Country of birth:
SINGAPORE

Sex:
F



 S8140824F

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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE:
13 Mar 2003



NP 42-A

 Licence No: S8140824F

 4891070



NRIC No: **S8140824F**

张淑芬

Date of issue:
02-10-2012

23 PUNGGOL FIELD WALK #16-17
SINGAPORE 828750

NRIC No: **S8140824F** Date: **20/04/2016**

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)

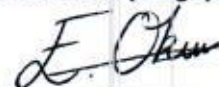
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00463232
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: sjw3191y
Chassis No.	: WBAPF72030A793658
2) Name of Policy Holder	: ONG, SER CHUAN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/03/2018 00:00
4) Date/Time of Expiry of Insurance	: 26/03/2019 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	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: HONG LEONG FINANCE
Main driver	: TEO, SU-FENG, MICHELLE LOUISE
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: 12/03/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer