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	i-Motor W/O (Within: OD 2)a	s, TP 4hrs)		
OD (Peporung Only	i-Photo Uploaded			1000
Surgery	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	***********	
Preferred Wksp / INC Assign Wksp / QW: (Sec. 17 - 18 (1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994	Tol: Fax:	SHE KOKET TO)
TP Particulars: Vch No: S	KG 315 3B. INC ()/Non-INC()		
Owner / Driver: (A CONTRACTOR OF THE CONTRACTOR	Tel:)	
Policy No: () Perio	d; ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	%]	
	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	THE COURSE OF THE PARTY OF THE			
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() Total Loss Case : to e-mail Insurer			1	
Drive-In ()/ Towed-In (); Invoice:	YES() / NO(); T	owing Co: ()
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
Apply for Transport Allowance ()/ Cou	rtcsy Car ()	1		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()			
Injury:				- Here
Date/Time Actions			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Driver/Owser:	3) TF : Towing F 4) FT : Follow-T	brough Survey \$120	0	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 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.
- 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	16/08/2018 14:47
Date Of Accident	15/08/2018 18:00
Exact Location Of Accident	TAMPINES AVE 7 SLIP RD INTO TPE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7657E
Insured/Policyholder	
Name Of Registered Owner	CHUA CHIN TIAM
NRIC No	S2595953A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93882553
Alternative Phone No	OFFICE-93882553
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00278431
Cover Note Number	•
Driver	
Name of Driver	PANG HOON KIEW
NRIC No	S7075445B
Date Of Birth	15/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	
VIODITE INDITIDE	(LOCAL) +65-91999190

NOEMAIL

Address

BLK 317 TAMPINES ST 33 #10-62

Postcode

520317

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

CHAIN COLLISION

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG TAMPINES AVE 7 AT THE SLIP RD INTO TPE, VEH INFRONT OF ME STOP, AS SUCH I MANAGE TO STOP, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT, VEH B (BEARING NO SKC3153B) HIT ONTO MY VEH REAR PORTION.

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

SKC3153B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA3097B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

NO

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PANG HOON KIEW

Approximate Age

BACK Injuries Sustain SJU7657E Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Page 3 of 16

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.
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- 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
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 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.

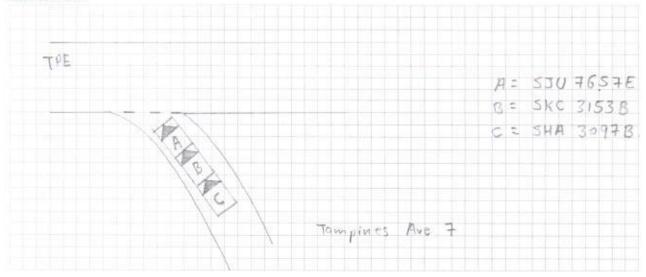
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Please	Refer	t.	statement	
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DECLARATION

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

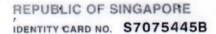
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

nu

Name:

NRIC/FIN No.:







5418571



PANG HOON KIEW

CHINESE Date of birth 15-06-1970

Country/Place of birth MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

Motor cars =< 3000 kg with =< 7 passungers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

30-01-2015

APT BLK 317 TAMPINES STREET 33 #10-62 SINGAPORE 520317

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/00278431

Type of Coverage / Driver Plan Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. S1U7657E

Chassis No. JHMFD16309S203192

2) Name of Policy Holder CHUA CHIN TIAM

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 12/01/2016 00:00

4) Date/Time of Expiry of Insurance : 11/01/2017 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\$ 600.00 (before any applicable GST) Windscreen Excess S\$ 100.00 (before any applicable GST)

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

Main driver CHUA CHIN TIAM

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:

14/12/2015

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer