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D.O.A: 16/8/18-19:35	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	C:
TP Particulars: Yeh No: 680	8 109 INC ()/Non-INC()	10.0
Owner / Driver: (Tel:)
Policy No: () Po	eriod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]
Year of Registration: ()	Warranty: YES () / NO ()	
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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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	17/08/2018 18:13
Date Of Accident	16/08/2018 19:35
Exact Location Of Accident	BLK 185 BOON LAY AVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9990K
Insured/Policyholder	
Name Of Registered Owner	LEE, KEE CHEN
NRIC No	S7839006I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98760999
Alternative Phone No	OFFICE-98760999
Vehicle Particulars	
Manufacturer	BMW
Model	6301 A
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/00495839
Cover Note Number	
Driver	

Driver

Name of Driver	LEE KEE CHEN (LI JIZHENG)

 NRIC No
 \$7839006I

 Date Of Birth
 27/12/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 27/07/2010

Driving Experience 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98760999

Fax Number

Contact Number OFFICE-98760999

EMail Address NOEMAIL

BLK 693 JURONG WEST CENTRAL 1 Address

#02-101

640693 Postcode

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident Was any body injured in the Accident?

2

Was any injured conveyed to hospital by

YES NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBD8074P**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LEE KEE CHEN (LI JIZHENG)

BODY

SLA9990K

YES

NO

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 ladgment 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)

Lunderstand, 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
- 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 WHIL

NRIC/FR:

>	B					(ARPARK
GANTR	TA WA	1 m	'Va'	100	DD	<-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I VEH A (SLA999OK) WAS
WAITING FOR MY TURN TO EXIT THE CARPARK AT BLK
185, I CAME TO A COMPLETE STOP WHILE WAITING
FOR THE YEHICLE INFRONT TO EXIT THE MANTRY.
OUT OF A SUDDEN VEH B (BBD 8074P) REVERSE
AND COLLIDED WITH THE FRONT OF MY VEHICLE.

DECLARATION

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

Policyhalder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Lime:

Reporting Centre.

Name:

VEHICLE NO: SLA9990K MAKE & MODEL : BMW MG

DATE OF ACCIDENT	16 / AUG / 18 .
TIME OF ACCIDENT	10.2 (A.M. / P.M.
LOCATION OF ACCIDENT	BOONLAY AVE, CARPARK AT BLK 185
Exact Purpose use during accid	dent
NAME OF OWNER	LEE KEE CHEN (LI JIZHENG)
And the second s	THE KEE CHEW CLI JUNE 1
TELP NO	57839006I
NRIC	
CLAIM TYPE	The state of the s
PRIVATE HIRE	YES/NO?
INSURANCE CO.	DIRECT ASIA
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	MT/00495839
NAME OF DRIVER	As above / If No:
NRIC	Any passengers:
DATE OF BIRTH	27 10EC 1 1978
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	27 / M1 / 2010
GENDER	Male / Female
CONTAC NO.	9840999 Office: Home:
ADDRESS	
DRIVER HAVE ANY OWN Veh	nicle NO / If yes : Reg No: SLA9990K
RELATIONSHIP	Employee / If No: Own or
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Ory / Wet / Other:
ANY INJURIES	No / If yes: Who? Onyor
CONTAC NO.	
OLICE REPORT	No / If yes: Where?
/EHICLE B NO.	ABD 8074P Any Passenger:
IAME	
ONTAC NO.	
BHICLE C NO.	Any Passenger :
EHICLE D NO.	Any Passenger :
EHICLE E NO.	Any Passenger :
EHICLE F NO.	Any Passenger:
NY WITNESS	
VITNESS CONTACT NO.	
lave you been approach by unk	nown person soliciting (s) /
ffering accident claims assistan	
	vidos dostaras Hel
ARTICULAR WORKSHOP	Autowerke Automotive Pte 1td
ELP NO	
ONTACT PERSON	
AX NO.	
	i Enquiry @ autowerke. com. sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$78390061





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LEE KEE CHEN (LI JIZHENG)



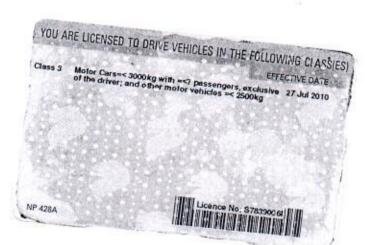
CHINESE Date of birth 27-12-1978













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/00495839

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

1) Vehicle Registration No. : SLA9990K

Chassis No. WBAEB3202DCV45174

2) Name of Policy Holder : LEE, KEE CHEN

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 13/06/2018 00:00

4) Date/Time of Expiry of Insurance : 12/01/2019 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 : LEE, KEE CHEN

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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 12/06/2018

Edip Okur Chief Underwriting Officer