

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 118109748

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 24/8/10 14:25 | Job description | Date & Time Completed | Done by |
| Ref No: NA/DAD 180547/24 | SAS e-filing | | |
| Veh No: 5P 17 60E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A 23/8/10 - 00:35 | 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 Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: JKR 737 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% P: 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

| Invoice Preparation Checklist | | Am't (\$) In Bill | Am't (\$) 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:- | | | |
| QD* | | | |
| *N5: Courtesy Car / Tpl Allowance | \$5 | | |
| *N6: Repair Co-ordination | \$10 | | |
| *N7: Post Repair Inspection | \$25 | | |
| *N8: DV / Collect Excess Coordination | \$5 | | |
| TP (N11): TP (N-in INC) against INC | \$20 | | |
| 9) N12: Idac Mobile | \$30 | | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref. 1:

Ref. 2 / 3:

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 | 24/08/2018 14:25 |
| Date Of Accident | 23/08/2018 00:35 |
| Exact Location Of Accident | ALONG PUNGGOL WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJP1760E |
| Insured/Policyholder | |
| Name Of Registered Owner | LOH, WEIXIONG WINSTON |
| NRIC No | S8726660E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90264562 |
| Alternative Phone No | OFFICE-90264562 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS G AUTO |
| 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/00391966/01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOH WEIXIONG, WINSTON |
| NRIC No | S8726660E |
| Date Of Birth | 25/08/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/11/2008 |
| Driving Experience | 9 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90264562 |
| Fax Number | |
| Contact Number | OFFICE-90264562 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 310B PUNGGOL WALK #11-562 |
| Postcode | 822310 |
| 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 | RAINING |
| Road Surface | WET |

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? | YES |
| 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

REFER TO 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 | SKR2137B |
| Vehicle Make/Model/Colour | HONDA STREAM |
| 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 INJURED PERSON 1

| | |
|------|-----------------------|
| Name | LOH WEIXIONG, WINSTON |
|------|-----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJP1760E

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 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)

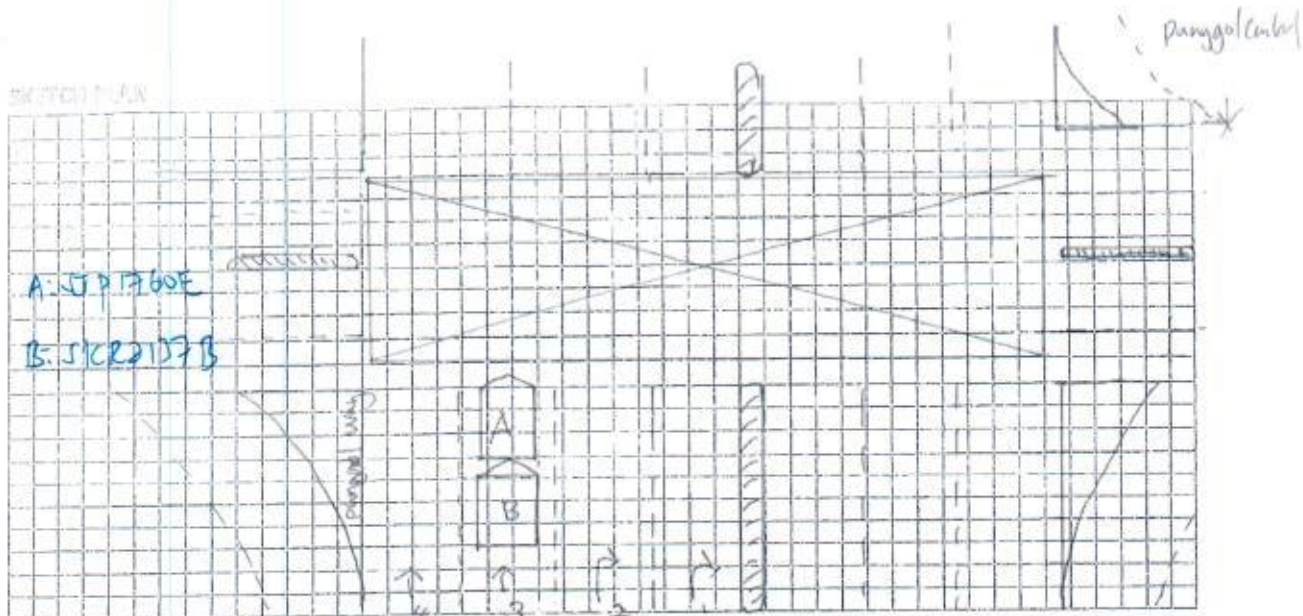
I understand, acknowledge, agree and consent that:

- (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.:




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


My vehicle A was travelling on Lane 3 along punggol way, due to the traffic light turn red, I slow down and came to a stop, suddenly a few seconds, this vehicle B from behind bump on to my rear portion of my vehicle A. Total there are 2 vehicle involved.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ 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 traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|------------------|------------|
| Date of accident | 23/08/2018 | (DD/MM/YY) |
| Time of accident | 00:33 am | (HH:MM) |
| Exact location of accident | Along runway way | |

DETAILS OF VEHICLE

| | | | |
|--|---|---|---|
| Vehicle registration number | S3P 1760 E | | |
| Vehicle make and model | Vios | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | Private | | |
| Are you claiming under your own Insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> | |

INSURANCE INFORMATION

| | | | |
|-------------------|---|---|----------------------------------|
| Insurance company | Direct asia | | |
| Policy number | MT/00391466/01 | | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | |
|------------------------------|---|---|
| Name | LOH WEIXIANG, WINSTON | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S872666D/E | |
| Contact | 9026 4562 | |
| Address | Blk 310B, runway walk, # 11-562 S(822310) | |

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

| | | |
|------------------------------|---|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | STE-WRC-87 @hotmail.com | |
| Date of birth | 25/08/1987 | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | 18/Nov/2008 | |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | (Inclusive of driver) |

PASSENGER 1

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

OTHER INFORMATION

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

DETAILS OF POLICE ACTION

| | |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

WITNESS 1

| | |
|------|--|
| Name | |
|------|--|

WITNESS 2

| | |
|------|--|
| Name | |
|------|--|

| THIRD PARTY VEHICLE 1 | |
|------------------------------|--------------|
| Vehicle registration number | SKR 237B |
| Vehicle make model | Honda Stream |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|---|
| Name | LOTT WEIXING WINSTON |
| Injuries sustained | Back and Neck |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8726660E



Name: LOH WEIXIONG, WINSTON
卢伟雄
Race: CHINESE
Date of Birth: 25-08-1987
Country/Place of Birth: SINGAPORE


Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTITY CARD NO. S8726660E

LOH WEIXIONG, WINSTON

Birth Date: 25 Aug 1987
Valid Date: 23 Jul 2007



NOT TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 1B: Motorcycles < 250 CC
Class 3: Motor cars < 3500 cc with < 17 passenger, inclusive of the driver and other passengers < 2500 kg

Valid Date: 23 Jul 2007

5 / No. 9000987474

License No. S8726660E



Address: APT BLK 310B PUNGOOL WALK
#11-862
SINGAPORE 822310

Date of Birth: 24-11-2017

DOC No. S8726660E



S 632031

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/00391966/01 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SJP1760E |
| Chassis No. | : MR053HY9305105071 |
| 2) Name of Policy Holder | : Loh, Weixiong Winston |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 03/05/2018 00:00 |
| 4) Date/Time of Expiry of Insurance | : 12/03/2019 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\$ 2,500.00 (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 Limited |
| Main driver | : Loh, Weixiong Winston |
| 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: 09/03/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer