

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118/110693

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 27/8/18 - 18:56 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/DA280/530/24  | SAS e-filing                             |                       |         |
| Veh No: 5265984          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 27/8/18 - 07:00   | 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: 402612R   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :- | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
|---------------------------|---|-----------------------|-----------------------|
| Driver/Owner:             | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:               | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Damaged Portion:          | 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:-                   |                       |                       |
|                           | OD:   |                       |                       |
|                           | *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           |                       |

Auditors' Comments :-

Lat 1:

Lat 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   | 27/08/2018 13:56                          |
| Date Of Accident   | 27/08/2018 07:00                          |
| Exact Location Of Accident   | TUAS TWDS AYE                             |
| Country/State of Loss  | SINGAPORE                                 |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | SJZ6598Y                                  |
| <b>Insured/Policyholder</b>  |   |
| Name Of Registered Owner   | GUAP, KUAN YEE                            |
| NRIC No  | S2618116Z                                 |
| Email Address  | NOEMAIL                                   |
| Mobile Phone No  | (LOCAL) +65-96558709                      |
| Alternative Phone No   | OFFICE-96558709                           |
| <b>Vehicle Particulars</b>   |   |
| Manufacturer   | MAZDA                                     |
| Model  | MAZDA5                                    |
| 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                               |
| <b>Insurance Company</b>   |   |
| Name of Insurance Company  | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage   | COMPREHENSIVE                             |
| Fleet Policy   | NO  |
| Policy Number  | MT/00427028                               |
| Cover Note Number  |   |
| <b>Driver</b>  |   |
| Name of Driver   | GUAP KUAN YEE                             |
| NRIC No  | S2618116Z                                 |
| Date Of Birth  | 30/08/1966                                |
| Occupation   | INDOOR                                    |
| Date Of Driving Pass   | 19/10/1999                                |
| Driving Experience   | 18 YEARS AND 10 MONTHS                    |
| Gender   | MALE                                      |
| Mobile Number  | (LOCAL) +65-96558709                      |
| Fax Number   |   |
| Contact Number   | OFFICE-96558709                           |
| EMail Address  | NOEMAIL                                   |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 178 YUNG SHENG ROAD<br>#11-129 |
| Postcode  | 610178                             |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### 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?   | 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. | 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         | YP2612R            |
| 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) |                    |



## SKETCH PLAN

### IMPORTANT NOTICE

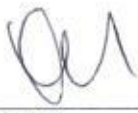
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

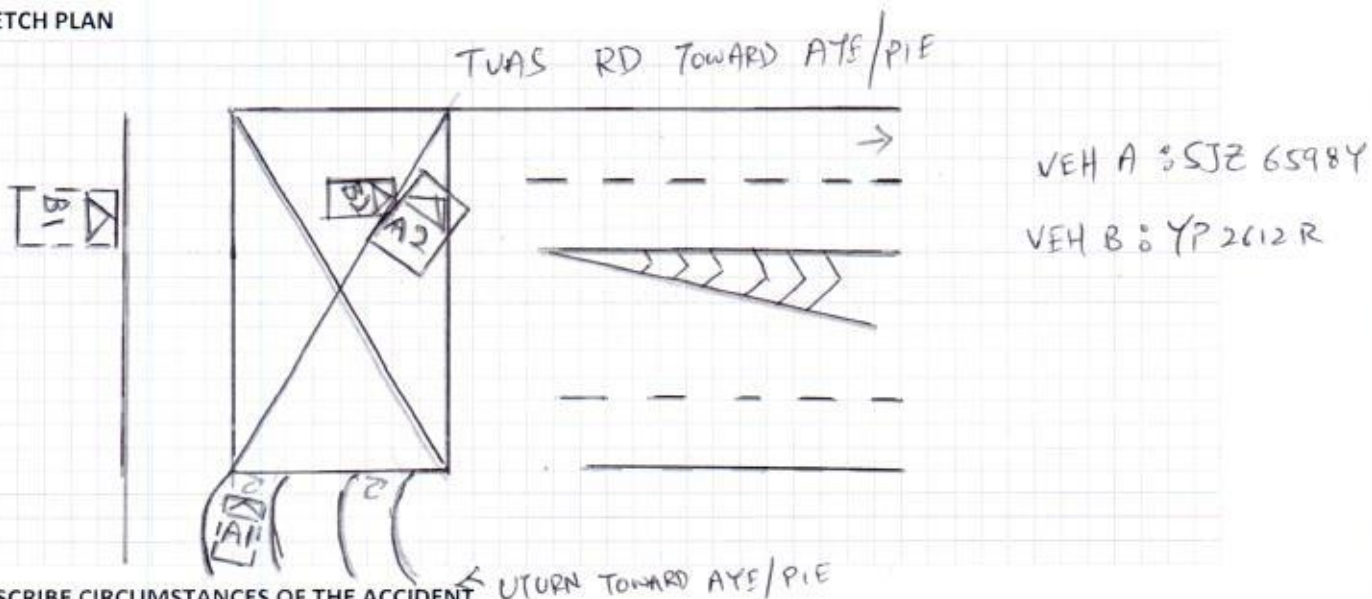


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE & TIME, I VEH A (SJZ6598Y) WAS TRAVELLING TOWARD MY OFFICE WHICH IS LOCATED AT 5 TUAS AVE 3. HENCE I WILL HAVE TO MAKE A UTURN AT TUAS RD, I STOPPED AT THE UTURN AS THE TRAFFIC LIGHT WAS RED, FEW MOMENTS LATER THE LIGHT TURNED GREEN AS ALL THE VEH MOVE OFF AT THE SAME TIME SO DO I. WHEN I WAS ABOUT TO COMPLETE MY TURN VEH B DIDN'T MANAGE TO STOP & HIT ONTO MY VEH LEFT PORTION WHICH DAMAGE MY LEFT DOOR SO BADLY. I WISH TO STATE THAT THE TRAFFIC LIGHT OVER AT THE JUNCTION NEEDED TO BE IN GREEN BEFORE ALL VEH CAN PROCEED TO UTURN.

## 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.:



VEHICLE NO: SJZ6598Y

MAKE &amp; MODEL: MAZDA5

|  |   |                          |
|--|---|--------------------------|
| DATE OF ACCIDENT   | 27 / AUG / 2018   |                          |
| TIME OF ACCIDENT   | 0700 AM / PM  |                          |
| LOCATION OF ACCIDENT   | TUAS TOWARDS AVE  |                          |
| Exact Purpose use during accident  |   |                          |
| NAME OF OWNER  | GUAP KUAN YEE   |                          |
| TELP NO  |   |                          |
| NRIC   | S2618116Z   |                          |
| CLAIM TYPE   | OD / <u>THIRD PARTY</u> / Reporting Only                      |                          |
| PRIVATE HIRE   | YES / <u>NO</u>   |                          |
| INSURANCE CO.  | DIRECT ASIA   |                          |
| TYPE OF COVERAGE   | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft |                          |
| POLICY NO.   |   |                          |
| NAME OF DRIVER   | As above / If No:   |                          |
| NRIC   | S2618116Z   | Any passengers: <u>0</u> |
| DATE OF BIRTH  | 30 / AUG / 1966   |                          |
| OCCUPATION   | Outdoor / <u>Indoor</u>                                       |                          |
| DATE OF DRIVING PASS   | 19 / OCT / 1999   |                          |
| GENDER   | <u>Male</u> / Female  |                          |
| CONTACT NO.  | 96558709  | Office: Home:            |
| ADDRESS  | BLK 178 YUNG SHENG ROAD #11-129 S(610178)                     |                          |
| DRIVER HAVE ANY OWN Vehicle  | NO / If yes: Reg No: SJZ6598Y                                 |                          |
| RELATIONSHIP   | Employee / If No: <u>owner</u>                                |                          |
| WEATHER CONDITION  | <u>Clear</u> / Raining / Other:                               |                          |
| ROAD SURFACE   | <u>Dry</u> / Wet / Other:                                     |                          |
| ANY INJURIES   | <u>No</u> / If yes: Who?                                      |                          |
| CONTACT NO.  | 96558709  |                          |
| POLICE REPORT  | No / If yes: Where?   |                          |
| VEHICLE B NO.  | YP2612R   | Any Passenger:           |
| NAME   |   |                          |
| CONTACT NO.  |   |                          |
| VEHICLE C NO.  |   | Any Passenger:           |
| VEHICLE D NO.  |   | Any Passenger:           |
| VEHICLE E NO.  |   | Any Passenger:           |
| VEHICLE F NO.  |   | Any Passenger:           |
| ANY WITNESS  |   |                          |
| WITNESS CONTACT NO.  |   |                          |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <u>NO</u>   |                          |
| PARTICULAR WORKSHOP  | Autowerke Automotive Pte Ltd                                  |                          |
| TELP NO  | 8 Kaki Bukit Ave 4 #105-01/02                                 |                          |
| CONTACT PERSON   | Premier Building Singapore 415875                             |                          |
| FAX NO.  | Alex Ben 9091 0000  |                          |
|  | 6282 4292   |                          |
|  | Enquiry @ autowerke.com.sg                                    |                          |





## 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)**

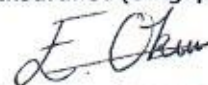
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

|   |  |
|---|--|
| <b>Certificate No.</b>  | : MT/00427028                            |
| <b>Type of Coverage / Driver Plan</b>   | : Car Comprehensive (Value Plus Plan)    |
| <b>1) Vehicle Registration No.</b>  | : SJZ6598Y                               |
| <b>Chassis No.</b>  | : JM6CR10F2A0319743                      |
| <b>2) Name of Policy Holder</b>   | : Guap, Kuan Yee                         |
| <b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>   | : 16/12/2017 00:00                       |
| <b>4) Date/Time of Expiry of Insurance</b>  | : 15/12/2018 23:59                       |
| <b>5) Persons or Classes of Persons Entitled to Drive</b>   |  |
| (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.   |  |
| <b>6) Limitations as to use*</b>  |  |
| 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.   |  |
| <b>Sum Insured</b>  | : Market Value                           |
| <b>Own Damage Excess</b>  | : S\$ 800.00 (before any applicable GST) |
| <b>Windscreen Excess</b>  | : S\$ 100.00 (before any applicable GST) |
| <b>Choice of workshop</b>   | : DirectAsia approved workshops          |
| <b>Finance company / Hire Purchase</b>  | : POSB                                   |
| <b>Main driver</b>  | : Guap, Kuan Yee                         |
| <b>Named driver</b>   | : None                                   |
| <b>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.</b>  |  |

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: 12/11/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer