

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA/18/11857

Date In: 29/8/18-12:00	Job description	Date & Time Completed	Done by
Ref No: NA/DA3180578/24	SAS e-filing		
Veh No: SUP411K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/8/18-19:30	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: 162386M	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:-	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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 (N on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Sat 1:

Sat 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 willful 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	29/08/2018 12:00
Date Of Accident	28/08/2018 19:30
Exact Location Of Accident	ALEXANDRA RD OPP QUEENSWAY SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4111K
Insured/Policyholder	
Name Of Registered Owner	NEO, SAY WEE
NRIC No	S7634803J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97775457
Alternative Phone No	OFFICE-97775457

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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/00482253
Cover Note Number	

Driver

Name of Driver	NEO SAY WEE (LIANG SIWEI)
NRIC No	S7634803J
Date Of Birth	28/10/1976
Occupation	INDOOR
Date Of Driving Pass	10/10/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97775457
Fax Number	
Contact Number	OFFICE-97775457
EMail Address	NOEMAIL

Address	BLK 42 TELOK BLANGAH RISE #12-624
Postcode	090042
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SLZ386M
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)	

SKETCH PLAN


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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.

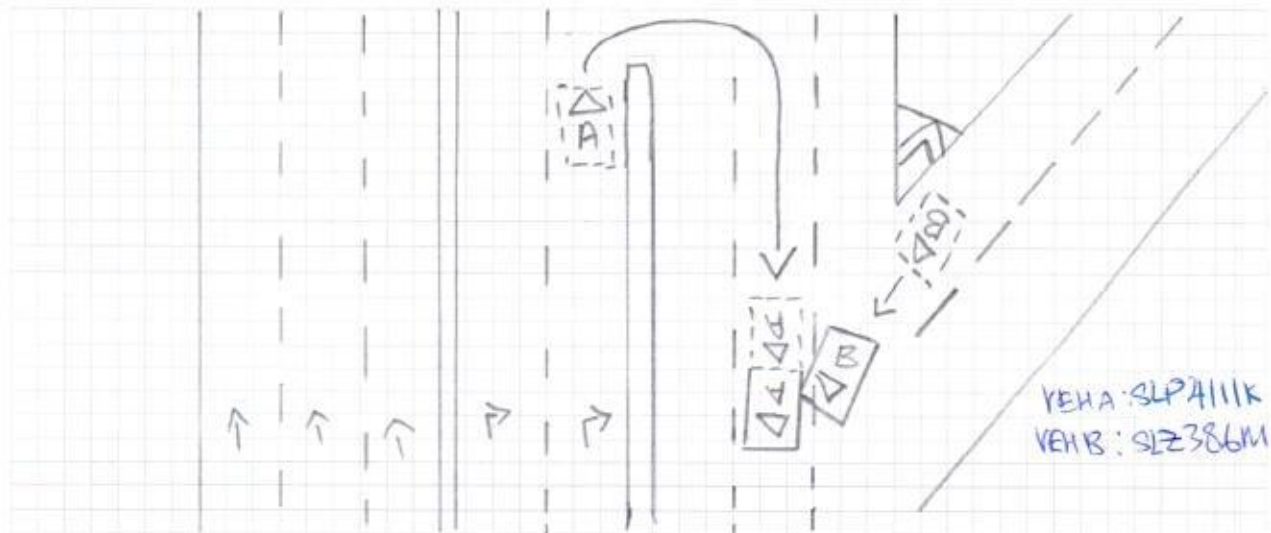

Policyholder's Signature
Date & Time:


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


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

ALEXANDRA ROAD OPPOSITE QUEENSWAY SHOPPING CENTRE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING MY CAR (VEH A: SLP411K) MAKING A U-TURN ON ALEXANDRA ROAD. THE GREEN ARROW APPEARED AND I PROCEEDED TO MAKE A U-TURN. AFTER I HAD COMPLETED MY U-TURN, I FELT A GREAT IMPACT ON MY LEFT REAR OF MY VEHICLE. I ALIGHTED TO REALISED THAT VEH B (SLZ386M) HAD SWERVED ONTO MY LANE AND COLLIDED ONTO THE LEFT SIDE OF MY CAR AFTER HE HAD TURNED RIGHT FROM THE FILTER LANE.

I WISH TO STATE THAT I HAD ENSURE THAT THERE WAS A U-TURN SIGN AND I HAD KEPT ONTO MY RIGHT/LEFT LANE AT ALL TIMES, AND IT WAS VEH B WHO HAD SWERVED ONTO MY LANE THUS CAUSING THIS ACCIDENT. MOREOVER, MY SIX YEAR OLD SON IS SEATED ON THE CHILD BOOSTER WHICH IS ON THE LEFT (IMPACT SIDE) OF MY VEHICLE.

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: SLP4111K

MAKE & MODEL: HONDA SHUTTLE

DATE OF ACCIDENT	28 / AUG / 2018	
TIME OF ACCIDENT	1930 AM / PM	
LOCATION OF ACCIDENT	ALEXANDRA ROAD OPPOSITE QUEENSWAY SHOPPING CENTRE	
Exact Purpose use during accident		
NAME OF OWNER	NEO SAY WEE (LIANG SWEI)	
TELP NO	576348037	
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u>	
INSURANCE CO.	DIRECT ASIA	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MT/00482253	
NAME OF DRIVER	As above / If No:	
NRIC	576348037	Any passengers: 02(m)
DATE OF BIRTH	28 / 10 / 1976	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	10 / 10 / 1996	
GENDER	<u>Male</u> / Female	
CONTAC NO.	97775457	Office: Home:
ADDRESS	BLK 42 TELOK BLANHAH RISE #12-624 S(C090042)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: SLP4111K	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTAC NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	92286M	Any Passenger:
NAME		
CONTAC 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 #05-01/02	
CONTACT PERSON	Premier Building Singapore 415875	
FAX NO.	Alex Beh 9091 0000	
	6282 4292	
	Enquiry @ autowerke.com.sg	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7634803J





Name
NEO SAY WEE
(LIANG SIWEI)
梁斯为

Race
CHINESE

Date of birth
28-10-1976


Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



NAME S7634803J-1



NEO SAY WEE
(LIANG SIWEI)

Date of birth 28 Oct 1976

Valid until 20 AUG 2003

1000761064C

3961881




NRIC No. S7634803J

Date of issue
20-11-2006

APPROVED BY TELUK ANSON AIRPORT

SIGNATURE 080042

NRIC No. S7634803J Date: 28/02/2010 No: 6242612

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

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

Valid until 10 Oct 1996

NP 428A

Licence No. S7634803J



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/00482253
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLP4111K
Chassis No.	: GK81100191
2) Name of Policy Holder	: Neo, Say Wee
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 02/06/2018 00:00
4) Date/Time of Expiry of Insurance	: 01/06/2019 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\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	:
Main driver	: Neo, Say Wee
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: 25/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer