NATIONAL Assessment Centre	Services 100 - 20	105			
Date In 10/09/18	Job description	Date &Time Complete	d Done	by	
Res No NA/DAI 18016 481/13	SAS e-filing	1			
Veh No 5625937C	E-mail (widon Stas, AF,	2hrs)			
DOA 08/09/18 2140	i-Motor Claim Form				
	i-Motor W/O (Within	OD 2hrs. TP 4hrs)			
OD (11) Reporting Only	i-Photo Uploaded				
TP Insurer	Assessment/Survey R	eport			
re insurer	Ass't Report by Fax /	Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (M GARAGE	Tel:	Fax:		
TP Particulars: Veh No: 9.	1P8707L	INC () / Non-INC ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Owner / Driver: (Tel:)		
Policy No: () Perio	od: () Cover Type: ()		
Confirmed by : (Date	: Time:			
	ote-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80	0-100%]		
	arranty: YES ()/N	0()			
Excess: (\$) Loading: \$1,000)()/\$2,000()				
General Remarks:-	teria estado de aporta e	CENTRAL PROPERTY.	a BH		
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	00] ()				
		ce Preparation Checklist	Ant (\$) Ist Bill	Amt (\$)	
Claimant's Particulars :-	2) DA :		(\$80)		
Oriver/Owner:		Towing Fee Follow-Through Survey	\$40/\$45 \$120	Accesses to	
Contact No:	5) FT:	Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2	\$30		
Damaged Portion:	6) TR: 7) NI ;	Re-inspection Idae DA + SMRT Survey C Additional Services	\$75 \$160		
C Checked by (Engr-In-Charge):	OD* *N5:	Courtesy Car / Tpt Allowance Repair Co-ordination	\$5 \$10		
Auditors' Comments :-	*N7:	Post Repair Inspection DV / Collect Excess Coordination	\$25 \$5		
at. 1:	<u>TP</u> (N11): TP (Non INC) against INC	\$20		
at. 2 / 3;	9) N12: Invoice	Idac Mobile dated Fee Charg		the state of	
100 to 10	1	deled Fine Chara	WINDSON OF THE PARTY		

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 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.
- 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	10/09/2018 17:44
Date Of Accident	09/09/2018 21:40
Exact Location Of Accident	LORNIE TWDS ADAM B4 PIE(TUAS)EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR5937C
Insured/Policyholder	
Name Of Registered Owner	ONG,KENG BOON
NRIC No	\$76224091
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94372286
Alternative Phone No	OTHERS-94372286
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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/00521169
Cover Note Number	
Driver	
Name of British	ONG KENG MERWANG TINGMED

Name of Driver ONG KENG WEI(WANG JINGWEI)

 NRIC No
 \$7818727A

 Date Of Birth
 29/06/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 23/12/2006

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97685878

Fax Number Contact Number

EMail Address MAXOKW@YAHOO.COM.SG

BLK 202 BOON LAY DRIVE Address

#06-27

640202 Postcode

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP8707L

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJG501R

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 INJURED PERSON 1

ONG KENG WEI(WANG JINGWEI) Name

Approximate Age

BACK Injuries Sustain

SLR5937C Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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.
- 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 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 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.
- S. Consent under the Personal Data Protection Act (PDPA)

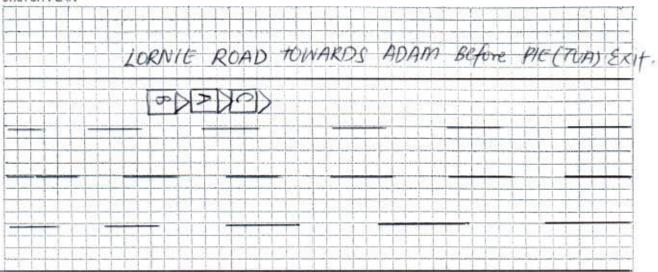
Lunderstand, acknowledge, agree and consent that:

- (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:
 - 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
- (a) 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 Singaporo, for one or more of the above Purposes.
- (d) Thy Personal Information will also be collected and used to compile claims history for the purpose of froud 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Report G Centre Personnel's Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/09/2018 at about 2140 hrs at along Lornie
Road towards Adam before PIE (TUAS) Exit. I was
travelling on the extreme left lane and when my
front vehicle (c) slow down and stop due to heavy
traffic hence I follow suit and came to a complete
Stop. Suadenly I heard a loud bang from behind ana
the great impact forced my reticle (A) forward to hit onto
the rear portion of vehicle (C). When I alight, I reause that
It was venice (B) who nit onto my rear purtion of my renice (
causing damages to my varicle. It was a chain collision of total 3 vehicles involved.
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage C
under your own comprehensive policy. Please check your policy for more information. (B) 0 0

under your own comprehensive policy. Please check your policy for more information.

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:

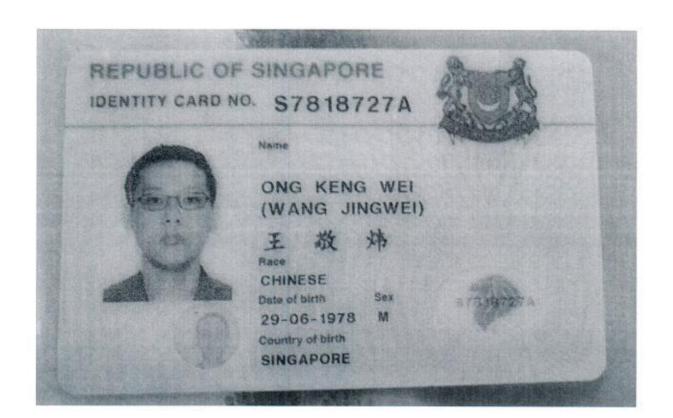
10/09/19 Reporting

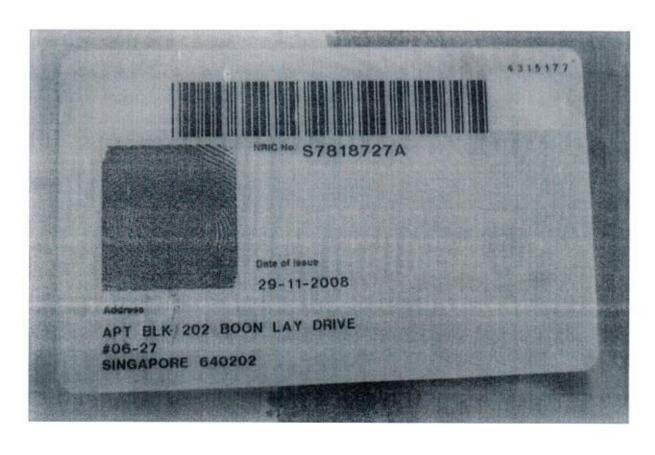
Name: NRIC/FIN No .:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 0000 2018 Time: 2140hr (hh:mm) 24 hr format					
Location Lorme towards Adam before PIE (74191) Exit					
Vehicle Number SLR 5937 C					
Insured Name Ong Keng Boon					
NRIC /FIN \$76224091 Contact Number 9434 2286					
Make HUNCIA Model Vezel 1.5x CVT					
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No,Pls select: () Third Party () Reporting					
Insurance Company DIRECT ASIA INSURANCE					
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only					
Policy Number M7 / UUT > 1169					
Name of Daires Asia and					
Name of Driver and Vend wa ()Same as Insured					
NDIC / FIN CHARACT					
NRIC / FIN \$76224091 Contact Number 9768 5878					
Date of Birth 20/06/1038					
Driving Pass Date 23 12 2006					
Occupation (/) Indoor () Outdoor					
Gender () Male () Female					
Email Address Maxorw @ Yanoo. com. 59 ()NO EMAIL					
Address of Driver BIK 202 BOON 1Ay prive #06-27					
S (640202)					
Was driver an employee of the Insured's Company? () Yes (No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No If Yes, Vehicle Registration Number of Driver's Own Vehicle -					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (/) Clear () Raining () Others					
Road Surface () Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes () No					
Was anybody injured in the accident? Yes (,) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes () No					
Was the Accident reported to the Police? () Yes () No If yes attach police report					
DETAILS OF 3rd party Name / Nric Contact					
ven B					
Veh C 576 50 / R Veh D					
Veh E					
Veh F					
V CH F					

SLR5937C





SLR 5937C

diver

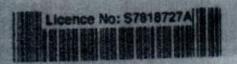


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

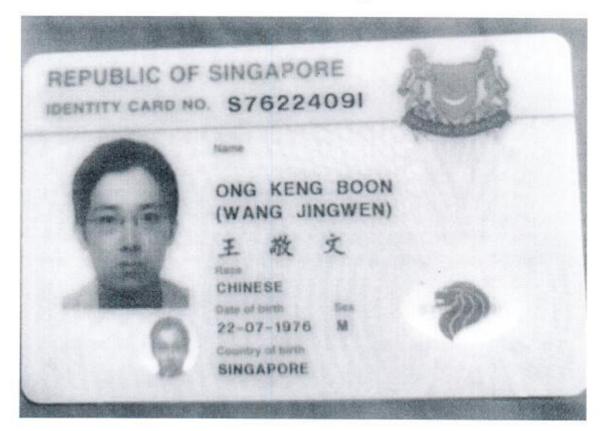
EFFECTIVE DATE

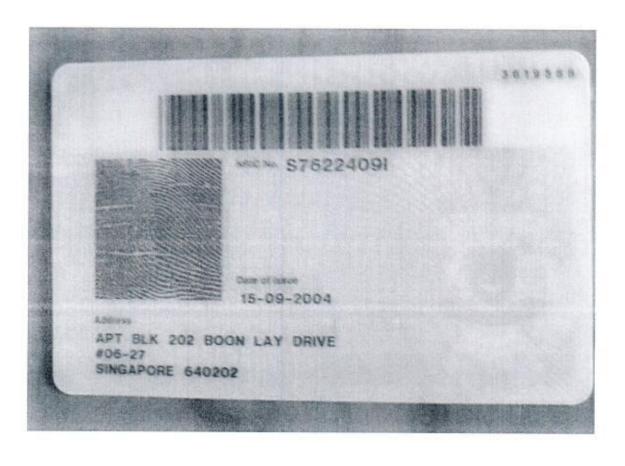
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Dec 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A



SLR5937c







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/00521169

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

1) Vehicle Registration No. SLR5937C Chassis No. L15B4404483

2) Name of Policy Holder Ong, Keng Boon

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act 21/08/2018 00:00

4) Date/Time of Expiry of Insurance : 20/08/2019 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"

Issued on:

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 Maybank Main driver Ong, Keng Boon

None

15/08/2018

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.

Edip Okur

Chief Underwriting Officer

Kun