

NATIONAL Assessment Centre Services [Ref: NA1806024]

Date In 24/09/18	Job description	Date & Time Completed	Done by
Ref No NA/DAE 18017289/13	SAS e-filing		
Veh No 5JZ94515	E-mail (within 8hrs. AIC 2hrs)		
DOA 21/09/18 2155	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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars:	Veh No: 5HB8759L	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

NA1806024

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2 / 3:	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP:			
	*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: Idle Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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	24/09/2018 10:23
Date Of Accident	21/09/2018 21:55
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9451S
Insured/Policyholder	
Name Of Registered Owner	SHIN,JUNG HOON
Passport No/FIN	G6244839W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91707116
Alternative Phone No	OTHERS-91707116

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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/00309631/02
Cover Note Number	

Driver

Name of Driver	KIM HEESUN
NRIC No	G6268125Q
Date Of Birth	15/12/1978
Occupation	INDOOR
Date Of Driving Pass	30/07/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91853812
Fax Number	
Contact Number	
E-Mail Address	HEE.SUN.KIM@HOTMAIL.COM

Address 45 TAMPINES AVE 1
#07-12 TEMASEK GREEN

Postcode 529763

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) 4

Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

Passenger 2
NAME: : UNKNOWN
GENDER: : MALE

Passenger 3
NAME: : UNKNOWN
GENDER: : FEMALE

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

I WAS DRIVING ALONG PIE TWDS CHANGI ON THE EXTREME RIGHT LANE OF A3-LANES RD. SOMEWHERE B4 EUNOS FLYOVER, VEH AHEAD OF ME SLOWED DOWN AND STOPPED. AS SUCH I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF THE SUDDEN, VEH B CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR OF MY VEH.

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 SHB8759L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 KIM HEESUN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJZ9451S

Were seat belts worn? YES

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**.
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)**

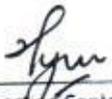
I understand, acknowledge, agree and consent that:

- (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:

 24/09/18

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

Vehicle No.	SZ 94515	Model / Make	Audi A3
Date of Accident	2/9/18		22/09/18
Time of Accident	9:55pm	HRS	veh & c1
Location of Accident	Pie towards Chang before cross sign		
Exact purpose use during accident	etc etc		
Name of Owner	Shin Jung Hoon		
Telephone No.	H/P 91707116	Home :	Office :
NRIC	S1244839N		
Address	45 TAMPINES AVE1 #07-12 (TERRACE GREEN), S 529763		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, Kim Hee Sun		
NRIC	G1260125Q	Any Passengers : 03 (2 male, 1 female)	
Date of birth	15/12/1978		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	30/7/2011		
Gender	Male / (Female)		
Contact No.	H/P : 91853812	Home :	Office :
Address	As owner		
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.		
Relationship	Employee, If no, state spouse		
Weather condition	<input checked="" type="radio"/> Clear Raining Other		
Road Surface	<input checked="" type="radio"/> Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Kim Hee Sun 91853812		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	S1B 8759L	Any Passengers : 01	
Name of Driver			
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Rear Broken		
Camera Recorder	Yes / <input checked="" type="radio"/> No		
Email Address	hee.sun.kim@hotmail.com (shinjunghoon@hotmail.com) prattb4b@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <input checked="" type="radio"/> No
PARTICULAR WORKSHOP	Tanger Adminis 9L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Kunxin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G6268125Q**

Name:

KIM HEESUN

Birth Date: **15 Dec 1978**

Issue Date: **06 Aug 2016**

Valid Till: **05/08/2021**



002596387J



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TEMASEK POLYTECHNIC



Name:
KIM HEESUN
Occupation:
LECTURER

FIN:
G6268125Q

Date of Application:
08-01-2014

Date of Issue:
28-04-2014

Date of Expiry:
28-04-2019



L4407561

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 30 Jul 2011



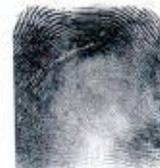
Licence No:G6268125Q

NP 428A

VISIT PASS

Immigration Regulations

Name:
KIM HEESUN



Date of Birth: **15-12-1978** Sex: **F** Nationality: **KOREAN, SOUTH**
FIN: **G6268125Q** Date of Issue: **28-04-2014** Date of Expiry: **28-04-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





License Number: **G 6 2 4 4 8 3 9 W**

Name:
SHIN JUNGHOOON

Birth Date: **30 Apr 1974**

Issue Date: **16 Jun 2011**

Valid Till **15 Jun 2016**



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 16 Jun 2011
with =< 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals =< 2500kg

NP 428A



License No: G6244839W



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
NANYANG ACADEMY OF FINE ARTS



Name
SHIN JUNG HOON
Occupation
LECTURER

FIN
G6244839W

Date of Application
15-12-2017

Date of Issue
04-01-2018

Date of Expiry
23-03-2021

G6244839W

L8546000



VISIT PASS

Immigration Regulations

Name
SHIN JUNG HOON



Date of Birth Sex
30-04-1974 M

Nationality
KOREAN, SOUTH

FIN Date of Issue
G6244839W 04-01-2018

Date of Expiry
23-03-2021

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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/00309631/02
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SJZ9451S
Chassis No.	: WAUZZZ8P3BA048010
2) Name of Policy Holder	: Shin, Jung Hoon
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 13/07/2018 00:00
4) Date/Time of Expiry of Insurance	: 12/07/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
<ul style="list-style-type: none"> (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 <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>	
6) Limitations as to use*	
<p>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.</p> <p>*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.</p>	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 0.00 (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	: Shin, Jung Hoon
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: 13/06/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer