

**NATIONAL Assessment Centre Services** [Ver 1 Jan 2005]

Date In: 25/09/2018 14:19	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18017413/K4	SAS e-filing		
Veh No: SJZ 512J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/09/2018 09:15	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: SJV3311Z 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	Amnt (\$)	Amnt (\$)
		1st Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*NS: Courtesy Car / Tpf Allowance \$5		
	*NG: 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: Idao 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 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	25/09/2018 14:19
Date Of Accident	24/09/2018 09:15
Exact Location Of Accident	AYE HEADING TWDS EAST COAST NEAR NUH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ512J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAM EARN KEONG, ( LAN ENQLANG )
NRIC No	S7818868E
Email Address	JASMINENEOLH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81392086
Alternative Phone No	OTHERS-81392086

### Vehicle Particulars

Manufacturer	BMW
Model	320I A
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/00488118
Cover Note Number	

### Driver

Name of Driver	NEO LAY HWA ( LIANG LIHUA )
NRIC No	S8310533Z
Date Of Birth	09/04/1983
Occupation	INDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81392086
Fax Number	
Contact Number	OTHERS-81392086
Email Address	JASMINENEOLH@HOTMAIL.COM

Address	BLK 652C JURONG WEST STREET 61 #05-418
Postcode	643652
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	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

PLS REFER TO THE POLICE REPORT : T/20180924/2144

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV3311Z
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD1064J  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJW3941A  
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

Name NEO LAY HWA ( LIANG LIHUA )  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SJZ512J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

SKETCH PLAN

IMPORTANT NOTICE

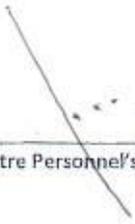
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

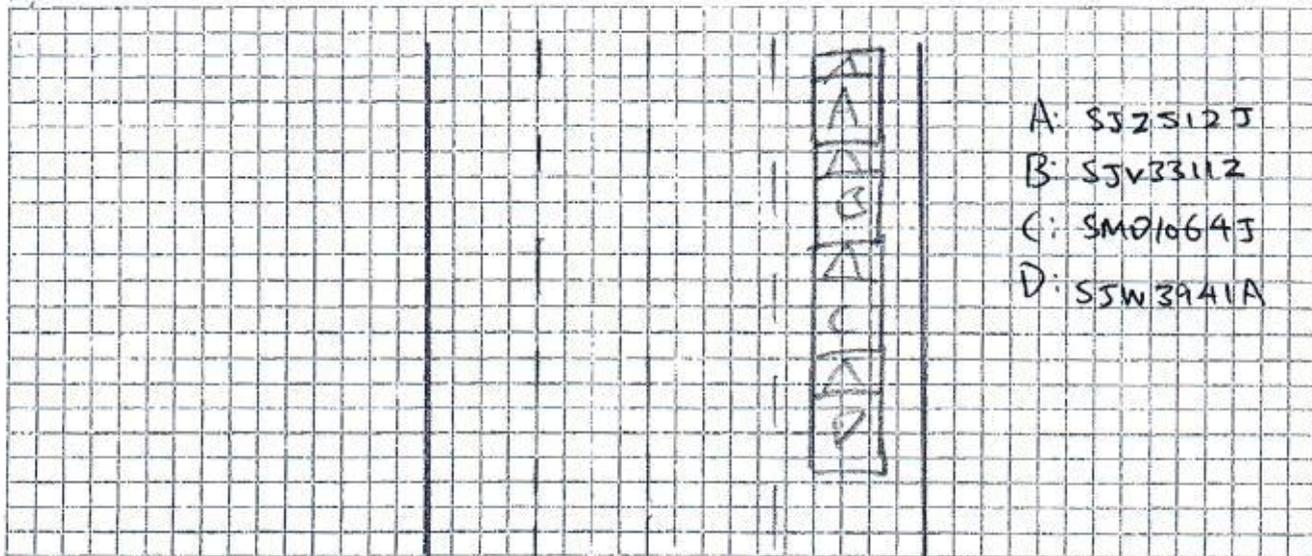
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# AYER RAJAH EXPRESSWAY HEADING TOWARDS EAST COAST

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards East coast on the first lane. The traffic was normal, the vehicle in front suddenly slow down and stop I then follow as well. All of a sudden I felt on huge impact from my vehicle rear portion. Total 4 cars involved.

Pls Refer to the Police Report  
 T/20180924/2144

**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.:

- 25/9/2018



**SINGAPORE  
POLICE FORCE**



T/20180924/2144

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180924/2144

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2018 20:31	Video Report No.:	Station Diary No.: 171
--	-------------------	---------------------------

**Informant's Particulars**

Name of Informant: NEO LAY HWA		Address: APT BLK 652C JURONG WEST STREET 61 #05-418 SINGAPORE 643652	
ID Type / ID No.: NRIC NO / S8310533Z		Contact No.: Home/Office: Mobile: 81392086	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 35	Date of Birth: 09/04/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BANK OFFICER		Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  HEADING TOWARDS EAST COAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3311Z	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Silver	Slightly Damaged	1
SJW3941A	Car	MERCEDES BENZ	E 250CGI	Grey	Totally Damaged	1
SJZ512J	Car	BMW	320I A	White	Slightly Damaged	0
SMD1064J	Car	VOLKSWAGO N	GOLF GTI 2.0 A	White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180924/2144

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 4

Report No. T/20180924/2144

**CONTINUATION OF REPORT**

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name Koh Ek Hoon ID No. S1432450Z

Related Vehicle SJV3311Z (Car) Contact No. NIL

Hospital/Clinic NIL Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL

Date Treatment NIL Date Discharge NIL

No. of Days granted Medical Leave NIL Degree of Injury NIL

**Driver**

Name Ng Zhi Jie ID No. S9247899H

Related Vehicle SJW3941A (Car) Contact No. NIL

Hospital/Clinic NIL Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL

Date Treatment NIL Date Discharge NIL

No. of Days granted Medical Leave NIL Degree of Injury NIL

**Driver**

Name NEO LAY HWA ID No. S8310533Z

Related Vehicle SJZ512J (Car) Contact No. 81392086

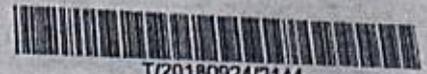
Hospital/Clinic WEST POINT SURGERY CENTRE Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL

Date Treatment 24/09/2018 Date Discharge 24/09/2018

No. of Days granted Medical Leave 07 Degree of Injury Slight



**SINGAPORE  
POLICE FORCE**



T/20180924/2144

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 4

Report No. T/20180924/2144

**CONTINUATION OF REPORT**

Driver			
Name	Aditi Goyal	ID No.	S8384001C
Related Vehicle	SMD1064J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/09/2018 at 0915hrs, I was driving along AYE heading towards East Coast when I observe the yellow vehicle in front of me, SJC2237B slowed down. Thus, I gradually slowed down to a stop when I suddenly felt a huge impact from the rear of my vehicle. When I exited the vehicle, I observed that there was a chain collision involving 3 other vehicles, SJV3311Z, SMD1064J, SJW3941A.

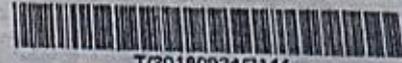
My vehicle sustained dents and scratches. My convertible roof top is damaged as well.

Aetos officers and ambulance was at scene. I do not have any case number. Traffic police was not at scene.

I subsequently felt pain on my neck and left shoulder thus, I went to West Point Surgery Centre on 24/09/2018 and received 7 days medical certificate from 24/09/2018 to 28/09/2018. I have dash camera recording the accident.



**SINGAPORE  
POLICE FORCE**



T/20180924/2144

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

4 of 4

Report No. T/20180924/2144

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
J/  
Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/09/2018 20:31

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Classification Of Case:

SN 126

Authentication Stamp  
NP168

Signature: \_\_\_\_\_  
Police Force

## 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	24/09/18	(DD/MM/YY)
Time of accident	0915	(HH:MM)
Exact location of accident	AYE towards East Coast Near NUH	

## DETAILS OF VEHICLE

Vehicle registration number	S32 S123			
Vehicle make and model	BMW 3 series coupe			
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				
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			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	NAM EARN KEONG	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7818868E		
Contact			
Address	Blk 652C Jurong west street 61 #05-418 S(643652)		

## DRIVER

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

Name	NEO Lay HWA (Liang LiHua)	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S8310533Z		
Contact	81392086		
Address	Blk 652C Jurong west street 61 #05-418 S(643652)		
Email address	JASMINENEOLH@HOTMAIL.COM		
Date of birth	09/04/1983		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	11/01/2010		

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (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	SJV 3311 Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 2	
Vehicle registration number	SM0106 + 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 3	
Vehicle registration number	SSW 3941 A
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

D

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	NEO Lay Hwa	
Injuries sustained	neck & back	
Which vehicle person in?	SS2512J	
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"/>

Licence No: **S8310533Z**  
 Name: **NEO LAY HWA (LIANG LIHUA)**  
 Birth Date: **09 Apr 1983**  
 Pass Date: **11 Jan 2010**

001820382



IDENTITY CARD NO. **S8310533Z**


Name: **NEO LAY HWA (LIANG LIHUA)**  
**梁丽华**  
 Race: **CHINESE**  
 Date of birth: **09-04-1983** Sex: **F**  
 Country of birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 2000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	11 Jan 2010

Licence No: **S8310533Z**  


NP 428A



LIC No: **S8310533Z**  
 Date of issue: **07-01-2004**

Address: **APT BLK 652C JURONG WEST STREET 81 #05-418 SINGAPORE 643652**  
 IERIC No: **S8310533Z** Date: **19-07-2008** No: **5447559**

## 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/00488118
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SJZ512J
<b>Chassis No.</b>	: WBAWK52030PE13696
<b>2) Name of Policy Holder</b>	: Nam Earn Keong, (Lan Enqiang)
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 24/05/2018 17:47
<b>4) Date/Time of Expiry of Insurance</b>	: 23/05/2019 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\$ 900.00 (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>	:
<b>Main driver</b>	: Nam Earn Keong, (Lan Enqiang)
<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: 24/05/2018

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



\_\_\_\_\_  
Edip Okur  
Chief Underwriting Officer