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OD'(1P)' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: SJU	4644L INC	()/Non-INC()		
Owner / Driver: (Tel:	J	-
Policy No: () Perio	sd: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	20%; P: 21-79%. F: 80-	100%]	
THE PROPERTY OF THE PROPERTY O	arranty: YES ()/NO ()		
Total of regional visit of				
The second secon	Constant Superior	AND STREET AND ADDRESS.	Market 1	10
General Remarks;- () Walk-In Customer: Customer's Inform	nation strictly Confidential &	Strictly NO refer of repairer		Z100
() Total Loss Case : to e-mail Insurer		Towing Co. (we w)
Drive-In () / Towed-In (); Invoice:	YES () / NO ()		P. S. S. S. S.	
Remarks:- (INC horline: 6788 6616)	Events and a second	Date&Time Completed	Done b	У
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wiful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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

Sure 43213@YAHOO.COM	foresaid.	ACCIDENT STATEMENT
late Of Accident O2/10/2018 09:20 ALONG HOLLAND ROAD B/F NORTH BUONA VISTA ROAD SINGAPORE Country/State of Loss	O. D. C.	02/10/2018 16:13
ALONG HOLLAND ROAD BY NORTH BOOLS AND BY NORTH BOOL		02/10/2018 09:20
Details OF OWN VEHICLE Details OF OWN VEHICLE SINGAPORE Details OF OWN VEHICLE SDU842P Insured/Policyholder Name Of Registered Owner NRIC No Satistyzyzy Sure43213@YAHOO.COM (LOCAL) +65-97484635 OTHERS-97484635 Mobile Phone No Vehicle Particulars Manufacturer (LOCAL) +65-97484635 Monufacturer (LOCAL) +65-97484635 THONDA (LOCAL) +65-97484635 OTHERS-97484635 THONDA (LOCAL) +65-97484635 THONDA (LOCAL) +		ALONG HOLLAND ROAD B/F NORTH BUONA VISTA ROAD
Thick Policy Registration Number SDU642P SDU642P DOMINIC WONG CHEE ONN Satisfy And Comment of Satisfy And Commen	exact Location of Accident	
Substitute Segistration Number Substitute Substit	Country/State of Loss	ETAILS OF OWN VEHICLE
Name of Registered Owner S8119274Z NRIC No S8119274Z SURFA3213@YAHOO.COM Mobile Phone No OTHERS-97484635 Mobile Phone No OTHERS-97484635 Motor Phone Phone No OTHERS-97484635 Wehicle Particulars HONDA Model	X ON THE PARTY OF	
DOMINIC WONG CHEE ONN		
Name of Insurance Company Name of Insurance Company Name of Driver No		DOMINIC WONG CHEE ONN
NRIC No		
Mobile Phone No OTHERS-97484635 Alternative Phone No OTHERS-97484635 Manufacturer HONDA CIVIC-2.0 SI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken PRIVATE CAR. Insurance Company Name of Insurance Company Type Of Coverage No Fleet Policy No Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Birth Occupation Date Of Birth Occupation Date Of Driving Pass Driving Experience Mobile Number Gender Mobile Number Cothers of Sures 27484635 OTHERS-97484635 OTHERS-97484635 SURF-43213@YAHOO.COM	NRIC No	
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Exact Purpose for which vehicle was being used at time of accident	Manufacturer	
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for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number THIRD PARTY PRIVATE CAR TO ASIA INSURANCE (SINGAPORE) PTE LTD COMPREHENSIVE NO DAMINIC WONG CHEE ONN S8119274Z 11/06/1981 INDOOR 07/11/2000 Date Of Driving Pass Driving Experience MALE (LOCAL) +65-97484635 COTHERS-97484635 COTHERS-97484635 SURF43213@YAHOO.COM	time of accident	
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MALE		17 YEARS AND 10 MONTHS
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Fax Number OTHERS-97484635 Contact Number SURF43213@YAHOO.COM		(LOCAL) +65-97484635
Contact Number OTHERS-97484635 SURF43213@YAHOO.COM	AT HEROU HARDWEIGHT 2000.	
SURF43213@YAHOO.COM	Control of the contro	
	EMail Address	SURF43213@YAHOO.COM

Address

5 JALAN MEMBINA

#09-02 169481

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

OWNER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU4644L

Vehicle Make/Model/Colour

MITSUBISHI LANCER

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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
 - (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.

Policybolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beparting Centre/Pers

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Pood Holland slip road 00 entering one last most 80 Driving clementi towards noticed throat COK WED S the SJU4644 L on izzag While by 2) towards ave my STU4644L observed from SIGNA no SION dawn to 3) began a thump sound was forward continued M Just as 4) SJU4644L right had hit that SOW Heard fonder roor driver would details but DO Y contact exchange Tried 5) fault. WAL MY insistino Kept not had a photos before she and video FOOIC O Quickly move chance to

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 0210 18

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

Reporting Centre Person NRIC/FIN No .:

ACCIDENT STATEMENT

	ACCURATION OF THE PROPERTY OF
	12 10 ZOIS UDD/MM/YYY), TIME: (09:18) (HH:MM)
ACCID	ENT DAYE: 02, 10, 2018 (DD/MM/YYY), TIME: 09: 18 (HH:MM)
LOCAT	ION: Holland Road, North Buona Vista
	Market Company of the
1:	DETAILS OF VEHICLE SOUG 42 P
650	DETAILS OF VEHICLE SDUG42 P
	WINSTRANCE GOMEOTO
22	DINSURANCE COMPANY: CIPOLICY NUMBER: MT 100 460 49 4 CIPOLICY NUMBER: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	HIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY / THIRD
	BIMAKE & MODEL: CIVIC 2. 0
	HINAKE & MODEL: CIVIC 2. ON / LORRY / MOTORCYCLE / OTHERS)
	TITYPE: (CALOON / COUPE / MPY / VAIN / LORING INC. MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: POLSO 1 3
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/KO)
	IF NO. PLEASE STATE (THIRD PARTY SCALE)
2	INCLUSED / POLICY HOLDER
4.	A) NAME: DOMINIC WONG CONTACT: 97484635
	MINRIE /FIN/PASSPORT: 3811 - H 09 - 02
	al ADDRESS:
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
To of passon go	DRIVER (MALE / FEMALE)
The state of the s	- GINAME:CONTACT:
Including driver	b)NRIC/FIN/PASSPORI:
(1)	c]ADDRESS:
	100 ATE OF SIRTH (1) / 06/ 1981 (DD/MM/YYYY)
	TO DATE OF SISTER
	CLOCCUPATION: (INDOOR)
	IL DOUTCE OF DRIVING MASS
	4. WAS CITED OF THE DRIVER WITH INSURED:
7.5	IF NO, RELATIONSHIP OF CLEAR / RAINING / OTHERS 5. PIWEATHER CONDITION: CLEAR / RAINING / OTHERS
	b)ROAD SURFACE (DR) / WET / OTHERS_
	6. WAS ANYBODY INJURED (YES / NO
	THE OPTED TO POLICE ITES! NO
	7. OREPORTED TO POSICE STATION:
	B. THIRD PARTY VEHICLE STU4644L MODEL: MITSUBISHI LOW
	8. THIRD PARTY VEHICLE STU4644L MODEL: MITSUBISHI TOM
the we he country	GI DRIVER'S NAME:
Andrews in I	b) DRIVER'S NAME:CONTACT:
	THE STARTY VEHICLE
#1,)	9. THIRD PARTY VEHICLE MODEL: MODEL:
igha di patba	e) DRIVER'S NAME: CONTACT:
	DRIVER'S NAME:
Cin natural	E 3 1 1 MKIC/LIMIT 1920 A
: 1	* t *
1000000	T.

EMP11 = surf 43 213 @ yahoo com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8119274Z



DOMINIC WONG CHEE ONN



CHINESE Date of birth

11-06-1981 M Country of birth SINGAPORE "





12-09-2011

5 JALAN MEMBINA #08-02 SINGAPORE 189481

NRIC No.

\$8119274Z Date: 20/08/2018





Contact us at

Hotline: (65) 6532 2888 E-mail: CustomerService@DirectAsia.com

YOUR POLICY SCHEDULE

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

Car I	nsur	ance
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MT/00460494 Policy number

Policy begins 13/03/2018 00:00 and runs until 12/03/2019 23:59 Period of cover

S\$ 620.53 (inclusive of GST) Premium

S\$ 800.00 (before any applicable GST) Own Damage Excess

Not Applicable (before any applicable GST) Windscreen Excess

Vehicle Details

: JHMFD254095200818 Chassis number SDU642P Vehicle Registration

Private Use + Commuting to Honda Civic 2.0 Si Car usage Make and model work

(M)

2009 Year of registration 0 No. of

accidents/claims in Finance company / Hire purchase the last 36months

Is your car modified? No

(Modifications are according to LTA guidelines)

Policyholder : WONG, Dominic Chee Onn Policyholder

35 WEST COAST PLACE, HONG LEONG GARDEN, Singapore 127587 Mailing Address

Mobile Number 97484635 : surf43213@yahoo.c E-mail Address

om

: 60% No Claims Discount

(NCD)

Main Driver Details

: WONG, Dominic Chee Onn Main Driver : Married Marital Status

: 11/06/1981 Date of Birth : Private sector : executive &

Occupation : Male Gender admin

Number of accidents or Certificate of Merit : Yes

claims in the last 36 Years of valid driving

months licence : > 5 Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.

Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a

driving licence for less than 2 years.