

NATIONAL Assessment Centre Services <small>(Ref: Jan 05)</small> NA1806242			
Date In: 02/10/2018 16:13	Job description	Date & Time Completed	Done by
Ref No: NA1806242	SAS e-filing		
Veh No: SDU 642 P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 02/10/2018 09:20	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDU 4644L	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

NA1806242	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	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:-			
	ON:			
QC Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC	\$20		
Dat. 1:	9) N12: Idac Mobile	\$0		
Dat. 2 / 3:	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	02/10/2018 16:13
Date Of Accident	02/10/2018 09:20
Exact Location Of Accident	ALONG HOLLAND ROAD B/F NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU642P
Insured/Policyholder	
Name Of Registered Owner	DOMINIC WONG CHEE ONN
NRIC No	S8119274Z
Email Address	SURF43213@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97484635
Alternative Phone No	OTHERS-97484635

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-2.0 SI
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/00460494
Cover Note Number	

Driver

Name of Driver	DOMINIC WONG CHEE ONN
NRIC No	S8119274Z
Date Of Birth	11/06/1981
Occupation	INDOOR
Date Of Driving Pass	07/11/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97484635
Fax Number	
Contact Number	OTHERS-97484635
Email Address	SURF43213@YAHOO.COM

Address	5 JALAN MEMBINA #09-02
Postcode	169481
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	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

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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: 021018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

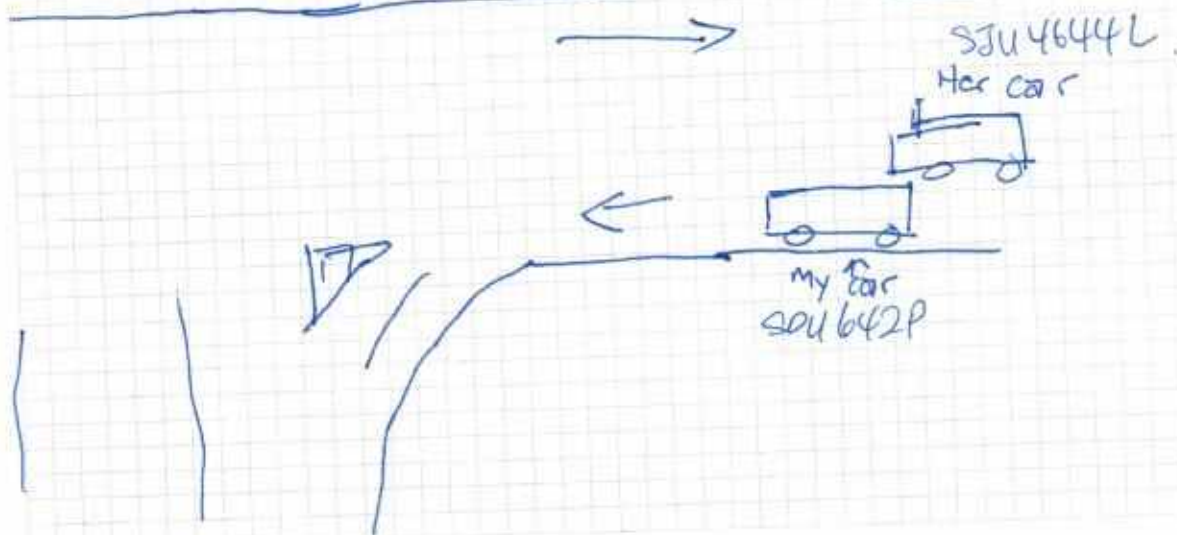
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Holland Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) Driving on leftmost lane, entering slip road on Holland Road towards Clementi.
- 2) While passing by SJU4644L noticed that the car was ~~very close~~ inching towards my lane.
- 3) I began to slow down, no signal observed from SJU4644L.
- 4) Just as ~~the~~ ^{my} car continued forward, a thump sound was heard. I saw that SJU4644L had hit my right rear fender.
- 5) Tried to exchange contact details but lady driver would not give. Kept insisting it was my fault.
- 6) Quickly took a video and photos before she had a chance to move off.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 021018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02/10/2018 (DD/MM/YYYY), TIME: 09:18 (HH:MM)

LOCATION: Holland Road, North Buona Vista

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDU642P
 b) INSURANCE COMPANY: Direct Asia
 c) POLICY NUMBER: MT/00460494
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CIVIC 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: DOMINIC WONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8119274Z CONTACT: 97484635
 c) ADDRESS: 5 Jalan Membina #09-02
169481

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ✓

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 11/06/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7 Nov 2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SVU4644L MODEL: Mitsubishi lancer
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = surf43213@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8119274Z



Name

DOMINIC WONG CHEE ONN

黃賜安

Race

CHINESE

Date of birth

Sex

11-06-1981

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8119274Z

Name

DOMINIC WONG CHEE ONN

Birth Date 11 Jun 1981

Issue Date 31 Jan 2003



NRIC No. S8119274Z



Date of issue

12-09-2011

5 JALAN MEMBINA #09-02
SINGAPORE 189481

NRIC No. S8119274Z

Date: 20/08/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles < 200 CC	81 Nov 2012
Class 2A	Motorcycles between 201 CC and 400 CC	24 Aug 2015
Class 2	Motorcycles > 400 CC	28 Oct 2016
Class 3	Motor cars < 3000 kg nett wt < 7 passengers, exclusive of the driver, and motor structures < 2500 kg	87 Nov 2008

S / No. 9000263940

S8119274Z



NP 426A

**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 Insurance

Policy number	: MT/00460494		
Period of cover	: Policy begins 13/03/2018 00:00 and runs until 12/03/2019 23:59		
Premium	: S\$ 620.53 (inclusive of GST)		
Own Damage Excess	: S\$ 800.00 (before any applicable GST)		
Windscreen Excess	: Not Applicable (before any applicable GST)		
Vehicle Details			
Vehicle Registration	: SDU642P	Chassis number	: JHMFD25409S200818
Make and model	: Honda Civic 2.0 Si (M)	Car usage	: Private Use + Commuting to work
Year of registration	: 2009	No. of accidents/claims in the last 36 months	: 0
Finance company / Hire purchase	:		
Is your car modified? (Modifications are according to LTA guidelines)	: No		
Policyholder			
Policyholder	: WONG, Dominic Chee Onn		
Mailing Address	: 35 WEST COAST PLACE, HONG LEONG GARDEN, Singapore 127587		
E-mail Address	: surf43213@yahoo.com	Mobile Number	: 97484635
No Claims Discount (NCD)	: 60%		
Main Driver Details			
Main Driver	: WONG, Dominic Chee Onn		
Date of Birth	: 11/06/1981	Marital Status	: Married
Gender	: Male	Occupation	: Private sector : executive & admin
Certificate of Merit	: Yes	Number of accidents or claims in the last 36 months	: 0
Years of valid driving 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.			