

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MLA118137705**

Date In: <b>2/10/18-13:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/DA28012862/4</b>	SAS e-filing		
Veh No: <b>567 21843</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>1/10/18-19:30</b>	i-Motor Claim Form		
OD: <b>(TP)</b> 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: Vch No: **JDA 95L** 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

<b>NA1806277</b>	<b>Invoice Preparation Checklist</b>		<b>Am't (\$)</b> Est Bill	<b>Am't (\$)</b> Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	OD*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac 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	02/10/2018 13:51
Date Of Accident	01/10/2018 19:30
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2184S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG WEE BENG, ALEX
NRIC No	S7923651I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87428971
Alternative Phone No	OFFICE-87428971

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 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	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00425552/01
Cover Note Number	

### Driver

Name of Driver	TANG WEE BENG, ALEX
NRIC No	S7923651I
Date Of Birth	10/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428971
Fax Number	
Contact Number	OFFICE-87428971
EMail Address	NOEMAIL

Address	BLK 253 JURONG EAST STREET 24 #04-255
Postcode	600253
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	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	2
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

REFER TO STATEMENT.

#### 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	SDH95L
Vehicle Make/Model/Colour	BMW X1
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	TANG WEE BENG, ALEX
------	---------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SLT2184S

YES

NO



**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)

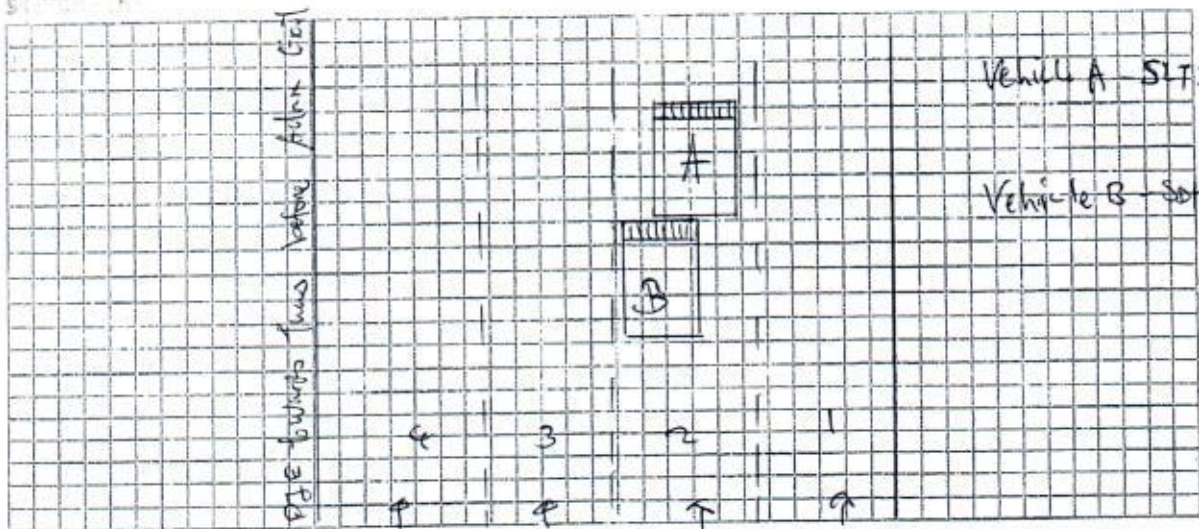
I understand, acknowledge, agree and consent that:

- (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.:



Vehicle A - ST 2184S

Vehicle B - SM 95L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along R10 towards Tuns before Adam Exit, in front of me the vehicle slow down and came to a stop, so I also follow to slow down and came to a stop. Suddenly this vehicle B from behind bang on to my rear portion of my vehicle A. Total there are 2 vehicles involved.

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.:



## 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	01/10/2018	(DD/MM/YY)
Time of accident	7:30 PM.	(HH:MM)
Exact location of accident	Pg 2 towards Tras before Adam Grit	

## DETAILS OF VEHICLE

Vehicle registration number	SLT 21845		
Vehicle make and model	Honda civil		
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	Private -		
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	MT / 00425552/01		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	TANG WEI BENGA, ALEX	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7923651/I	
Contact	8742 8971	
Address	Blk 253, Jurong East street 24, #04-255 (600250)	

## DRIVER

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

Name		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	10-08-1979.	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>
Driving date pass	15/Sept /2004	



### GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the Insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and Insured: _____	
Accident captured by camera?	Yes <input 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	SDH 45 L
Vehicle make model	BMW X1
Name	
NRIC / Fin / Passport number	
Contact	

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

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

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	TANG VEE BENH, Alex
Injuries sustained	Back and Neck
Which vehicle person in?	SU 21845
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"/>



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S79236511**

Name **TANG WEE BENG, ALEX**

Birth Date: **10 Aug 1979**  
Issue Date: **18 Apr 2012**

002060263E







**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S79236511**

Name **TANG WEE BENG, ALEX**

Race **CHINESE**  
Date of birth **10-08-1979**  
Country/Place of birth **SINGAPORE**

Sex **M**

**NP 428A**


Licence No: **S79236511**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**Class 2B Motor Cycles <= 200 cc**  
**Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg**

**22 Feb 2001**  
**15 Sep 2004**

**EFFECTIVE DATE**





**SINGAPORE 600253**

**#04-255**  
**APT BLK 253 JURONG EAST STREET 24**

**Address**

**23-06-2017**  
**Date of Issue**

**HIND NO. S79236511**

**5759477**

## 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)

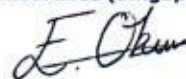
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00425552/01
<b>Type of Coverage / Driver Plan</b>	: Car Third-Party Only (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SLT2184S
<b>Chassis No.</b>	: JHMF16308S219472
<b>2) Name of Policy Holder</b>	: TANG WEE BENG, ALEX
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 01/09/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 31/08/2019 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\$ 0.00 (before any applicable GST)
<b>Windscreen Excess</b>	: Not Applicable (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: Tokyo Century Leasing Singapore Pte Ltd
<b>Main driver</b>	: TANG WEE BENG, ALEX
<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: 28/08/2018

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



**Edip Okur**  
Chief Underwriting Officer