

Date In	4/10/18 17:00	Job description	Date & Time Completed	Done by
Ref No	MA1 DA218018041/h4.	SAS e-filing		
Veh No	SJU 9086 P	E-mail (within 3hrs, AP: 2hrs)		
HOA	4/10/18 14:40.	i-Motor Claim Form		
OD	<input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
IP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

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

IP Particulars: Vch No: SJU 7752 A. 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	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
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		
Ref 1:	For claimine against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	04/10/2018 17:00
Date Of Accident	04/10/2018 14:40
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9086P
Insured/Policyholder	
Name Of Registered Owner	DANNY GOH SHEN YOU
NRIC No	S9024353E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90616874
Alternative Phone No	OFFICE-90616874

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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/00512802
Cover Note Number	-

Driver

Name of Driver	DANNY GOH SHEN YOU
NRIC No	S9024353E
Date Of Birth	11/07/1990
Occupation	INDOOR
Date Of Driving Pass	26/11/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90616874
Fax Number	
Contact Number	OFFICE-90616874
EMail Address	NOEMAIL

Address	BLK 288D JURONG EAST ST 21 #10-426
Postcode	604288
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	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)	2
Passenger 1	
	NAME: : ELAINE
	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

PLEASE REFER TO ATTACHED 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	SJN7752A
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	SLN9089U
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	DANNY GOH SHEN YOU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU9086P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ELAINE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU9086P
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:

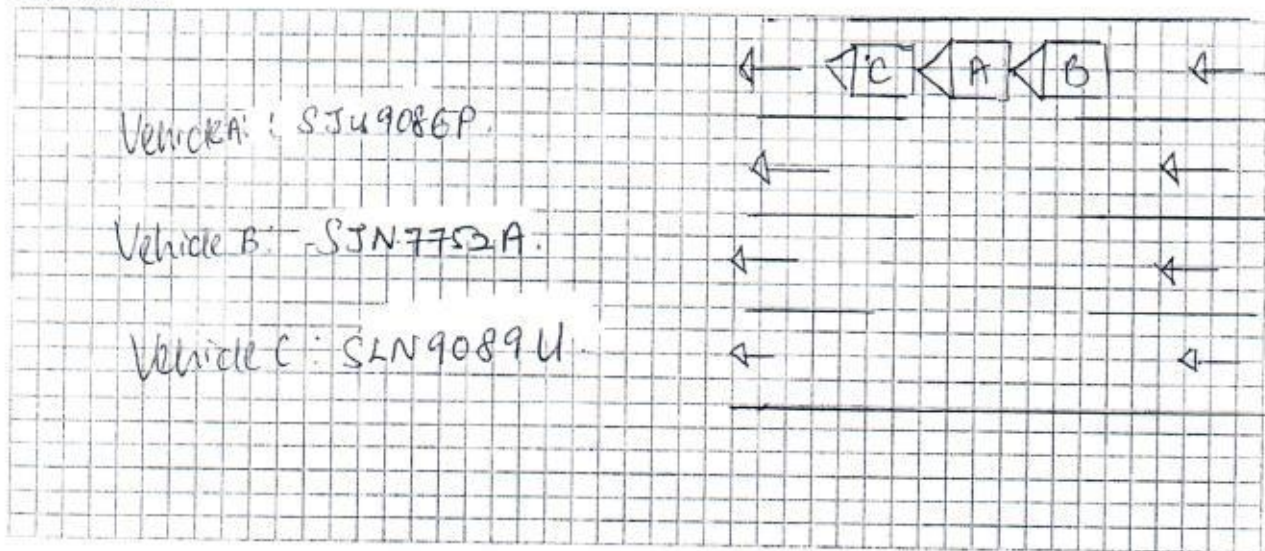
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the stated venue. The front vehicle stop & I followed suit. Suddenly, vehicle B (SJN7752A) hit onto the back of my vehicle (SJ49086P), the great impact pushed my car to more forward and hit onto the front vehicle C (SLN9089U). I alighted from my car & realized I was involved in a 3 cars chain collision.

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.:

Date of Accident : 4/10/2018 Accident Time: 2:40pm (24-HR-Format)
Accident Place : P1E Towards Changi Before Tota Payoh Lor 6.
Vehicle No. (Car Plate No.) : SJU9086P Make/Model: KIA CERATO
Insurance Company : Direct Asra Policy No: MT/00512802
Owner or Company Name /IC No. : Danny Goh Shen You S9024353 E
Owner or Company Contact No. : _____ Owner's Hp 90616874 Company Tel _____
DRIVER'S Name / IC No. : Danny Goh Shen You S9024353 E
DRIVER'S Date Of Birth : 11/7/1990 DRIVER'S License Pass Date 26 Nov 2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 288D Jurong East St 21 #10-426
DRIVER'S Contact No./ Alt No. : 1) (S) 604288 2) 90616874
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : dannygsy@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>B SJN7752A</u>	Vehicle No: <u>C SLN9089U</u>
Vehicle Make/Model: _____	Vehicle Make/Model: <u>Su</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>96350858</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Elaine (F)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9024353E



Name

DANNY GOH SHEN YOU

吴宜佑

Race

CHINESE

Date of birth

11-07-1990

Sex

M

Country of birth

SINGAPORE

S9024353E

9744870



NRIC No. S9024353E



Date of issue

21-07-2005

Address

APT BLK 288D JURONG EAST STREET 21
#10-426
SINGAPORE 604288

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S9024353E**
Name: **DANNY GOH SHEN YOU**


Birth Date: **11 Jul 1990**
Issue Date: **26 Nov 2010**

 001914175C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **26 Nov 2010**

 Licence No: S9024353E

NP 428A



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

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/00512802
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plan)
1) Vehicle Registration No.	:	SJU9086P
Chassis No.	:	KNAFW611MA5165368
2) Name of Policy Holder	:	DANNY GOH SHEN YOU
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	26/07/2018 00:00
4) Date/Time of Expiry of Insurance	:	25/12/2019 23:59
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) Any person who is named on the policy 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.		
6) Limitations as to use*		
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.		
Sum Insured	:	Market Value
Own Damage Excess	:	S\$ 700.00 (before any applicable GST)
Windscreen Excess	:	S\$ 100.00 (before any applicable GST)
Choice of workshop	:	DirectAsia approved workshops
Finance company / Hire Purchase	:	Standard Chartered Bank (Singapore) Limited
Main driver	:	DANNY GOH SHEN YOU
Ref		
Named driver (1)	:	veron chua ll min
		Date of Birth

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

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: 26/07/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road Singapore 058716
www.DirectAsia.com