

NATIONAL Assessment Centre Services [ref: Jan-2005] <b>May 18/30395</b>			
Date In: <b>08/10/2018 15:34</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/08218018183/4</b>	SAS e-filing		
Veh No: <b>SLP 27782</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>08/10/2018 16:00</b>	i-Motor Claim Form		
OD / TP <u>Reporting Only</u>	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: <b>SLU 4528R</b>	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idan DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*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: Idan Mobile \$0				
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 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. 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	08/10/2018 15:34
Date Of Accident	08/10/2018 11:00
Exact Location Of Accident	QUEENSWAY TURNING INTO COMMONWEALTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2778Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAUN LANGHORNE
Passport No/FIN	G5287673M
Email Address	JOSI.LANGHORNE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81578492
Alternative Phone No	OTHERS-81578492

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	REPORTING ONLY
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/00462122
Cover Note Number	

### Driver

Name of Driver	LANGHORNE JOSEPHINE BARBARA
Passport No/FIN	G5299437W
Date Of Birth	09/05/1973
Occupation	INDOOR
Date Of Driving Pass	13/05/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81578492
Fax Number	
Contact Number	OTHERS-81578492
Email Address	JOSI.LANGHORNE@GMAIL.COM

Address	NO. 9 CORONATION DRIVE
Postcode	269564
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4528R
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAIS BIN MOHD
NRIC/Passport Number	S1562837E
Contact Number	94573033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

11:30am

8/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11:30am

8/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

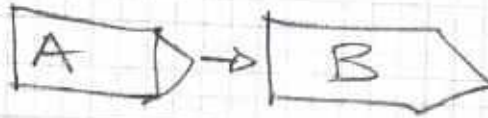
18/10/2018  
Rashid Hassan

SKETCH PLAN

Queensway Turns into Commonwealth Road

A: SLB 2778Z

B: SLU 4528R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching a right turn on Queensway turning right into Commonwealth Road at 11am on 8 October and hit the car in front which was stationary. My car SLB 2778Z SLU 4528R (car I hit).

DECLARATION

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

Policyholder's Signature

Date & Time:

11:30am  
8/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11:30am  
8/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/10/2018  
Rafli Watan

Date of Accident	Time of Accident	Country / Exact Location of Accident
8/10/18	11:00am	Queensway turning into Commonwealth Rd

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SLB 2778Z
Name of Owner:	Shaun Langhorne
Owner IC:	G 5287673 M
Vehicle Model & Type (Audi/Toyota etc)	Subaru Forester
Exact purpose of veh.	<u>Private</u> / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	Direct Direct Asia
Type of Policy	<u>Comprehensive</u> / Commercial / Third Party
*Policy Number	MT/00462122
*Contact Nbr	81578492
*Alternative contact nbr	As Above
DRIVER	
Name of Driver	Langhorne Josephine Barbara
Driver IC	G 5299437
Date of Birth	215/19F3
Occupation	<u>Indoor</u> / outdoor
*Yrs of Driving Experience	5yrs (13/5/2013)
Gender	Female
Contact No	81578492
Address	
Email Address	josi.langhorne@gmail.com
Employee of Insured's Company?	Spouse No
If no, state relationship of Driver with Insured.	Spouse
Driver's own vehicle no. & Insurance company	-
DETAILS OF INJURED PERSONS 1	
Name	
Address	
Injuries Sustained	No
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	front to rear
Weather Conditions	<u>Clear</u> / Raining / Others (pls state)
Road Surface	Wet / <u>Dry</u> / Others
Video Footage	Yes / <u>No</u>
Offer by other workshop	Yes / <u>No</u>
*No. of passengers incl driver / Gender	3pax Tommy M Hizzi M
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / <u>No</u>
Was any other vehicle or property damaged? (including Witness)	<u>Yes</u> / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / <u>No</u>
if yes, state which police station	NA
Notice of Intended Prosecution given?	Yes / <u>No</u>

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SLH 4528R
Vehicle Make / Model / Colour / Properties	Honda Vezel Freed
Name of Driver	Rais Bin Mohd
IC / FIN / Passport Nbr	S1562837E
Contact Nbr	94573033
Address	
Insurance Company	
*No. of passengers incl driver / Gender	1pax
DETAILS OF WITNESS	
Name	
Gender	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

cc:shufute@singnet.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 5299437 W**

Name: **LANGHORNE JOSEPHINE BARBARA**

Birth Date: **09 May 1973**  
 Issue Date: **22 May 2018**  
 Valid Till: **21/05/2023**

002805408J

REPUBLIC OF SINGAPORE

FIN **G5299437W**

Name: **LANGHORNE JOSEPHINE BARBARA**

Date of Birth: **09-05-1973**  
 Sex: **F**  
 Nationality: **AUSTRALIAN**

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

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

**EFFECTIVE DATE** 13 May 2013

Licence No: **G5299437W**

NP 428A

**FA1593444**

**DEPENDANT'S PASS**  
 Immigration Regulations

FIN **G5299437W**

Date of Issue: **26-06-2018**  
 Date of Expiry: **15-06-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

No 9 Connation Drive  
 269564

**Policy Number:** MT/00462122

Policyholder/ Car Owner	: SHAUN LANGHORNE
Declared Main Driver	: Josephine Langhorne
Vehicle Registration No.	: SLB2778Z
Coverage/ Driver Plan	: Comprehensive/ Value Plus Plan
Policy Period	: 31/03/2018 to 30/03/2019
Vehicle Usage	: Private Use
No Claim Discount	: 50%
Offence Free Discount	: No

Based on the information provided and coverage selected, you are covered under the following driver plan:

**Value Plus Plan:** in addition to the Main Driver and any Named Driver(s) under the policy, authorized drivers who are 30 years old and above and with 2 or more years of valid driving licence are covered;

## Your 'My Account' Login Details

We have created an account for you which gives you details of your own personal cover, allowing you to manage your own insurance needs 24/7.

**Your identification (ID)** is your FIN/NRIC

**Your password** is: Xmyhjamc

You will be asked to change your password when you log in for the first time. If you are logging in for the first time, we will send you your one-time password to your mobile for you to authenticate yourself as the owner of this account. You will also be asked to change your password.

Log onto our website to view the following:

1. Your Certificate of Insurance. A legal document that shows you are insured with us.
2. The Policy Schedule which gives you a summary of your cover. It comes with your receipt/invoice for payment made or due on your policy.
3. Your Policy Details

Do take time to review these documents together with the full policy wording, which form your contract with us. Please inform us immediately if any of the information is incorrect or if there is any material change during the policy term. This is important in order for your policy to stay valid with us.

You will also be receiving a handy Welcome Pack in the post, which should reach you within the next 10 business days if you have not opted to "Go Paperless".

For information on how we collect, use and store your personal data in accordance with the Personal Data Protection Act 2012, please refer to our [Privacy Statement](#).

**Important Note:**

It is [DirectAsia.com](#)'s policy to pay fairly and promptly for all legitimate claims. We also carefully consider any claims which suggest the fraudulent behaviour of 'fronting'. This is when a bad profile driver hides behind a better profile driver in order to get a cheaper premium. By clamping down on fronting we can bring more competitive rates to the motoring industry and so keep your premiums down.

Please inform us if there are any material changes to your existing policy information before its expiry. We reserve the right to revise the premium and/or the terms and conditions of your insurance policy.

This Motor Car policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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88 South Bridge Road Singapore 058716

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