

# NATIONAL Assessment Centre Services. (wef 1 Jan'05)

Date In: 15/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI/8018/74/r3	SAS e-filing		
Veh No: SKP 810AD	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/10/18	I-Motor Claim Form		
OD : TP - 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: ( M Garage	Tel:	Fax:
TP Particulars:	Veh No: SDE 8886J	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	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao 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 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	15/10/2018 16:34
Date Of Accident	13/10/2018 19:10
Exact Location Of Accident	JUNCTION OF CLEMENCEAN AVE AND RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8109D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE ZHU WEN
NRIC No	S8920768A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96605426
Alternative Phone No	OTHERS-96605426

### Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 (A)

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? 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/00498091
Cover Note Number	

### Driver

Name of Driver	LEE ZHU WEN
NRIC No	S8920768A
Date Of Birth	17/06/1989
Occupation	INDOOR
Date Of Driving Pass	12/05/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605426
Fax Number	
Contact Number	OTHERS-96605426
Email Address	NOEMAIL

Address	BLK 314 SEMBAWANG DRIVE #06-464
Postcode	750314
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	
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: : QIU KAIRU 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 THE ATTACHED STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE8886J
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	LEE ZHU WEN
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKP8109D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	QIU KAIRU
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKP8109D
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 lodging 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:

 15/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



On 13/10/2018 at about 1911 hrs at Junction of  
Clemenceau Ave and River Valley Road. I was travelling  
on the extreme left lane along Clemenceau Ave and  
when coming towards the above mentioned junction,  
suddenly a Vehicle (B) on my Right making a 'Left'  
turn into River Valley Road at the 'Going Straight Only'  
lane without proper lookout and hence collided onto  
my Front Right Portion of my Vehicle (A) causing damages  
to my vehicle. I have one passenger inside my vehicle.

(A) SKP 8109 D  
(B) SDE 8886 J

DECLARATION

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



email to - mg3solution@gmail.com  
Fax - 6243 1376

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	13/10/10	Time:	19:11	(hh:mm) 24 hr format
Location	at junction of clemenceau Ave and River valley Road.			
Vehicle Number	SKP 8109D			
Insured Name	LEE ZHU WEN			
NRIC / FIN	S8920768A	Contact Number	9660 5426	
Make	Bmw	Model	521 Auto	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	DIRECT ASIA INSURANCE			
Type of Policy	( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number	MT / 0049091			
Name of Driver	LEE ZHU WEN	( <input checked="" type="checkbox"/> ) Same as Insured		
NRIC / FIN	S8920768A	Contact Number		
Date of Birth	17-06-1989			
Driving Pass Date	12-MAY-2009			
Occupation	( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor			
Gender	( <input checked="" type="checkbox"/> ) Male ( ) Female			
Email Address	( ) NO EMAIL			
Address of Driver	BLK 314 SEMBAWANG DRIVE #06-464 SINGAPORE 750314			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If yes, injured detail Driver + passenger back & neck pain				
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	SDE 8886J			
Veh C				
Veh D				
Veh E				
Veh F				

Include driver 2 person only - passenger - female

OMPR 8 dhr

SHP 8109D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S8920768A



Name

LEE ZHU WEN

李 炷 汶

Race

CHINESE

Date of birth

17-06-1989

Sex

M

Country of birth

SINGAPORE

S8920768A



3569580



NRIC No. S8920768A

Date of issue

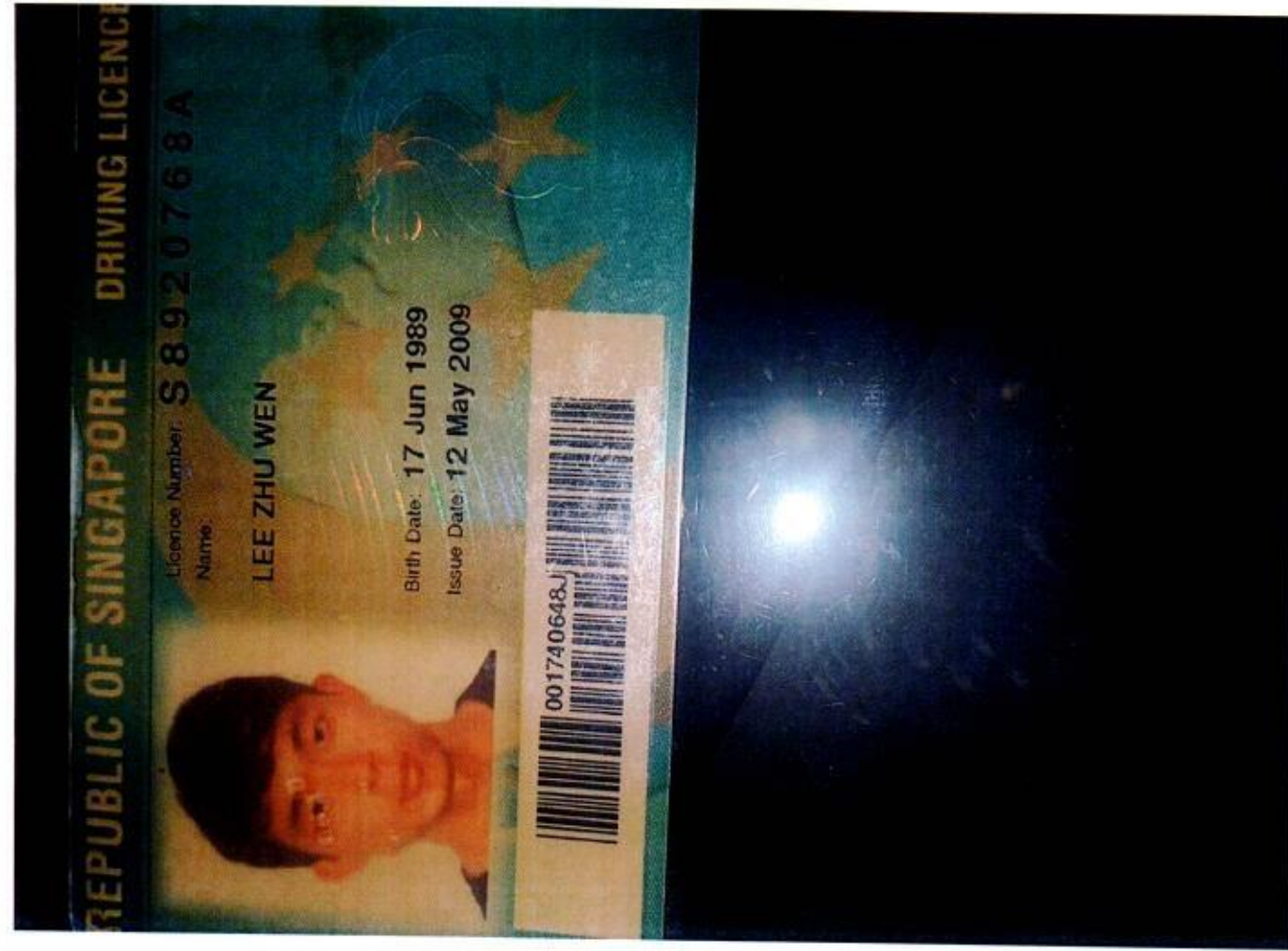
22-06-2004

Address

APT BLK 314 SEMBAWANG DRIVE  
#06-464  
SINGAPORE 750314



Driver & Driver SP 8109p





## 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)**

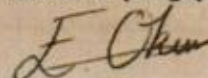
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00498091
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plan)
<b>1) Vehicle Registration No.</b>	: SKP8109D
<b>Chassis No.</b>	: WBANT12070CX30192
<b>2) Name of Policy Holder</b>	: Lee, Zhu Wen
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 15/07/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 14/07/2019 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<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\$ 600.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: DBS Bank Ltd
<b>Main driver</b>	: Lee, Zhu Wen
<b>Named driver</b>	: None
<b>Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.</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: 04/07/2018

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



**Edip Okur**  
**Chief Underwriting Officer**