

NATIONAL Assessment Centre Services.

(wef 1 Jan 03)

NA1807322

Date In: 12/11/2018 12:34	Job description	Date & Time Completed	Done by
Ref No: NA1807322	SAS e-illing		
Veh No: 2G 215	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/11/2018 14:55	I-Motor Claim Form		
OID: 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: (

Tel:

Fax:

TP Particulars:

Veh No: SJM2801E

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) (Wksp) (678) (6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Assigned:

NA1807322

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref: 1:

2/3:

Invoice Item	Amount (\$)	INC (\$60)	Wksp (\$)	Wksp (\$)
1) AR: Accident Reporting (\$10)				
2) DA: Damage Assessment (\$100)				
3) TP: Towing Fee	\$40/\$45			
4) FT: Follow-Through Survey	\$120			
5) PT: Follow-Through Survey (Resurvey)	\$30			
For claiming against INC Only (wef 10 Jan 2003)				
6) TR: Re-inspection	\$75			
7) NI: 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 Losses Coordination	\$5			
TP (N11): TP (N11 INC) against INC	\$20			
9) N12: Idao 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 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	12/11/2018 12:34
Date Of Accident	09/11/2018 14:55
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG211S
Insured/Policyholder	
Name Of Registered Owner	AU CHEE KEN (OU ZHIQUAN)
NRIC No	S8411899J
Email Address	SUPERGLUE8487@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97501225
Alternative Phone No	OTHERS-97501225

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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/00537497
Cover Note Number	

Driver

Name of Driver	AU CHEE KEN (OU ZHIQUAN)
NRIC No	S8411899J
Date Of Birth	02/05/1984
Occupation	INDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97501225
Fax Number	
Contact Number	OTHERS-97501225
Email Address	SUPERGLUE8487@HOTMAIL.COM

Address	BLK 28 JALAN BUKIT MERAH #07-4472
Postcode	152028
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 - MAJOR/MINOR RD
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)	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	SJM2801E
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	AU CHEE KEN (OU ZHIQUAN)
------	--------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLG211S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Ken

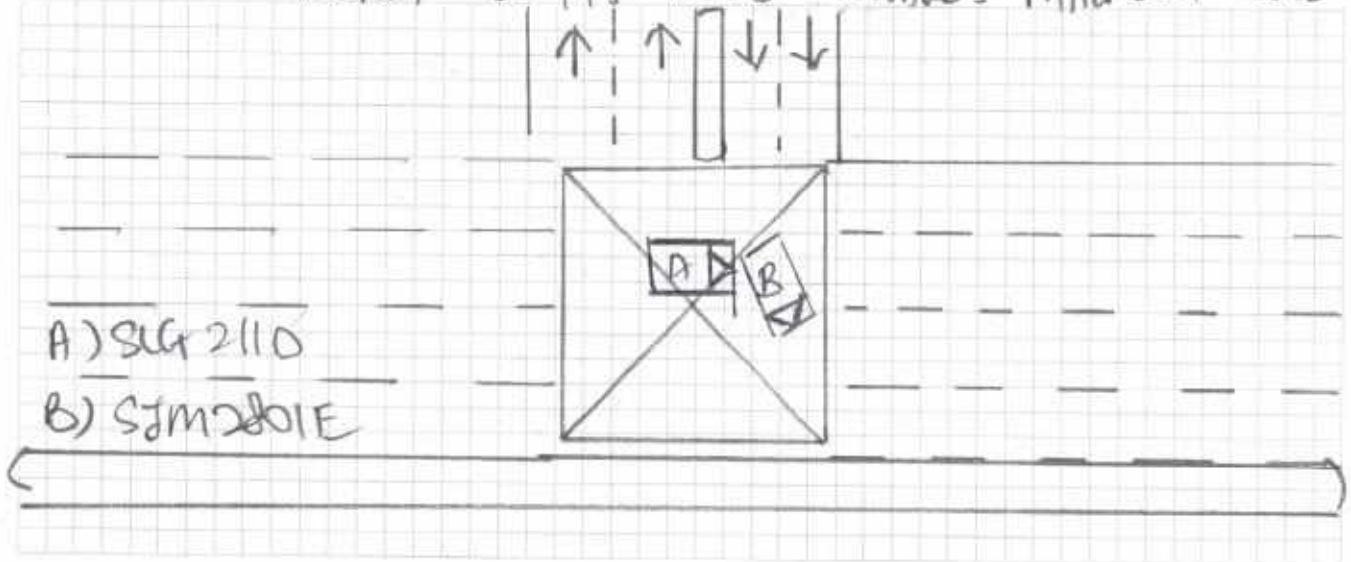
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

ALONG SCOTTS ROAD TOWARDS PATTERSON ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/11/2018 AT ABOUT 14:58 HRS I WAS TRAVELLING ALONG SCOTTS ROAD & WAS AT THE END OF 4 CROSS ROAD TOWARDS PATTERSON ROAD. SUDDENLY A CAR FROM THE SIDE ROAD NEAR MARION HATFIELD TURNED OUT WITHOUT LOOKING OR STOPPING TO LOOK FOR ON COMING TRAFFIC. MY CAR SLG 2110 RAN THE SIDE OF THE CAR SJM 2801E.

DECLARATION

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

Ken.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 9 / 11 / 2018 (DD/MM/YYYY), TIME: 14.58 (HH:MM)

LOCATION: Scott Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 211 D
 b) INSURANCE COMPANY: Direct asia
 c) POLICY NUMBER: MT/00537+97
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: volkswagen Scirocco
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Au Chee Kan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8911899T CONTACT: 97501225
 c) ADDRESS: 316A Punggol way, 14-735 5 (821316)

* CONTINUE TO 3, & IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 2 / 5 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 Jul 2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SJM 2801E MODEL: _____

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: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = Superglue8487@hotmail.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8411899J**



Name

AU CHEE KEN
(OU ZHIQUAN)

欧 志 权

Race

CHINESE

Date of birth

02-05-1984

Sex

M

Country of birth

SINGAPORE



4214943



NRIC No. S8411899J



Date of issue
07-05-2008

Address

APT BLK 28 JALAN BUKIT MERAH #07-4472
SINGAPORE 152028

NRIC No: S8411899J

Date: 30/04/2012

No: 6778596

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8411899J**

Name:

**AU CHEE KEN
(OU ZHIQUAN)**

Birth Date: **02 May 1984**

Issue Date: **14 Jul 2011**

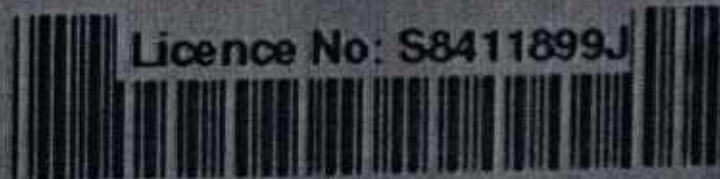


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **14 Jul 2011**

NP 428A



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/00537497
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SLG211D
Chassis No.	: WVWZZZ13ZAV431213
2) Name of Policy Holder	: Au, Chee Ken
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/09/2018 00:00
4) Date/Time of Expiry of Insurance	: 26/09/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any person who is named on the policy who is driving on the Policyholder's 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\$ 300.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: Au, Chee Ken
Named driver	: None
Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. 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: 25/09/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN1448146053 Vehicle Registration No: SLG211S
Name(as shown in NRIC) : BU CHHOK KAN (OU ZHI QIAN) NRIC/FIN/Passport No : 88411899J
(*Vehicle Driver / Vehicle Owner) () Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97501225
Email Address : _____
Date of Accident : 09/11/2018 Time of Accident : 14:55
Place of Accident : FRONT SCOTS ROAD TOWARDS PATTERSON ROAD
Insurance Company : DIRECT ASIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THANK SOME INJURED IN THE ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.: _____
Date: 12/11/2018