

|   |   |                       |         |
|---|---|-----------------------|---------|
| NATIONAL Assessment Centre Services. [ver 1 Jan'05] <b>MAH418/49629</b> |   |                       |         |
| Date In: <b>19/11/2018 15:57</b>  | Job description                           | Date & Time Completed | Done by |
| Ref No: <b>128/00218020892/V</b>  | SAS e-filing                              |                       |         |
| Veh No: <b>SCB 2718 Z</b>   | E-mail (with 8hrs, AIC 2hrs)              |                       |         |
| D.O.A: <b>19/11/2018 08:00</b>  | I-Motor Claim Form                        |                       |         |
| OID / TP: <b>Reporting Only</b>   | I-Motor W/O (With 8hrs, 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>SKK 8246S</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%. 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 repaler. |  |
| ( ) Total Loss Case : to e-mail Insurer URGENTLY.   |  |
| Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )                            |  |

|   |                       |                       |         |
|---|-----------------------|-----------------------|---------|
| Remarks:  | INC ( ) / Non-INC ( ) | 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     | Action |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |

|                                 |   |                     |                   |
|---------------------------------|---|---------------------|-------------------|
| <b>NA1807531</b>                | Invoice Ref: _____                              | Invoice Date: _____ | Invoice By: _____ |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               |                     |                   |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$50)    |                     |                   |
| Contact No:                     | 3) TP: Towing Fee \$40/245                      |                     |                   |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |                     |                   |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |                     |                   |
| Auditors' Comments:             | For claimant against INC Only (wef 10 Jan 2005) |                     |                   |
|                                 | 6) TR: Re-inspection \$75                       |                     |                   |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |                     |                   |
|                                 | 8) NTUC Additional Services:-                   |                     |                   |
|                                 | Q1:   |                     |                   |
|                                 | *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: 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             | 19/11/2018 15:52                           |
| Date Of Accident           | 19/11/2018 08:00                           |
| Exact Location Of Accident | UWC SEA (DOVER CAMPUS) UNDERGROUND CARPARK |
| 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 6 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   | COLLIDED INTO PARKED VEHICLE |
| 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         | SKK8246S          |
| Vehicle Make/Model/Colour           |                   |
| Details Of Properties               |                   |
| Vehicle Category                    | PRIVATE CAR       |
| Name of Driver                      | MDM LUI TSE YUEW  |
| NRIC/Passport Number                | S7280212H         |
| Contact Number                      | 98776747          |
| Address                             | 89 HILLCREST ROAD |
| Postcode                            | 288964            |
| 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.
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:

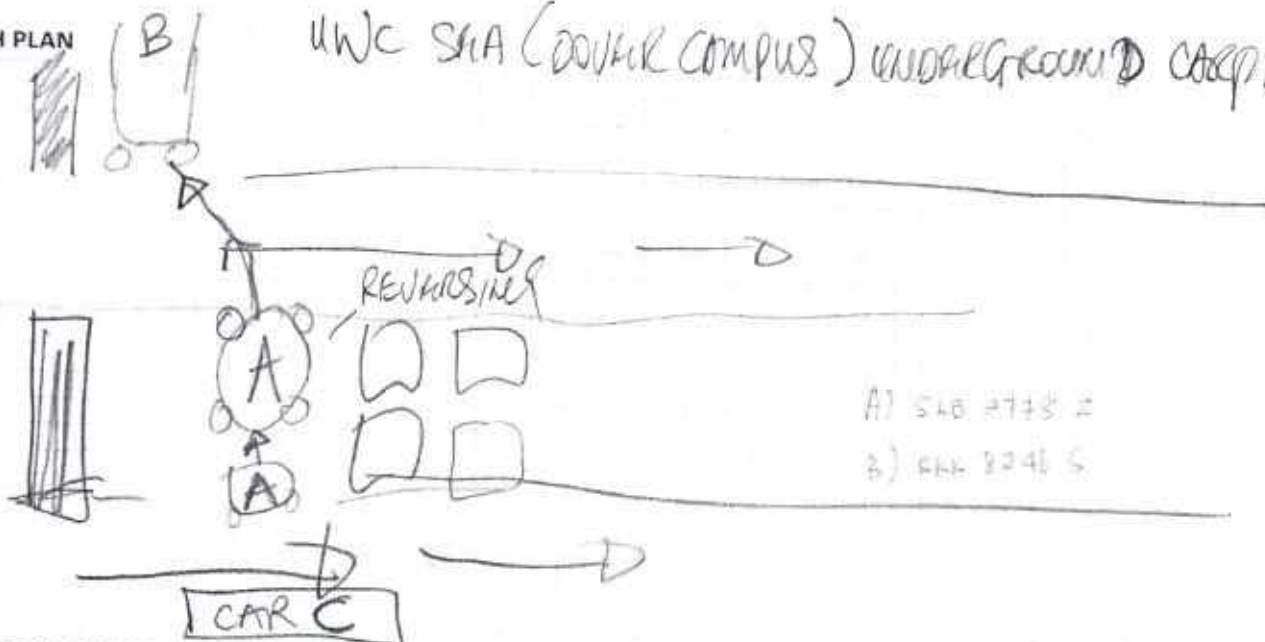
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

UWC SEA (DOVER CAMPUS) UNDERGROUND CARPARK

carpark



A) SLB 2778 Z

B) RKL 8246 S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SLB 2778 Z (A) was reversing out of a carpark (because car C was blocking my forward access) at UWC SEA Dover campus.

I reversed into Car B which was stationary. There was very minor damage to Car B's bumper.

I was travelling very slowly ( $< 5$  km/h). Carpark is underground.

## 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 | Time of Accident | Exact Location of Accident                |
|------------------|------------------|---|
| 19/11/18         | 8 am             | UWC SEA (Dover Campus) underground c/park |

| DETAILS OF OWN VEHICLE ①   |   |
|--|---|
| Vehicle Registration No:   | SLB 2778 Z                                |
| Name of Owner:   | Shaun Langhorne                           |
| Owner IC:  | G5287673M                                 |
| Vehicle Make (Audi/Toyota etc)   | Sub Forester                              |
| Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others) |   |
| Exact purpose of veh.  | Private / Commercial                      |
| Are you claiming your own insurance?   | Own Damage / Third Party / Reporting Only |
| Vehicle Category   | Private / Commercial / Motorcycle         |
| Insurance Company  | Direct Asia                               |
| Type of Policy   | Comprehensive / Commercial / Third Party  |
| Policy Number  |   |

| DRIVER  |                             |
|---|-----------------------------|
| Name of Driver                                    | Langhorne Josephine Barbara |
| Driver IC   | G5294437W                   |
| Date of Birth                                     | 09/05/1973                  |
| Occupation  | Housewife                   |
| Yrs of Driving Experience                         | 13/05/2013                  |
| Gender  | Female                      |
| Contact No.                                       | 81575492                    |
| Address   | No 9 Coronation Drive       |
| Email Address                                     | josi.langhorne@gmail.com    |
| Employee of Insured's Company?                    | wife                        |
| If no, state relationship of Driver with Insured. |                             |
| Driver's own vehicle no. & Insurance company      |                             |
| DETAILS OF WITNESS                                |                             |
| Name  |                             |
| Phone   |                             |
| Email Address                                     |                             |

| GENERAL INFORMATION OF THE ACCIDENT  |                                      |
|--|--------------------------------------|
| Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear) |                                      |
| Weather Conditions   | Clear / Raining / Others (pls state) |
| Road Surface   | Wet / Dry / Others                   |
| OTHER INFORMATION  |                                      |
| Was anybody injured in the accident? *   | Yes / No                             |
| Was any other vehicle or property damaged? (including Witness)                     | Yes / No                             |
| DETAILS OF POLICE ACTION   |                                      |
| Accident reported to the Police?   | Yes / No                             |
| If yes, state which police station   | NA                                   |
| Notice of Intended Prosecution given?  | Yes / No                             |

| DETAILS OF OTHER VEHICLE / PROPERTY 1 ①    |                        |
|--|------------------------|
| Vehicle Reg. No.                           | SKK 8246 S             |
| Vehicle Make / Model / Colour / Properties |                        |
| Name of Driver                             | Adam Lui Tse Yuen      |
| IC / FIN / Passport Nbr                    | 57280212H              |
| Contact Nbr                                | 9817 6747              |
| Address                                    | 89 Hillcrest Rd 208964 |
| Insurance Company                          |                        |
| Nature of Damage                           |                        |

| DETAILS OF INJURED PERSONS 1                  |          |
|---|----------|
| Name  |          |
| Address                                       |          |
| Approximate age                               |          |
| Injuries Sustained                            |          |
| If vehicle occupants, state in which vehicle? |          |
| Were seatbelts worn?                          | Yes / No |
| Conveyed to hospital by ambulance?            | Yes / No |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G5299437W

LANGHORNE JOSEPHINE BARBARA

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



REPUBLIC OF SINGAPORE

FIN G5299437W



Name  
LANGHORNE JOSEPHINE BARBARA

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

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

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  $\leq 2500\text{kg}$  13 May 2013



NP 428A

FA1593444

DEPENDANT'S PASS  
Immigration Regulations

FIN G5299437W



Date of Issue 28-06-2016 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.



## 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/00462122                                     |
| <b>Type of Coverage / Driver Plan</b>   | : Car Comprehensive (Value Plus Plan)             |
| <b>1) Vehicle Registration No.</b>  | : SLB2778Z  |
| <b>Chassis No.</b>  | : JF1SJ5KC5GG068474                               |
| <b>2) Name of Policy Holder</b>   | : SHAUN LANGHORNE                                 |
| <b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>   | : 31/03/2018 00:00                                |
| <b>4) Date/Time of Expiry of Insurance</b>  | : 30/03/2019 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\$ 200.00 (before any applicable GST)          |
| <b>Windscreen Excess</b>  | : S\$ 100.00 (before any applicable GST)          |
| <b>Choice of workshop</b>   | : My Workshop/ My Authorised Distributor Workshop |
| <b>Finance company / Hire Purchase</b>  | : TBA   |
| <b>Main driver</b>  | : Josephine Langhorne                             |
| <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: 13/03/2018

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



**Edip Okur**  
Chief Underwriting Officer