| NATIONAL Assessment Centre   | Services.  | [wel 1 Jan'05] .                     |  |                          |                                   |
|--|--|--------------------------------------|--|--------------------------|-----------------------------------|
| Date in: 36/11/18  | Jeb description  |                                      | Date &Time Complete  | d                        | Done by                           |
| ROTHU: NA/DAE18031280/13   | SAS c-filing   |                                      |  |                          |                                   |
| Veh No: 527 905 3P   | E-mail (within 8   | Shrs, AIC 2hrs)                      |  |                          |                                   |
| DOX 24/11/12 14/10   | i-Motor Clair  | n Form                               | le:  |                          |                                   |
|  | I-Motor W/O  | (Within: OD 2hrs                     | TP 4brs)   |                          |                                   |
| (II) (TP) Reporting Only   | i-Photo Uplos  | aded                                 | 1  |                          |                                   |
|  | Assessment/Su  | rvey Report                          |  |                          |                                   |
| TP bisurer:  | Ass't Report by  | y Fax / Hand to                      | Owner/Wksp   |                          |                                   |
| Preferred Wisp / INC Assign Wksp / QW: (   | ISION AUTO   | WURK                                 | Tol:   | Fax:                     | )                                 |
| TP Particulars: Veh No:  | CR248A.  | . INC(                               | )/Non-INC( )   |                          |                                   |
| Owner / Driver: (  |  |                                      | Tcl:   |                          | )                                 |
| Policy No: ( ) Per   | iod: (   | )                                    | Cover Type: (  |                          | )                                 |
| Confirmed by : (   |  | Date:                                | Time:  |                          | )                                 |
| Insured/Driver Liability: ( %) [N  | Note-Est. Status (V  | VO): N: 0-20                         | )%; P: 21-79%. P: 9  | 0-100%]                  |                                   |
| Year of Registration: ( ) V  | Varranty: YES (  | )/NO(                                | )  |                          |                                   |
|  | 00 ( )/\$2,000   |                                      |  | <del>ल उत्तर्</del> गर द |                                   |
| General Remarks: Section 17.   |  |                                      |  | Same                     | S. Carrie                         |
| ( ) Walk-In Customer's Infor   | Additional transport and the first particular and the first of |                                      | I THE STATE OF THE |                          |                                   |
| ( ) Total Loss Case : to e-mail Insure   |  |                                      | ·,   |                          |                                   |
| Drive-In ( )/ Towed-In ( ); Invoice:   |  | O();T                                | owing Co: (  | 2500000                  | . )                               |
|  |  | aconductornecision                   |  | #R775                    | THE COUNTY OF THE PERSON NAMED IN |
| liciningles:- = # (18 <i>Q</i> hothing 6788(6616)): -  | 资本[102][10][10]  |                                      | Ditestant Complete   | A STATE OF               | Done by                           |
| 1) Apply for Transport Allowance ( )/C   | ourtesy Car (  | )                                    |  |                          |                                   |
| 2) QC Cheek / Post Repair Inspection   | ( ·)   | april 1940 A. P. L.                  | <u> </u>   |                          |                                   |
| ) Upload Resurvey Photo [Repair Cost > \$30  | 000] (   | )                                    |  |                          |                                   |
| Injury:  |  |                                      |  |                          |                                   |
| The same was a second process of the same second |  | A Supplement                         | (1)  |                          | ger and the second                |
| late/Time Actions  | aj ogsalika je sa kas  | alliet in the particular to          |  | SPHENISH:                | M.PIA. N.                         |
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| The state of the s |  |                                      |  |                          |                                   |
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|  |  |                                      |  |                          | Anit (5)) (3) Anit (5)            |
| NA 1807693   |  |                                      | aration Checklist  | Shiking A                | WHILE SANGEDIN                    |
| amout's Particulars :-   |  | 1) AR : Accident<br>2) DA : Damage   |  | C (\$80)                 |                                   |
| Iver/Owner:  |  | 3) TF : Towing F                     |  | \$40/\$45                |                                   |
| ·  |  | 4) FT : Follow-T<br>5) FT : Follow-T | brough Survey (Resurvey)   | 230                      |                                   |
| ntlact No:   |  | For claiming a                       | goingt INC Only (wef 10 Jan  | 2005)<br>\$75            |                                   |
| maged Portion:   |  | 7) N1 : Idao DA                      | + SMRT Survey  | \$160                    |                                   |
|  | 1  | 8) NTUC Addition                     | nal Services:-   |                          |                                   |
| Checked by (Engr-In-Charge):   | 3  | *NS: Courlesy                        | Cor / Tpt Allowence  | 23                       |                                   |
|  | CONTRACTOR NOT A SECURIT                                       | *N6: Repair C                        | n-ordination   | 510<br>525               |                                   |
| ulitors Comments:  |  | +N8: DV / Co                         | lect Excess Coordination   | \$3<br>\$20              |                                   |
|  | +  | TP (N11): TP<br>9) N12: Idno Mo      | (Non INC) against INC  | 30                       |                                   |
| -/3:   |  | Involce dated                        | . Fee Cha  |                          | MEUN MINEN                        |
|  |  | Involce dated                        | Fee Cha  | yea .                    | distribit                         |

Frynk (1 177)

#### 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 witholding 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.   |   |
|--|---|
| <b>建国际政治的企业</b> 的现在分词  | ACCIDENT STATEMENT                        |
| Date Of Report   | 26/11/2018 10:12                          |
| Date Of Accident   | 24/11/2018 14:10                          |
| Exact Location Of Accident   | CTE TWDS SLE B4 MOULMEIN RD EXIT 7A       |
| Country/State of Loss  | SINGAPORE                                 |
| D  | ETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number  | SJT9053P                                  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | SENGUPTA, AVISH KUMAR                     |
| NRIC No  | S7265769A                                 |
| Email Address  | AVISHSENGUPTA@YAHOO.COM                   |
| Mobile Phone No  | (LOCAL) +65-92325298                      |
| Alternative Phone No   | OTHERS-92325298                           |
| Vehicle Particulars  |   |
| Manufacturer   | HYUNDAI                                   |
| Model  | AVANTE                                    |
| 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/00551645                               |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | SENGUPTA, AVISH KUMAR                     |
| NRIC No.   | S7265769A                                 |
| Date Of Birth  | 02/10/1972                                |
| Occupation   | INDOOR                                    |
| Date Of Driving Pass   | 23/06/2010                                |
| Driving Experience   | 8 YEARS AND 5 MONTHS                      |
| Gender   | MALE                                      |
| Mobile Number  | (LOCAL) +65-92325298                      |
| Fax Number   |   |
| Contact Number   | OTHERS-92325298                           |
| EMail Address  | AVISHSENGUPTA@YAHOO.COM                   |
|  | Person t of 20                            |

BLK 32 STURDEE ROAD Address #28-10 Postcode 20785 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 - 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 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 PLS REFER TO THE 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 GR248A Vehicle Make/Model/Colour Details Of Properties Vehicle Category COMMERCIAL VEHICLE Name of Driver NRIC/Passport Number Contact Number 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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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 .:

|         |     |   | 1 |   |
|---------|-----|---|---|---|
| delet   |     |   | I | 1 |
| ad Show | A   |   | 1 |   |
| Rox     | 9 6 | 1 | 1 | 1 |

A=5019053 B=GR248A CIE towards SLE

(Before Moulmein Road Exit 7A)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 6               |
|-----------------|
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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.:

On 24.11.18 at about 14:10 hours at along CTE towards SLE (Before Moulmein Road Exit 7A. While I was travelling straight on the lane 5 and traffic was heavy, my front all vehicles slow down hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SJT9053P

Vehicle (B): GR248A

- Jay

# SINGAPORE ACCIDENT STATEMENT

| Accident Date: 24/11/6 Time: /4270 (hh:mm) 24 hr format  | l    |
|--|------|
| Location CTE towards SLE Cofore Moulmein Road Exit 7A  | )    |
| to be the first that  | Y    |
| Vehicle Number S019053P  |      |
| Insured Name Sengupta Avish Kumar  |      |
| NRIC/FIN 5 73 65 769 Contact Number 9232 5298  |      |
| Make Hymodai Model Avante 6526 9953 +  | Hon  |
| Are you claiming under your own insurance policy for repair to your vehicle?   | -    |
| ( ) Yes If No,Pls select: ( V ) Third Party ( ) Reporting  | 1    |
| Insurance Company Direct ASIG  |      |
| Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  |      |
| Policy Number MT/0055/645  |      |
| Name of Driver (\sqrt{Same as Insured}   |      |
| (V )Same as insured  | -    |
| NRIC / FIN Contact Number  |      |
| - Commercial Commercia |      |
| Date of Birth 02/10/1972   |      |
| Driving Pass Date 23/06/20/0   |      |
| Occupation ( ) Indoor ( ) Outdoor  |      |
| Gender () Male () Female avich sengupla Qyah   | 00 . |
| Email Address x avish sengupta, a @ ishing ( )NO EMAIL   |      |
| Address of Driver BIK 32 Sturder Road Ship is m  |      |
| # 28-10 8 (207853  |      |
| Was driver an employee of the Insured's Company? ( ) Yes ( ) No  |      |
| If No Relationship of the Driver with the Insured  |      |
| ( V) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling   |      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  |      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle  | -    |
| Weather Conditions ( ) Clear ( ) Raining ( ) Others  | 1    |
| Road Surface ( ) Dry ( ) Wet ( ) Others  | 1    |
| Was any foreign vehicle involved in this accident? ( ) Yes ( ) No  | 1    |
| Was anybody injured in the accident? () Yes () No  | 1    |
| If yes, injured detail   | 1    |
| Was there any video captured by Car Camera? ( ) Yes ( ) No   | 1    |
| Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report  | 1    |
| DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact   | 1    |
| Veh B GRZY8A   | -    |
| Veh C  |      |
| Veh D  | -    |
| Veh E  |      |
| Veh F  | 1    |

Driver Only

IDENTITY CARD NO. \$7265769A





SENGUPTA AVISH KUMAR

INDIAN

02-10-1972 M

INDIA

SJT 5093 P Oww & driver





SJ19053P Owner Dolniver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive 23 Jun 2010 of the driver; and other motor vehicles =< 2500 kg



Licence No: S7265769A

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/00551645

Type of Coverage / Driver Plan

Car Comprehensive (Value Plan)

1) Vehicle Registration No.

Sjt9053p

Chassis No.

KMHDU41BMAU900708

2) Name of Policy Holder

Sengupta, Avish Kumar

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

06/11/2018 D0:00

4) Date/Time of Expiry of Insurance

05/11/2019 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\$ 800.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

Tokyo Century Leasing (Singapore)

Main driver

: Sengupta, Avish Kumar

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:

26/10/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer