

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 01/12/2018 15:56	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18021649/K4	SAS e-filing		
Veh No: SFP500T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/12/2018 13:10	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: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: UNKNOWN	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

NA1807853	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments:-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
	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	01/12/2018 15:56
Date Of Accident	01/12/2018 13:10
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP500T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUANG, WEIWEI
NRIC No	S8385637H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85225883
Alternative Phone No	OTHERS-85225883

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 1.5R AWD AT
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/00453064
Cover Note Number	

### Driver

Name of Driver	LI WENTING
NRIC No	S8385638F
Date Of Birth	17/12/1983
Occupation	INDOOR
Date Of Driving Pass	02/02/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84996426
Fax Number	
Contact Number	OTHERS-84996426
EMail Address	NOEMAIL

Address	BLK 269B COMPASSVALE LINK
	#03-107
Postcode	542269
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	
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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CUI KAI
NRIC/Passport Number	G6812645U
Contact Number	87434652
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

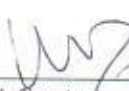
### IMPORTANT NOTICE

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

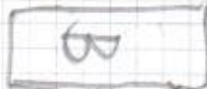
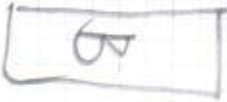
 01/12/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

PIE toward Tuas

SKETCH PLAN

Lane 4

Lane 3



Lane 2

Lane 1

A - SFP500T  
B - Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is driving alone PIE toward Tuas.

During the driving, A is near the line of between Lane 2 and Lane 3. Not sure if outside lane 3.

Vehicle B drive false alone PIE toward Tuas.

Vehicle B and vehicle A scratch.

Vehicle A front portion badly damaged.

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.:

01/12/2018

OWNER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8385637H



Name  
HUANG WEIWEI

黄 巍 伟

Race  
CHINESE

Date of birth  
17-09-1983

Sex  
M

Country of birth  
CHINA



9102110



NRIC No. S8385637H



Nationality  
CHINESE

Date of issue  
13-08-2010

PT BLK 269B COMPASSVALE LINK #03-107  
SINGAPORE 542269

NRIC No. S8385637H

Date 24/12/2010 (R)



Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8385638F



Name  
**LI WENTING**  
李文婷  
Race  
**CHINESE**  
Date of birth  
**17-12-1983**  
Country of birth  
**CHINA**

Sex  
**F**

9102111

REPUBLIC OF SINGAPORE DRIVING LICENCE

Student No: S8385638F



**LI WENTING**

Birth Date: 17 Dec 1983  
Issue Date: 25 Aug 2018

002639445G

9102111



NRIC No: S8385638F

Nationality  
**CHINESE**  
Date of issue  
**13-08-2010**

APT BLK 269B COMPASSVALE LINK #03-107  
SINGAPORE 542269  
NRIC No: S8385638F Date: 24/12/2010 No: 6701377

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 02 Feb 2012

NP 428A

Licence No: S8385638F





**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.

<b>Certificate No.</b>	:	MT/00453064
<b>Type of Coverage / Driver Plan</b>	:	Car Comprehensive (Value Plan)
<b>1) Vehicle Registration No.</b>	:	SFP500T
<b>Chassis No.</b>	:	JF1GH3KS59G035396
<b>2) Name of Policy Holder</b>	:	huang, weiwei
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	03/02/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	:	08/02/2019 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\$ 800.00 (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>	:	
<b>Main driver</b>	:	huang, weiwei
<b>Ref</b>		
<b>Named driver (1)</b>	:	li, wenting
		<b>Date of Birth</b>
		17/12/1983

**Important Note: This policy is on a named driver basis. 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: 01/02/2018

**Direct Asia Insurance (Singapore) Pte. Ltd.****Edip Okur**  
**Chief Underwriting Officer**