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Owner / Driver: (	000004.		Tel:	)	
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Confirmed by : (		Date:	Timer		
Insured/Driver Liability: (%)	Diote-Est. Status (W	O): N: 0-20	)%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
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2) QC Check / Post Repair Inspection	( ·)		1 .		
Upload Resurvey Photo [Repair Cost > 1]					
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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	27/12/2018 13:10	
Date Of Accident	26/12/2018 21:40	
Exact Location Of Accident	ALONG BARKER ROAD (OUTSIDE UNIT 27)	
Country/State of Loss	SINGAPORE	
Control of Application of the Control	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR1J	
Insured/Policyholder		
Name Of Registered Owner	JOSEPH CHAI MING LEONG @ CHAI KENG LEONG	
NRIC No	S7670439B	
Email Address	JOSEPH@CHAI.SG	
Mobile Phone No	(LOCAL) +65-98739873	
Alternative Phone No	OTHERS-98739873	
Vehicle Particulars		
Manufacturer	PORSCHE	
Model	CAYENNE-3.0 S HYBRID (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/00089143/06	
Cover Note Number		
Driver		
Name of Driver	JOSEPH CHAI MING LEONG @ CHAI KENG LEONG	
NRIC No	\$7670439B	
Date Of Birth	11/11/1976	
Occupation	INDOOR	
Date Of Driving Pass	01/12/1994	
Driving Experience	24 YEARS AND 0 MONTHS	
Gender	MALE	
Mahilla Missatzas	W. II W. E. S. D. N. L. V. V. V. P. L. R. D. N. C. V. S. V.	

(LOCAL) +65-98739873

OTHERS-98739873

JOSEPH@CHAI.SG

Address

30B BARKER ROAD

Postcode

307483

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 - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR DRY

Other Information

Road Surface

ambulance?

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

11

#### **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

SHD8833U

Vehicle Make/Model/Colour

MERCEDES BENZ E CLASS

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

LAU BOON SENG

NRIC/Passport Number

S1436386F

Contact Number

91078880

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

-4

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME: :

GENDER: :

#### 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.
- 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 disciosure 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

12/2018@1310hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persponel's Signature

Name:

NRIC/FIN No.:

A to	MA BORKHIR POAD (OUTSIDE UNIT 27)
	RAI DOOR
A) SJR1J	UNIT
B) SHD88334	BARKAIR POAD

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/2018 at about 2140hrs, while I was driving along Barker Road toward home A with release with 500882340
Barker Road toward home. A white colour vehicle (Mercoles Tari) was
Spotted stationery outside Unit 47, alianting its paramet
soften ensuring that the passengers adighting from the taxi
was on the left side of the webicle, I approach slowly to move
forward to overtake the taxi
When my vehicle (SJRIJ) was by the side of the town
I heard a loud "thus" and a white Love Alpped forward on
my left side of my rehitle.
Knowing that my which was bumpas from the side,
I shifted my behile forward to check. I realised that there was
a big thole at the left side of my vehicle ( right behind the left
head lamp). The whole side Arm front to Lock was all budly souto
Driver of vehicle SHI) 88334 applicated profuely and so
tras his passenger (Mdm Reshmi, who me the resident of Unit 27). They
told me that the passenger who opened the Lour was from
states and she does not know the singapore rate that they can
just alight from the right without checking. Dries of vehicle SHOSSSS
(Mr Lan Buon Seng @ 9107 8880) told me to claim against his insurance
Compary for all the damages caused to my car.
Company for all the damages caused to my car. That is all.
ECLARATION

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

Policyholder's Signature Date & Time:

21/12/2018 @13 20/114 -

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

Reporting Centre Personnel's Signature

### ACCIDENT STATEMENT

ACCIDENT DATE: 26, 12, 20	18)(DD/MM/YYY), TIME:(21:40)(HH:MM)
LOCATION: Along Barker	Road (Ordside Unit 27)
1. DETAILS OF VEHICLE	2
a) VEHICLE NUMBER:	SJR I J
b)INSURANCE COMPANY:	DIRECTASIA
C)POLICY NUMBER: MT	
dIPOLICY TYPE: ICOMPRES	ENERGY CHINES STATES
BIMAKE & MODEL: TOKS	ENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
TITYPE:(SALOON / COUPE /	MPV /VAN / LORRY / MOTORCYCLE / OTHERS) SUV
.9/ VEHICLE CATEGORY; (PRI	VATE / COMMERCIAL / MOTOPCYCLES
ITTORPOSE OF USING AT AC	CCIDENT TIME: PRIVATE
IJARE YOU CLAIMING UNDE	R YOUR OWN INSURANCE IVERING
IF INO, PLEASE STATE (THIRD	PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME JOSEPH CHI	MING LEONE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT:S	7670439 & CONTACT. 9878 9873
CIADDRESS: 308 BAR	KER ROAD SINGAPORT 307483
* CO. IT	
*CONTINUE TO 3.d IF DRIVER	RALSO POLICY HOLDER
The of passonge, DRIVER	
(Including driver) alNAME:	(MALE / FEMALE)
(01) b)NRIC/FIN/PASSPORT:	CONTACT;
c)ADDRESS:	- 35 p
*dIDATE OF BIRTH!	4 4 4 4
*d)DATE OF BIRTH: (_//_	1 1976 (DD/MM/YYYY)
e)OCCUPATION: (INDOOR /	OUIDOOR)
1) DATE OF DRIVING PASS	01/12/1994
IF NO RELATIONSHIP OF T	OF THE INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLI	HE DRIVER WITH INSURED: OWN THE
b)ROAD SURFACE (DRY / WE	T / OTHERS
6. WAS ANYBODY INJURED (YES	(NO)
7. a) REPORTED TO POLICE (YES	(NO)
IF YES, PLEASE STATE WHICH	BOLICE STATION
	POLICE STATION:
No of passenger at VEHICLE NUMBER SHIP	18833 11
Including driver) b) DRIVER'S NAME: ZAU	ROON CENG MODEL: MERCEDES E CLASS
(04) C) NRIC/FIN/PASSPORT: S	436386 - F CONTLOY 0/07 6660
9. THIRD PARTY VEHICLE	1436586 - F CONTACT: 9/07 8880
No of passanger of VEHICLE NUMBER:	MODEL -
DRIVER'S NAME:	MODEL:
Including driver ) f) DRIVER'S NAME:	COLUMN
( )	CONTACT:
Eller I	

email = joseph@chaisog

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7670439B





JOSEPH CHAI MING LEONG @CHAI KENG LOENG

蔡明龙

CHINESE

11-11-1976

MALAYSIA



11111111

=== S7670439B

23-11-2006

30B BARKER ROAD SINGAPORE 307483 NINC No.: \$7670439E

Date: 25/05/2011 (R) No: 0.8-4-2-1.8-5







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/00089143/06

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

SIRII

Chassis No.

WP1ZZZ92ZCLA90707

2) Name of Policy Holder

Chai, Ming Leong Joseph

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

07/07/2018 00:00

4) Date/Time of Expiry of Insurance

: 06/07/2019 23:59

5) Persons or Classes of Persons Entitled to Drive

(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

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\$ 600.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

My Workshop/ My Authorised Distributor Workshop

Finance company / Hire Purchase

Chai, Ming Leong Joseph

Named driver

Main driver

None

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.

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:

17/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer

### > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date: First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 27 Dec 2018

Singapore NRIC

0439B

SJR1J

No

27 Dec 2018

PORSCHE

CAYENNES HYBRID 3.0 A

Brown

2011

CGE101353

WP1ZZZ92ZCLA90707

245.0 kW (328 bhp)

\$96,277.00

07 Jul 2012

07 Jul 2012

0

\$57,767.00

Yes

06 Jul 2022

\$37,548.00

06 Jul 2022

E - Open Category

10

\$86,999.00

\$29,002.00

\$66,550.00

OK