

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 13/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI/18000810/13	SAS e-filing		
Veh No: SLQ1841B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/01/18 1800	i-Motor Claim Form		
<input checked="" type="radio"/> 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: (PRECISE)	Tel:	Fax:
TP Particulars:	Veh No: SHB7807M	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 ability.
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 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	13/01/2018 11:35
Date Of Accident	12/01/2018 18:00
Exact Location Of Accident	CARPARK AREA OF 115B COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1841B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH KHEK THAI
NRIC No	S8023484H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81578187
Alternative Phone No	OTHERS-81578187

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60
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?	YES
If No, Please state action to be taken	
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/00403559
Cover Note Number	

### Driver

Name of Driver	GOH KHEK THAI
NRIC No	S8023484H
Date Of Birth	12/08/1980
Occupation	INDOOR
Date Of Driving Pass	06/08/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81578187
Fax Number	
Contact Number	OTHERS-81578187
EMail Address	NOEMAIL

Address	BLK 209B PUNGGOL PLACE #03-1288
Postcode	822209
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	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	SHB7807M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KAM SENG HUAT
NRIC/Passport Number	S1380290D
Contact Number	91377418
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.
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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: 13/1/18  
1030hrs

Driver's Signature

(If driver is not the policyholder)

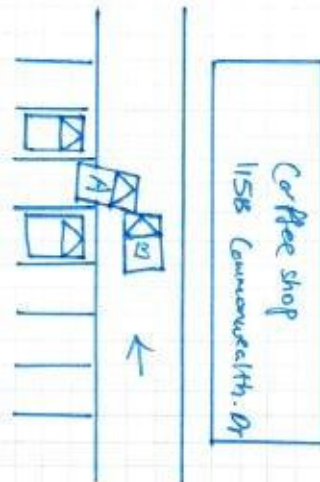
Date & Time: 13/1/18  
1030hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



(A) SLO 1841B

(B) SHB 7807M.

Car Parks Area w/  
115B Commonwealth Dr.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-01-18 @ about 1800hrs, I was pick up my car @ car park areas w/ 115B Commonwealth Drive. After i check the on coming traffic clear, when i moving out from my car park lot, suddenly a taxi (SHB 7807M) came from right side and collided onto front right portion of my car. Hence, I hereto lodge this report for my accident claim purpose.

## DECLARATION

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

Policyholder's Signature

Date & Time: 13/1/18

Q147MC Skat (Plan) 1030hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/1/18

1030hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

lyn 13/01/18



VEHICLE NO : SLQ 1841B

MAKE &amp; MODEL : Volvo S60

Date of Accident	12 / 01 / 18		
Time of Accident	1800 AM / <u>PM</u>		
Location of Accident	Car Park Area of 115B Commonwealth Drive		
Exact Purpose Usage	<u>Personal</u> / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	Goh Khek Thai		
Contact No.	88023484H.		
Nric No	8157 8187		
Type Of Claim	Third Party / <u>Own Damage</u> / Reporting only		
Insurance Co.	Direct Asia Insurance		
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
Policy No	MT/00403559		
NAME OF DRIVER :	<u>As above</u> / If No :		
Nric No	As Above	Any Passenger: —	
Date Of Birth	12 / 08 / 1980		
Occupation	Outdoor / <u>Indoor</u>		
Date Of Driving Pass	06 / 08 / 2001		
Gender	<u>Male</u> / Female		
Contact no	81578187	Office :	Home : —
Address	Blk 209B Punggol Place #03-288 S(22209)		
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no) :		
Relationship	Employee / <u>If No</u> : Owner		
Weather Condition	Clear / <u>Raining</u> / Other :		
Road Surface	Dry / <u>Wet</u> / Other :		
Any Injuries	NO / If Yes Who?		
Name			Contact :
Name			Contact :
Police Report	No / If Yes : Where?		
Vehicle B No :	SHB 7807M.	Any Passenger: <u>(2)</u>	
Name Of Driver	Kam Seng Huat (S1380290D)		
Contact No :	9137 7418		
Vehicle C No :			Any Passenger:
Vehicle D No :			Any Passenger:
Vehicle E No :			Any Passenger:
Vehicle F No :			Any Passenger:
Any Witness			
Witness Contact No			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?			
			YES / <u>NO</u>
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email :	ketai80@yahoo.com.sg	Tel : 6745 7367	Fax : 6841 3390

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8023484H**

Name: **GOH KHEK THAI (WU KETAI)**

Birth Date: **12 Aug 1980**

Issue Date: **11 May 2005**

001340794G




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8023484H**



Name: **GOH KHEK THAI (WU KETAI)**  
**吴克泰**

Race: **CHINESE**

Date of birth: **12-08-1980** Sex: **M**

Country of birth: **SINGAPORE**

**S8023484H**




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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 cc	04 Nov 1999
Class 2A	Motorcycles between 201 cc and 400 cc	20 Mar 2001
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	06 Aug 2001

NP 428A

Licence No: **S8023484H**



**4659573**



NRIC No. **S8023484H**



Date of issue: **17-12-2010**

**APT BLK 209B PUNGGOL PLACE #03-1288**  
**SINGAPORE 822209**

**S8023484H** **22/11/2013 (R)**



## 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/00403559
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SLQ1841B
<b>Chassis No.</b>	: YV1FS48HBD2193005
<b>2) Name of Policy Holder</b>	: GOH KHEK THAI
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 24/07/2017 15:34
<b>4) Date/Time of Expiry of Insurance</b>	: 23/07/2018 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\$ 600.00 (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>	: TOKYO CENTURY LEASING SINGAPORE PTE LTD
<b>Main driver</b>	: GOH KHEK THAI
<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: 24/07/2017

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



**Edip Okur**  
**Chief Underwriting Officer**