

# NATIONAL Assessment Centre Services (ver 1.12/00)

MAH/18039644

Date In: 23/03/2018 15:45	Job description	Date & Time Completed	Done by
Ref No: MAH/DAI/180054614	SAS e-illing		
Veh No: SLF 8092 Z	E-mail (with sheet, A/C sheet)		
O.O.A: 23/03/2018 14:05	I-Motor Claim Form		
CO / TP / Reporting Only	I-Motor W/O (with sheet, TP sheet)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VWsp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Yeh No: SLF 96415	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: B/L 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:
( ) Work-In-Garage: If Customers Information strictly Confidential & strictly NO refer of reporter.
( ) Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC/DAI No: 6788100157	DATE/TIME Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload ReSurvey Photo (Repair Cost > \$3000) ( )			

Injury:
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Date/Time	Action

Invoice Preparation Checklist		Amount	Remarks
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee		\$40/113	
4) PT: Follow-Through Survey		\$120	
5) FT: Follow-Through Survey (Re-survey)		\$120	
For all items except INC Duly Wksp 10 Jan 2018			
6) TR: Re-inspection		\$120	
7) NI: NIW DA + SMRT Survey		\$180	
8) NTUC Additional Survey (cost)			
Total			
NI: Courtesy Car / Tpl Allowance		\$12	
NI: Repair Coordination		\$10	
NI: Post Repair Inspection		\$12	
NI: DY / Collision Course Coordination		\$12	
TE (NI) / TP (Non-INC) Special INC		\$10	
7) NTUCs Mobile		\$10	
Invoice Total	Net Charge		
Invoice Total	Net Charge		

## 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 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	23/03/2018 15:45
Date Of Accident	23/03/2018 14:05
Exact Location Of Accident	COLLEGE AVENUE WEST SLIP ROAD TO DOVER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8092Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KEK CHEOW
NRIC No	S1516545F
Email Address	ALPHAAUTOSUPPLY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97865610
Alternative Phone No	OTHERS-97865610

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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/00385890
Cover Note Number	

### Driver

Name of Driver	LEE KEK CHEOW
NRIC No	S1516545F
Date Of Birth	01/01/1962
Occupation	INDOOR
Date Of Driving Pass	15/05/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97865610
Fax Number	
Contact Number	OTHERS-97865610
Email Address	ALPHAAUTOSUPPLY@YAHOO.COM.SG



Address	BLK 742 PASIR RIS STREET 71 #07-33
Postcode	510742
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	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	SLF9641S
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEYARATNAM S/O PANCHARATNAM
NRIC/Passport Number	S2150362B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.:

DODDER ROAD

A) SLC 8092Z

B) SLC 9641S

A

B

- COURAGE AVE W/ST

ON 23/03/2018 AT ABOUT 14:05 HRS I WAS AT COLEMAN  
WAST AVENUE & WANTED TO EXIT TO DOVER RD. SO  
I STOP MY CAR SLG 80922 AT THE STOP LINE.  
SUDDENLY I FELT A BUMP FROM MY REAR I CAME OUT  
AND SAW A CAR SLF 96815 BANG INTO MY CAR

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

Reporting Centre Personnel's Signature  
Name: Pasha M  
NRIC/FIN No: 9201 1234 5678 9010



# ACCIDENT STATEMENT

ACCIDENT DATE: 23/08/2018 (DD/MM/YYYY), TIME: 14.05 (HH:MM)

LOCATION: COLENGE AVE WASH SLIP ROAD 2 - DOVAR ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 80922  
 b) INSURANCE COMPANY: DURACI ASIA  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA HARRIER  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: MR KAK OTHAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1516545 F CONTACT: 97865610  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)

(1)

- DRIVER AS ABOVE (MALE / FEMALE)  
 a) NAME: \_\_\_\_\_  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 01/01/1962 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 15/05/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)

( )

- a) VEHICLE NUMBER: SLF 96415 MODEL: AUDI  
 b) DRIVER'S NAME: JEYARATHNAM S/O RANJANATHAN  
 c) NRIC/FIN/PASSPORT: S2150362 B CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)

( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

email: hshw85@yahoo.com

fax: \_\_\_\_\_

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1516545F



Name

LEE KEK CHEOW

李克韶

Race

CHINESE

Date of birth

01-01-1962

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1516545F

Name  
LEE KEK CHEOW

Birth Date 01 Jan 1962  
Issue Date 21 Jun 2004

001242702J

5757640



NRIC No. S1516545F



Date of issue

19-06-2017

Address

APT BLK 742 PASIR RIS STREET 71  
#07-33  
SINGAPORE 510742

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B Motorcycles not exceeding 200 cc  
Class 2A Motorcycles between 201 cc and 400 cc  
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

09 Jul 1982  
09 Jul 1982  
15 May 1985



Licence No: S1516545F

NP 428

## 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/00365890
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plan)
<b>1) Vehicle Registration No.</b>	: SLC8092Z
<b>Chassis No.</b>	: ZSU600075845
<b>2) Name of Policy Holder</b>	: LEE, KEK CHEOW
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 26/05/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 25/05/2018 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>	: OCBC BANK LTD
<b>Main driver</b>	: LEE, KEK CHEOW
<b>Named driver</b>	: None
<b>Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.</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: 04/05/2017

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



**Edip Okur**  
Chief Underwriting Officer