

NATIONAL Assessment Centre Services

Date In: 02/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI8011979/13	SAS e-filing		
Veh No: SKX1267J	E-mail (within 8hrs, AIC 2hrs)		
DOA: 30/06/18 1550	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: SKT3048H	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) RT : 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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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 willful 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	02/07/2018 14:28
Date Of Accident	30/06/2018 15:50
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX1267J
Insured/Policyholder	
Name Of Registered Owner	LIO AH KOOI
NRIC No	S1468386J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568048
Alternative Phone No	OTHERS-94568048
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	-
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/00339981/01
Cover Note Number	
Driver	
Name of Driver	LIO AH KOOI
NRIC No	S1468386J
Date Of Birth	13/04/1950
Occupation	INDOOR
Date Of Driving Pass	23/12/1972
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94568048
Fax Number	
Contact Number	OTHERS-94568048
Email Address	NOEMAIL

Address	1 JALAN MANIS
Postcode	329236
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : MR MANI GENDER: : MALE
Passenger 2	NAME: : MRS MANI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180630/7009.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT3048H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV3966Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHF696R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJW9617Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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.
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.:

SKETCH PLAN

PIE TUBS CHANGI
BY LORNIC EXIT

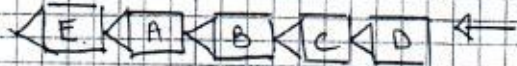
Vehicle A: SKX 1267J

Vehicle B: SKT 3048H

Vehicle C: SKV 3966Y

Vehicle D: SHF 696R

Vehicle E: SJW 9617Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20180630/1009

DECLARATION

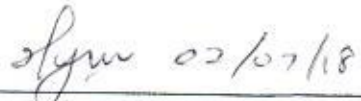
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

 02/07/18

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



SINGAPORE POLICE FORCE



T/20180630/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180630/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 19:16		Vide Report No.: E/20180630/0144		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIO AH KOOI			Address: 1 JALAN MANIS SINGAPORE 329236		
ID Type / ID No.: NRIC NO / S1468386J			Contact No.: Home/Office: Mobile: 94568048		
Nationality: SINGAPORE CITIZEN			Email: sumanalia@gmail.com		
Sex: Male	Age: 68	Date of Birth: 13/04/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2018 15:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE towards Changi before Lornie exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHF696R	Car	RENAULT		Red		0
SJW9617Y	Car	VOLKSWAGO N		Silver		0
SKT3048H	Car	MAZDA		Brown		0
SKV3966Y	Car	HYUNDAI		Grey		0



**SINGAPORE
POLICE FORCE**



T/20180630/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180630/7009

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKX1267J	Car	PEUGEOT	5008 (A) 1.6 E-HDI ETG ACTIVE MPV	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKX1267J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00339981/01	27/11/2016	26/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIO AH KOOI	ID No.	S1468386J
Related Vehicle	SKX1267J (Car)	Contact No.	94568048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/06/2018	Date Discharge	30/06/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/6/2018 at 3.50pm, I was driving on PIE towards Changi Before Lornie Exit. The Traffic in front of me was slow and when the front vehicle stopped & I followed suit. Suddenly, I felt the great impact from the back of my car and followed by a few more impacts from the rear portion. The great impacts pushed my vehicle forward & hit onto the rear portion of the front vehicle (SJM9617Y). After which I stopped & alighted from my car & I realized I was involved in a 5 cars chain collision. I was the 2nd vehicle in this chain collision.



**SINGAPORE
POLICE FORCE**



T/20180630/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180630/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/06/2018 19:16

Classification Of Case:

Date of Accident : 30/6/2018 Accident Time: 3.50pm (24-HR-Format)
 Accident Place : PIE Towards Changi before Lornie Exit.
 Vehicle No. (Car Plate No.) : SKX 1267J Make/Model: Peugeot
 Insurance Company : Direct Asia Policy No: MT/00339981
 Owner or Company Name /IC No. : Lio Ah Kooi
 Owner or Company Contact No. : _____ Owner's Hp 94568048 Company Tel _____
 DRIVER'S Name / IC No. : Lio Ah Kooi
 DRIVER'S Date Of Birth : 13/4/1950 DRIVER'S License Pass Date 23 Dec 1972
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 1 Jalan Manis (S) 329236
 DRIVER'S Contact No./ Alt No. : 1) 94568048 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : sumanelio@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 3 Mr Mani (male) & Mrs Mani (Female)
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): yes NO

Other Party Driver's Particular (if any)

Vehicle No: B <u>SKT 3048 H (A1G)</u>	Vehicle No: C) <u>SKV 3966 Y.</u>
Vehicle Make/Model: <u>Mazda</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Vehicle D: SHF 696 R

Vehicle E: 5JM 9617 Y.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1468386J



Name
LIO AH KOOL
柳雅贵

Race
CHINESE

Date of birth
13-04-1950

Country/Place of birth
MALAYSIA

Sex
M

S1468386J

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1468386J

Name
LIO AH KOOL

Birth Date 13 Apr 1950

Issue Date 05 Dec 2003




901037264E

5636779



NRIC No. S1468386J



Date of issue
18-08-2016

Address
1 JALAN MANIS
SINGAPORE 329236

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


Class	Description	EXPIRY DATE
Class 2B	Motorcycles <= 200 CC	07 Dec 1974
Class 2A	Motorcycles between 201 CC and 400 CC	07 Dec 1974
Class 2	Motorcycles > 400 CC	07 Dec 1974
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Dec 1971

S1468386J

S/No. 9000173162

NP 428A

License No: S1468386J



23/12/1972

**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/00339981/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SKX1267J
Chassis No.	: VF30E9HD8FS194880
2) Name of Policy Holder	: LIO AH KOOI
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/11/2017 00:00
4) Date/Time of Expiry of Insurance	: 26/11/2018 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 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\$ 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	: UOB Bank
Main driver	: LIO AH KOOI
Named 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: 27/10/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road Singapore 058716
www.DirectAsia.com