

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA/DA/18090925

Date In 14/07/2008 16:05	Job description	Date & Time Completed	Done by
Ref No NA/DA/180/2815/Y	SAS e-filing		
Veh No SLF 4882S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 13/07/2008 13:45	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: EW 1869Z	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	Am't (\$) 1st Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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		
	Invoice dated	Fee Charged	
	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 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	14/07/2018 16:05
Date Of Accident	13/07/2018 13:45
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE KALLANG EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4482S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUKAS RICKY
NRIC No	S7778668F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94303277
Alternative Phone No	OTHERS-81017262

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
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/00399608
Cover Note Number	

### Driver

Name of Driver	SELVY LUKITO
NRIC No	S7886701I
Date Of Birth	02/06/1978
Occupation	INDOOR
Date Of Driving Pass	08/12/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81017262
Fax Number	
Contact Number	OTHERS-94303277
Email Address	NOEMAIL

Address	50 CHOA CHU KANG NORTH 6 #04-02
Postcode	689574
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	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	4
Was any body injured in the Accident?	YES
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: : NATHANAEL JOSHUA LUCAS 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EW1869Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH YONG XIN
NRIC/Passport Number	S8340354C
Contact Number	94353294
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLD270Z  
Vehicle Make/Model/Colour MINI COOPER  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YAP LIU CHENG CHI  
NRIC/Passport Number S2628446E  
Contact Number 96884707  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHC5148P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver CHUA LYE HUAT ALLEN  
NRIC/Passport Number S1349157G  
Contact Number 98164707  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name SELVI LUKITO  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLF4482S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name NATHANAEL JOSHUA LUCAS  
Approximate Age  
Injuries Sustain SLIGHTLY  
Injured person in which vehicle? SLF4482S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode




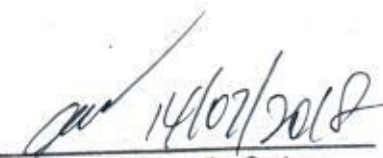
## SKETCH PLAN

### 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 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.
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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Toward Tuas (Before Kallang Exit)

(A) SLF 4482 S

(D) SHC 5148 P

(B) EW 1869 Z

(C) SLD 270 Z







### Describe Circumstances of the Accident

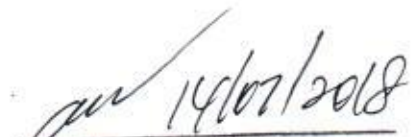
On 13/7/2018 at about 13:45 hrs I was travelling along PIE toward Tuas (before Kallang exit) on the 1st lane from my right, the traffic volume was slow. Infront of me vehicle stop, so I follow suit. Suddenly I felt an strong impact from my rear portion vehicle B from behind hit onto my vehicle A rear portion. After the accident I came out from my vehicle and there is also another two vehicle involved in the accident. There is all four vehicle in the accident. After the accident, my baby (son) and I was not feeling well. So we went to Raffles Medical for medical check. My vehicle have a video footage in my vehicle A.

### Declaration

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

  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 7 / 2018 (DD/MM/YYYY), TIME: 13 : 45 (HH:MM)  
 LOCATION: PIE Toward Tuas (Before Kallang Exit)

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLF 4482 S  
 b) INSURANCE COMPANY: Direct Asia  
 c) POLICY NUMBER: MT/00399608  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Shuttle 1.5  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

## 2. INSURED / POLICY HOLDER

a) NAME: Lukas Ricky (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7778668-F CONTACT: 94303277  
 c) ADDRESS: 50 Choa

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

## 3. DRIVER

a) NAME: Selvy Lukito (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7886701-I CONTACT: 81017262  
 c) ADDRESS: 50 Choa Chu Kang North 6  
#04-02, S'689574

\*d) DATE OF BIRTH: 2 / 6 / 1978 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 8/12/2012

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife

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

b) ROAD SURFACE: DRY / WET / OTHERS

## 6. WAS ANYBODY INJURED (YES / NO) selvy lukito, Nathanael Joshua Lucas

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

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

## 8. THIRD PARTY VEHICLE B

a) VEHICLE NUMBER: EW 1869 Z MODEL: M/B  
 b) DRIVER'S NAME: Koh Yung Xin  
 c) NRIC/FIN/PASSPORT: S8340354-C CONTACT: 94353294

## 9. THIRD PARTY VEHICLE C

d) VEHICLE NUMBER: SLD 270 Z MODEL: Mini  
 e) DRIVER'S NAME: Yap Liu Cheng chi  
 f) NRIC/FIN/PASSPORT: S2628446-E CONTACT: 96884707

## Vehicle D

Vehicle No: SHC 5148 P Taxi  
 Name: Chua Lye Huat Allen H/P: 98168365  
 IC No: S1349157-G

TK Motor Workshop

Fax: 68442641

A  
 Passenger Mother  
 Include Son  
 Driver 2

B  
 Passenger  
 Include (M)  
 Driver 1

C  
 1 (F)  
 ?

D  
 1 (M)  
 ?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S78867011**



Name  
**SELVY LUKITO**

Race  
**CHINESE**

Date of birth  
**02-06-1978**

Country/Place of birth  
**INDONESIA**

Sex  
**F**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S78867011**

Name  
**SELVY LUKITO**

Birth Date: **02 Jun 1978**

Issue Date: **08 Dec 2012**



9393748



NRIC No. **S78867011**



Nationality  
**INDONESIAN**

Date of issue  
**01-02-2016**

Address  
**50 CHOA CHU KANG NORTH 6  
#04-02  
SINGAPORE 689574**

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

EFFECTIVE DATE  
**08 Dec 2012**

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg



Licence No: **S78867011**

NP 426A

Driver: 81017262



## 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)**

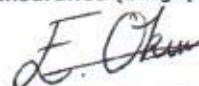
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00399608
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SLF4482S
<b>Chassis No.</b>	: GK81005365
<b>2) Name of Policy Holder</b>	: Lukas, Ricky
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 26/08/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 25/08/2018 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\$ 500.00 (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>	: TOKYO CENTURY LEASING
<b>Main driver</b>	: Lukas, Ricky
<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: 10/07/2017

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



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