

NATIONAL Assessment Centre Services

Date In 27/08/18	Job description	Date & Time Completed	Done by
Ref No NA/DA/18015486/13	SAS e-filing		
Veh No SGH6312K	E-mail (within 8hrs, ABC 2hrs)		
D.O.A 25/08/18 1730	i-Motor Claim Form		
OD (1P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**SK**) Tel: Fax:)

TP Particulars:	Veh No: SGX28822	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		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idao 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 (N'n INC) against INC \$20		
	9) N12: Idao 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	27/08/2018 10:49
Date Of Accident	25/08/2018 17:30
Exact Location Of Accident	BRADDELL RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6312K
Insured/Policyholder	
Name Of Registered Owner	KOH,KAI SERN
NRIC No	S7613789G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93827852
Alternative Phone No	OTHERS-93827852

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00485653
Cover Note Number	

Driver

Name of Driver	KOH,KAI SERN
NRIC No	S7613789G
Date Of Birth	03/05/1976
Occupation	INDOOR
Date Of Driving Pass	01/02/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93827852
Fax Number	
Contact Number	OTHERS-93827852
Email Address	NOEMAIL

Address	BLK 311A CLEMENTI AVE 4 #40-151
Postcode	121311
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	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?	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)	1

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/20180827/7001

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	SGX2882Z
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 INJURED PERSON 1

Name KOH,KAI SERN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGH6312K

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 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

BRADDELL UNDER PASS

① SGH 6312K

② SGX 2882Z



BRADDELL TWDI PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REF TO POLICE REPORT T/20180827/7001


THE SGX 2882Z FAIL TO STOP AND EXCHANGE PARTICULAR

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:

 27/08/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180827/7001

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

1 of 3

Report No. T/20180827/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 09:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KAI SERN			Address: APT BLK 311A CLEMENTI AVENUE 4 #40-151 SINGAPORE 121311		
ID Type / ID No.: NRIC NO / S7613789G			Contact No.: Home/Office: Mobile: 93827852		
Nationality: SINGAPORE CITIZEN			Email: kohtyson@gmail.com		
Sex: Male	Age: 42	Date of Birth: 01/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other administrative clerks (eg public relations clerk)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/08/2018 17:30	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH6312K	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Gold	Seriously Damaged	1
SGX2882Z	Car			White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180827/7001

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

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Report No. T/20180827/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGH6312K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00485653	16/06/2018	15/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KAI SERN	ID No.	S7613789G
Related Vehicle	SGH6312K (Car)	Contact No.	93827852
Hospital/Clinic	CHONG MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2018	Date Discharge	26/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 25.08.2018 at 1730hrs, I was driving along braddell road near braddell underpass towards PIE when SGX2882Z cut into my lane and collided into me. I had to jam brake, I hit myself against my dash board. I consulted a doctor.



**SINGAPORE
POLICE FORCE**



T/20180827/7001

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

3 of 3

Report No. T/20180827/7001

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 / TPIB /
TAN JEOK LENG
Contact No.: 65476144

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:
27/08/2018 09:12

Classification Of Case:

The Chong Family Clinic Pte Ltd

Blk 442 Clementi Avenue 3
#01-113 Singapore 120442
Tel: 6266-1998 | www.chongfamilyclinic.com
Co Reg No: 201632444E

**+the CHONG
FAMILY CLINIC**


张氏家庭诊所 PTE LTD

Patient: Koh Kai Sern
NRIC: S7613789G
ID: 04399

Date : 26 August 2018
MC: #2979

Medical Certificate

This is to certify that the patient is unfit for work from 27 August 2018 to 29 August 2018 for 3 day(s).



Dr Chong Wai Mun
MBBS, GDFM (NUS)
Practising Cert (Thailand)
Family Physician

Note: This medical certificate is not valid for absence from court.

ORIGINAL

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 AUG 2018		TIME: 1730 HRS	(hh:mm) 24 hrs Format
LOCATION BRADDELL ROAD TOWARDS PIE			
VEHICLE NUMBER SGH 6212K			
INSURED NAME KOH KAI SERN			
NRIC / FIN S76137896		CONTACT: 93827852	
MAKE TOYOTA		MODEL ALTIS	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY DIRECT ASIA			
TYPE OF POLICY () COMPREHENSIVE (/) THIRD PARTY () TPFT			
POLICY NUMBER : MT/00485653			
NAME DRIVER :		(/) SAME AS INSURED	
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 03 MAY 1976			
DRIVING PASS DATE : 01 FEB 1999			
OCCUPATION : (/) INDOOR () OUTDOOR			
GENDER : (/) MALE () FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: BLK 34A CLEMENTI AV2 4 #40-151 S(121311)			
Number Of Passenger Include Driver: 01			
Was driver an employee of the Insured's Company? (/) YES () NO			
If No, Relationship Of The Driver With The Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (/) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? (/) YES () NO			
If YES, Injured details : KOH KAI SERN (S76137896)			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report			
Police Report Number (if any) T/20180827/701			
Details Of 3rd Party		Name / NRIC	Contact
Veh B SGX 28827			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7613789G

Name: KOH KAI SERN

Birth Date: 03 May 1976

Issue Date: 28 Jan 2003

000155501B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7613789G



Name: KOH KAI SERN

许凯胜

Race: CHINESE

Date of birth: 03-05-1976

Country of birth: SINGAPORE

Sex: M

S7613789G

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 01 Feb 1999

Licence No: S7613789G

NP 428A

3810536



NRIC No: S7613789G



Date of issue: 26-07-2006

Address: APT BLK 311A CLEMENTI AVENUE 4 #40-151 SINGAPORE 121311

NRIC No: S7613788G

Date: 04/04/2015

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)

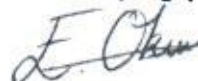
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00485653
Type of Coverage / Driver Plan	: Car Third-Party Fire and Theft (Value Plan)
1) Vehicle Registration No.	: SGH6312K
Chassis No.	: MR053ZEC107121697
2) Name of Policy Holder	: Koh, Kai Sern
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 16/06/2018 00:00
4) Date/Time of Expiry of Insurance	: 15/06/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(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.	
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\$ 800.00 (before any applicable GST)
Windscreen Excess	: Not Applicable (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: Koh, Kai Sern
Named driver	: None
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.	

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: 28/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer