

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 06/10/08	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18018127/13	SAS e-filing		
Veh No: SLQ1841B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/10/08 0220	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: FBA6864E	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% P: 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

NA1806356

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$) In 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			
	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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Lat. 1:

Lat. 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 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. 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 06/10/2018 15:11
 Date Of Accident 06/10/2018 02:20
 Exact Location Of Accident KPE(TPE)-6.8KM
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ1841B
Insured/Policyholder
 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/00403559/01
 Cover Note Number

Driver

Name of Driver GOH KHEK THAI
 NRIC No S8023484H
 Date Of Birth 12/08/1980
 Occupation OUTDOOR
 Date Of Driving Pass 06/08/2001
 Driving Experience 17 YEARS AND 2 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	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	
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	FBA6864E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HO JIA JUN, JIM
NRIC/Passport Number	S9314017F
Contact Number	91912932
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:

6/10/18
1011h40

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



(A) SLQ 1841B.

(B) FBA 6864E

Along KPE (TPE) -
6.8km

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-10-2018 @ about 02:20hrs, I was driving my car (SLQ 1841B) along KPE (TPE) - 6.8km in extreme right lane. I was on the way back to my home after work. Suddenly I felt an impact from my front portion & I realized that I was accidentally hit on to a motor-bike while I feel dazed off. I hereto lodge this report for my insurance claim purpose.

DECLARATION

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

Policyholder's Signature
Date & Time: 6/10/18
1011hrs



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

Reporting Centre Personnel's Signature
Name: 06/10/18
NRIC/FIN No.:

VEHICLE NO : SLQ 1841B

MAKE & MODEL : Volvo S60

Date of Accident	06 / 10 / 2018		
Time of Accident	02:20 AM / PM		
Location of Accident	KPE (TPE) - 6.8km.		
Exact Purpose Usage	<input checked="" type="checkbox"/> Personal / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	Goh Kheh Thai		
Contact No.	8157 8187		
Nric No	S8023484 H		
Type Of Claim	Third Party / <input checked="" type="checkbox"/> Own Damage / Reporting only		
Insurance Co.	Direct Asia Insurance		
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft		
Policy No	MT/00403559/01		
NAME OF DRIVER :	As above / If No :		
Nric No	As Above		Any Passenger: <input checked="" type="checkbox"/>
Date Of Birth	12 / 08 / 1980		
Occupation	Outdoor / Indoor (Both)		
Date Of Driving Pass	06 / 08 / 2001		
Gender	<input checked="" type="checkbox"/> Male / Female		
Contact no	8157 8187 Office : <input type="checkbox"/>		Home : <input type="checkbox"/>
Address	BLK 209B Punggol Place #03-1288 S(82209)		
Driver Have Any Own Vehicle	<input checked="" type="checkbox"/> NO / If Yes (Reg no) :		
Relationship	Employee / If No : <input checked="" type="checkbox"/> Owner		
Weather Condition	<input checked="" type="checkbox"/> Clear / Raining / Other :		
Road Surface	<input checked="" type="checkbox"/> Dry / Wet / Other :		
Any Injuries	<input checked="" type="checkbox"/> NO / If Yes Who?		
Name			Contact :
Name			Contact :
Police Report	<input checked="" type="checkbox"/> No / If Yes : Where?		
Vehicle B No :	FBA 6864E		Any Passenger: +1
Name Of Driver	Ho Jia Jun, Jim. (S93407F). Gender: Female		
Contact No :	91912932		
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 / <input checked="" type="checkbox"/> NO
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
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

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



4659573

NRIC No. S8023484H



Date of issue

17-12-2010

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

S8023484H

22/11/2013 (R)

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

Class 2B Motorcycles <= 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor cars <= 3000 kg with <= 7 passengers,
exclusive of the driver; and motor tractors
/vehicles <= 2500 kg

PASS DATE

04 Nov 1999
20 Mar 2001
06 Aug 2001

NP 428A



Licence No: S8023484H

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/00403559/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLQ1841B
Chassis No.	: YV1FS48HBD2193005
2) Name of Policy Holder	: GOH KHEK THAI
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 21/07/2018 00:00
4) Date/Time of Expiry of Insurance	: 26/11/2019 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	: TOKYO CENTURY LEASING SINGAPORE PTE LTD
Main driver	: GOH KHEK THAI
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: 12/07/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

Enquire Transfer Fee

Vehicle No.:	SLQ1841B
Vehicle Type:	P10 - Passenger Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	VOLVO
Vehicle Model:	S60 T4 1.6 AT ABS D/AB 2WD 4DR TC
Chassis No.:	YV1FS48HBD2193005
Propellant:	Petrol
Engine No.:	B4164T1109753
Engine Capacity:	1596 cc
Maximum Power Output:	132.0 kW (177 bhp)
Maximum Laden Weight:	2030 kg
Unladen Weight:	1470 kg
Year Of Manufacture:	2012
Original Registration Date:	27 Nov 2012
Lifespan Expiry Date:	-
COE Category:	A - Car (1600cc & below)
Quota Premium:	\$77,291.00
COE Expiry Date:	26 Nov 2022
Road Tax Expiry Date:	26 Nov 2018
PARF Eligibility Expiry Date:	26 Nov 2022
Inspection Due Date:	26 Nov 2019
Intended Transfer Date:	06 Oct 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 26 Nov 2018. You may renew the road tax from 27 Aug 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 26 Nov 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 27 Nov 2018 to 26 May 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	371.00	-	371.00
Total Amount Payable:			396.00

Amount Payable (From 27 Nov 2018 to 26 Nov 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	742.00	-	742.00
Total Amount Payable:			767.00

You may print this page for reference.

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