

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA18142471

Date In: 27/11/18-19:26	Job description	Date & Time Completed	Done by
Ref No: NA/202180/9973/24	SAS e-filing		
Veh No: 57426	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/11/18-18:05	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: JM E7105E	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

NA1807141	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	Q1)*		
	*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 \$0		
	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 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	02/11/2018 19:26
Date Of Accident	01/11/2018 18:25
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT42G
Insured/Policyholder	
Name Of Registered Owner	KUAH, TONG NAM
NRIC No	S7802289B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97996502
Alternative Phone No	OFFICE-97996502
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 300
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/00482025
Cover Note Number	
Driver	
Name of Driver	KUAH TONG NAM (KE DONGNAN)
NRIC No	S7802289B
Date Of Birth	25/01/1978
Occupation	INDOOR
Date Of Driving Pass	21/05/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97996502
Fax Number	
Contact Number	OFFICE-97996502
EEmail Address	NOEMAIL

Address	29 YISHUN STREET 51 #05-17
Postcode	767989
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME7105E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS TANG
NRIC/Passport Number	
Contact Number	91769000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD8627J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOHN
NRIC/Passport Number	
Contact Number	81131510
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	KUAH TONG NAM (KE DONGNAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLT42G
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:

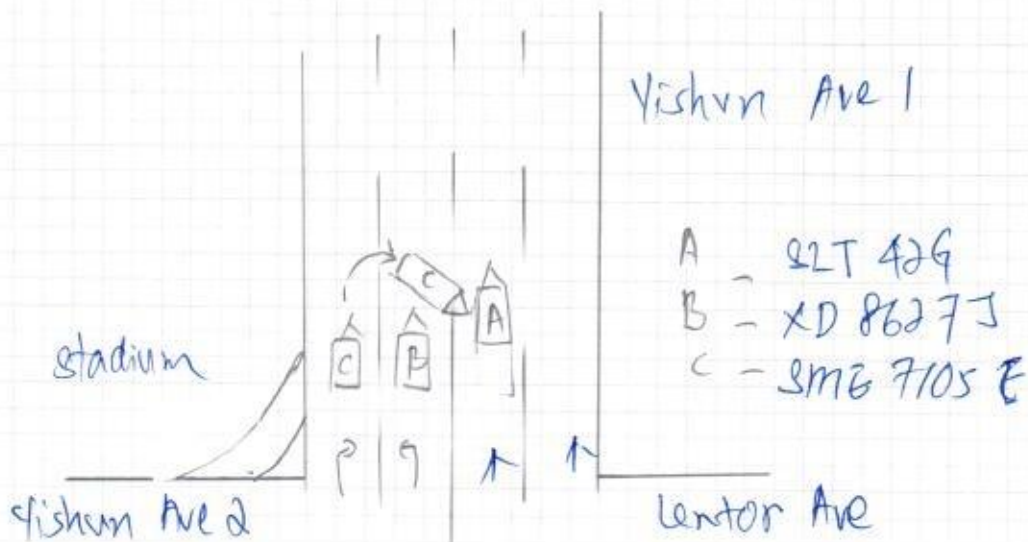


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yishun Ave on extreme 2nd left lane. (After traffic light junction).

Out of sudden, Veh C cut in front of Vehicle B and collided onto my car at the left portion.

## 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:

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



VEHICLE NO: SLT 426

MAKE &amp; MODEL: Merb E300

DATE OF ACCIDENT	1 / 11 / 2018	
TIME OF ACCIDENT	6.25	AM / <u>PM</u>
LOCATION OF ACCIDENT	Tishun Ave 1 fwa selector direction	
Exact Purpose use during accident	Private Use	
NAME OF OWNER	Kuan Tong Nam	
TELP NO.	9799 6502	
NRIC	S 780 228 9 B	
CLAIM TYPE	OD / <u>Third Party</u> / Reporting Only	
INSURANCE CO.	D/BIS	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MT/00482025	
NAME OF DRIVER	As above / If No;	
NRIC	Any Passenger; Nil	
DATE OF BIRTH	25 / 01 / 1978	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	/ /	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Office:	Home:
ADDRESS	29 Tishun St 51 #05-17 5'767989	
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Others, <u>Drizzling</u>	
ROAD SURFACE	Dry / <u>Wet</u> / Others,	
ANY INJURIES	No / <u>Yes (Who?):</u>	
CONTACT NO.	Veh A driver	
POLICE REPORT	No / Yes (Where?):	
VEHICLE (B) NO.	XD 8627J	Any Passenger Nil
NAME	John	
CONTACT NO.	8113 1510	
VEHICLE (C) NO.	SME 7105 E	Any Passenger Nil
VEHICLE (D) NO.	Ms Tang	Any Passenger
VEHICLE (E) NO.	9176 9000	Any Passenger
VEHICLE (F) NO.		Any Passenger
ANY WITNESS	-	
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd	
ADDRESS	1 Kakit Bukit Ave 6 #02-47	
	Autobay@Kaki Bukit Singapore 417883	
CONTACT NO.	(O) 6509 5521	(Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7802289B**

Name **KUAH TONG NAM (KE DONGNAN)**

Birth Date **25 Jan 1978**

Issue Date **21 May 2003**

000496411H




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7802289B**



Name **KUAH TONG NAM (KE DONGNAN)**

柯东南

Race **CHINESE**

Date of birth **25-01-1978**

Sex **M**

Country of birth **SINGAPORE**



S7802289B

**HANIP** USED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

**AUTOMOBILES TEL: (6)747 0513, (6)744 8786**

Class 3 Motor **www.hanipauto.com** 21 May 2003

which unladen does not exceed 2500 kilograms

NP 28A

Licence No: S7802289B



4268542



NRIC No: **S7802289B**



Date of issue **25-08-2008**

**28 YISHUN STREET #05-17 SINGAPORE 767989**

NRIC No: **S7802289B** Date: **24/05/2018**



## 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/00482025	
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plan)	
<b>1) Vehicle Registration No.</b>	: SLT42G	
<b>Chassis No.</b>	: WDD2120542A480477	
<b>2) Name of Policy Holder</b>	: Kuah, Tong Nam	
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 10/05/2018 13:32	
<b>4) Date/Time of Expiry of Insurance</b>	: 09/05/2019 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\$ 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>	: Maybank	
<b>Main driver</b>	: Kuah, Tong Nam	
<b>Ref</b>	<b>Named Driver</b>	<b>Date of Birth</b>
<b>Named driver (1)</b>	: Chan, Pao lin Pearl	26/10/1982
<b>Named driver (2)</b>	: Tan, Peng Hian	08/11/1970
<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: 08/06/2018

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



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