

*TIONAL Assessment Centre Services.* (until 1 Jan'05)

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
On 10/12/18	Job description		
NA/BAE18022166/13	SAS e-filing		
SKG8135A	E-mail (Within 5hrs, AIC 2hrs)		
08/12/18 1600	I-Motor Claim Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
(11) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Assigned Week / INC Assign Week / QW: (

### Particulars:

Veh No:

GBA624.44

INC ( ) / Non-INC ( )

Owner / Driver: (

Ref 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 ( )

License: (S)

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks

Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repailer.

**Total Loss Case : to e-mail Insurer URGENTLY.**

## ACKNOWLEDGMENTS

Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

[illegible]

) / Towed-In ( ); Invoice

Apply for Transport Allowance ( ) / Courtesy Car ( )

3. C Check / Post Repair Inspection

☐ Upload Resurvey Photo [Repair Cost > \$3000][illegible]



## 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	10/12/2018 16:13
Date Of Accident	08/12/2018 16:00
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8135A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH,WEIJUN DARREN
NRIC No	S8439358D
Email Address	DARREN.DX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91807737
Alternative Phone No	OTHERS-93652710

### Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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/00468228
Cover Note Number	

### Driver

Name of Driver	KOH LEONG HENG
NRIC No	S1416496J
Date Of Birth	22/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1980
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93652710
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 407 PANDAN GARDENS #05-45
Postcode	600407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : YEAP LYE GECK GENDER: : FEMALE

#### 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	GBA6244U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 LEONG HENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKG8135A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	YEAP LYE GECK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKG8135A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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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: 9 Dec 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

A - SKG 8135A

B - GBA 6244U

Clementi Ave 6 Towards Ayo



Clementi Loop



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/12/2018 at about 1600HRS I was travelling along Clementi Ave 6 towards Ayo direction on the Lane 1.

Traffic light turn red and my front vehicle stop.

I stop too. Out of sudden vehicle B came stop on time and hit onto the rear of my vehicle A.

## DECLARATION

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

X

*[Signature]*

Policyholder's Signature

Date & Time: 9 Dec 2018

X

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 10/12/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident: 08/12/2018 Accident Time: 1600Hrs (24-HR-Format)  
Accident Place: Clementi Ave 6  
Vehicle No. (Car Plate No.): SKG 8135 A Make/Model: KIA Soranto  
Insurance Company: DIRECT ASIA Policy No: MT/00468228  
Owner or Company Name / IC No.: DARREN KOH WEI JUN 88439358D  
Owner or Company Contact No.: 91807737 <sup>DARREN</sup> Owner's Hp: 93652710 <sup>(MR KOH) DAD</sup> Company Tel:  
DRIVER'S Name / IC No.: KOH LEONG HENG S1416496J  
DRIVER'S Date Of Birth: 22/09/1960 DRIVER'S License Pass Date: 26/ AUG 1980  
Relationship of Owner & Driver: Children Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address: 81K 407 Pandan Gardens #05-45 S600407  
DRIVER'S Contact No. / Alt No.: 93652710 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation: INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address: Darrenxu.DX@gmail.com  
Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type: Reporting Only Claim THIRD PARTY Claim Own Insurance  
Number of Passengers (Including Driver): 2  
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 UNIHEALTH clinic 2 days med eccl.

Other Party Driver's Particular (if any)

Vehicle No: <u>GSA 6244U</u>	Vehicle No: _____
Vehicle Make/Model: <u>Renault/Kangoo</u>	Vehicle Make/Model: _____
Name Driver: <u>Pannvongseluom mukesh</u>	Name Driver: _____
IC No. Driver/Contact: <u>S Pass 0 3701334</u>	IC No. Driver/Contact: _____
<u>FIN G3215308P</u>	

\* NEW - Passenger's name & gender: HP: 83766111

YEAP LYE GECK  
NRIC S1231930D







Owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8439358D



Name  
DARREN KOH WEIJUN  
(XU WEIJUN)  
许伟俊

Race  
CHINESE

Date of birth  
14-12-1984

Sex  
M

Country/Place of birth  
SINGAPORE



5489772



NRIC No. S8439358D



Date of issue

29-06-2015

APT BLK 55 TEBAN GARDENS ROAD #36-457  
SINGAPORE 600055

NRIC No. S8439358D

Date 23/03/2016



## 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/00468228
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SKGB135A
<b>Chassis No.</b>	: KNAKU811MC5328021
<b>2) Name of Policy Holder</b>	: Koh, Weijun Darren
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 11/04/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 10/04/2019 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.

### 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.

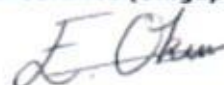
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: Koh, Weijun Darren
<b>Named driver</b>	: 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: 27/03/2018

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



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