

# NATIONAL Assessment Centre Services

Date In: 19/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/DA18022756/13	SAS e-filing		
Veh No: SK251746	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12/18 1110	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: ( PLATINUMWEEKZ )	Tel:	Fax:
TP Particulars:	Veh No: SR4050R	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

NA1808374

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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			
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cal 2/3:	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 (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 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	19/12/2018 14:33
Date Of Accident	19/12/2018 11:10
Exact Location Of Accident	AMK AVE 1 TWDS BISHAN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ5174G
Insured/Policyholder	
Name Of Registered Owner	KOH,KOH CHOON HONG
NRIC No	S7766265J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93369648
Alternative Phone No	OTHERS-93369648
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO
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/00534603
Cover Note Number	
Driver	
Name of Driver	KOH,KOH CHOON HONG
NRIC No	S7766265J
Date Of Birth	07/05/1977
Occupation	INDOOR
Date Of Driving Pass	02/01/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369648
Fax Number	
Contact Number	OTHERS-93369648
Email Address	NOEMAIL

Address	BLK 79B TOA PAYOH CENTRAL #19-17
Postcode	312079
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR4050R
Vehicle Make/Model/Colour	TOYOTA VIOS
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,KOH CHOON HONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKZ5174G
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 lodging 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 (a) 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.

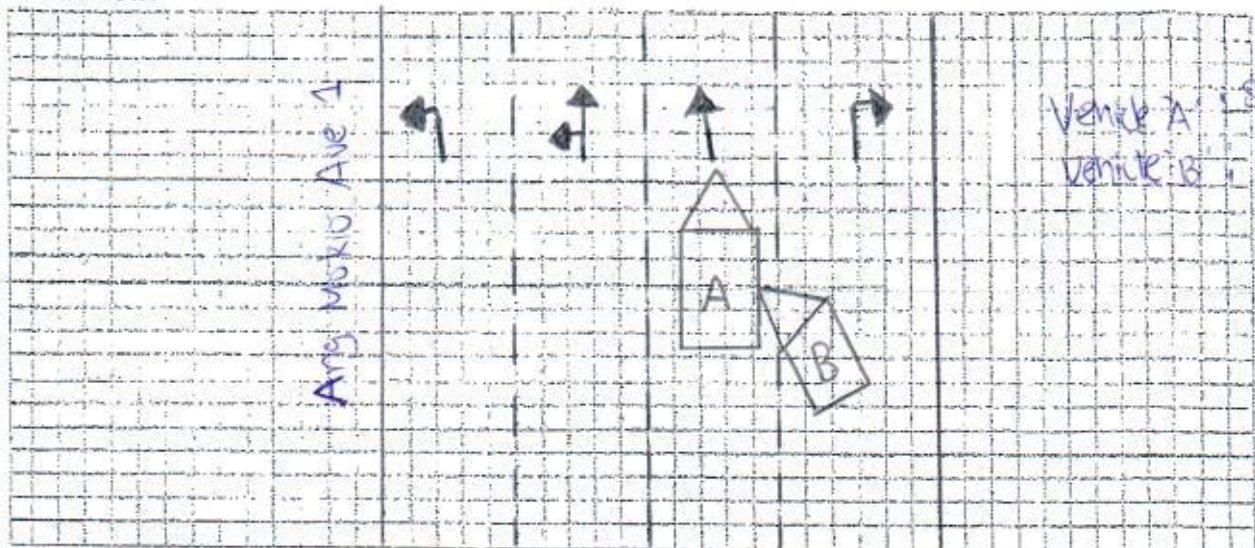
Policyholder's Signature  
Date & Time:

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

At the stated date and time, I vehicle A was travelling along the stated venue. I was travelling straight and out of a sudden vehicle B tried to cut into my lane and collided into my rear and front right portion of my vehicle.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 19/12/18

Reporting Officer/Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 10/12/18 Accident Time: 11.10 AM (24-HR-Format)  
Accident Place : Ang Mokia Avenue 1 toward Bishan Road  
Vehicle Reg. No. (Car Plate No.) : SKZ 5174 G  
Vehicle Make/Model : Chevrolet Orlando  
Insurance Company : DirectAsia Policy No. MT/00534603  
Owner or Company Name /IC No. : Koh Chuan Hong  
Owner or Company Contact No. : 9336 9648 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Koh Chuan Hong  
DRIVER'S Date Of Birth : 07/05/1977 DRIVER'S License Pass Date 02/09/2009  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 79B Tampayan Central #19-17  
DRIVER'S Contact No./ Alt No. : 1) 9336 9648 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Chuanhongk@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: STR 4050R

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: Toyota Vios

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7766265J



Name

KOH CHOON HONG

高俊宏

Race

CHINESE

Date of birth

07-05-1977

Sex

M

Country of birth

MALAYSIA



8950184



NRIC No S7766265J

Nationality

MALAYSIAN

Date of issue

24-07-2008

APT BLK 79B TOA PAYOH CENTRAL #19-17  
SINGAPORE 312079

NRIC No: S7766265J

Date: 11/12/2011

No: 6903933



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7766265J**  
Name: **KOH CHOON HONG**  
Birth Date: **07 May 1977**  
Issue Date: **02 Jan 2009**



001694326B




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

	PASS DATE
Class 2B Motorcycles $\leq$ 200 cc	02 Jan 2009
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver, and other motor vehicles $\leq$ 2500kg	02 Jan 2009

NP 428A

Licence No: S7766265J



## 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)**

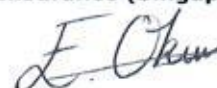
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00534603
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SKZ5174G
<b>Chassis No.</b>	: KL1YA7589GK238825
<b>2) Name of Policy Holder</b>	: KOH, KOH CHOON HONG
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 20/09/2018 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 19/09/2019 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.	
<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\$ 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, KOH CHOON HONG
<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: 17/09/2018

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



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



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	6265J

**Vehicle Details**

Vehicle No.:	SKZ5174G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Dec 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	ORLANDO 1.4AT TURBO
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	A14NET153280363
Chassis No.:	KL1YA7589GK328825
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$16,678.00
Original Registration Date:	26 Jan 2016
First Registration Date:	26 Jan 2016
Transfer Count:	1
Actual ARF Paid:	\$16,678.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jan 2026
PARF Rebate Amount:	\$12,508.00

**Intended COE Rebate Details**

COE Expiry Date:	25 Jan 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,089.00
COE Rebate Amount:	\$35,547.00
<b>Total Rebate Amount:</b>	<b>\$48,055.00</b>

The information contained herein is correct as at 19 Dec 2018

OK