

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NAI 19001712

Date In: 08/01/2019 No: 39	Job description	Date & Time Completed	Done by
Ref No: NAI/FWD1900024874	SAS e-filing		
Veh No: SKP 6156E	E-mail (w/tda 8hrs, AIC 2hrs)		
D.O.A: 08/01/2019 08:10	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKP 6156E	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Assigns

NAI 1900130	Incident Details	Amount	Admissible
Client Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	6) TR: Re-inspection	\$75	
Cal 1:	7) NI: Idao DA + SMRT Survey	\$160	
2/2:	8) NTUC Additional Services:		
	9) NI: 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 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	04/01/2019 15:46
Date Of Accident	04/01/2019 08:10
Exact Location Of Accident	CLEMENTI ROAD EXIT TO AYE HEADING TO TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6156E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH BOON KEE
NRIC No	S7778915D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94513371
Alternative Phone No	OTHERS-94513371

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.6 T4 (A)
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00013828
Cover Note Number	

### Driver

Name of Driver	KOH BOON KEE
NRIC No	S7778915D
Date Of Birth	11/03/1977
Occupation	INDOOR
Date Of Driving Pass	17/09/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94513371
Fax Number	
Contact Number	OTHERS-94513371
EMail Address	NOEMAIL

Address	6 PANDAN VALLEY #13-305
Postcode	697630
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 (including own vehicle) involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

#### 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	SJG9678E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. YU MEI HAO
NRIC/Passport Number	
Contact Number	91768860
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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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:

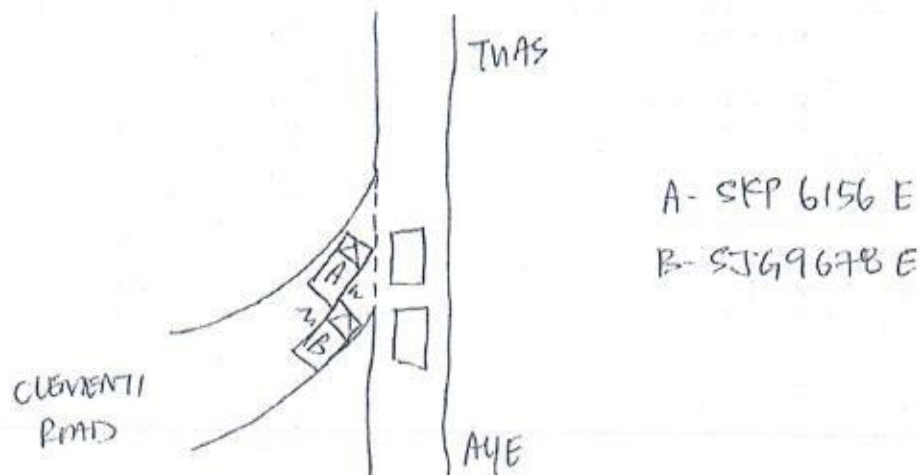
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 CLEMENTI ROAD EXIT TO AYE HEADING TOWARD TUAS ON A SLIP ROAD. I STOPPED BEFORE THE FILTER LINE, DUE TO GIVE WAY FOR ONCOMING TRAFFIC. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REARISE VEHICLE (B) DROVE FROM THE REAR AND COLLIDED UNTO THE RIGHT REAR PORTION OF MY VEHICLE.

A- SFP 6156 E

B- SJG9678 E

## 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.:




# SINGAPORE ACCIDENT STATEMENT


ACCIDENT DATE: 04 JAN 2019		TIME: 08:10HRS (hh:mm) 24 hrs Format	
LOCATION CLEMENTI ROAD EXIT TO AVE HEADING TO THAS			
VEHICLE NUMBER SKP 6156 E			
INSURED NAME KOH BOON FEE			
NRIC / FIN S7778915D		CONTACT: 94513371	
MAKE VOLVO		MODEL S60	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : (✓) Third Party ( ) Reporting Only			
INSURANCE COMPANY FWD			
TYPE OF POLICY (✓) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER : PNPV2018-00013828			
NAME DRIVER :			
(✓) SAME AS INSURED			
NRIC / FIN S7778915D		CONTACT:	
DATE OF BIRTH: 11 MAR 1977			
DRIVING PASS DATE: 17.09.2005			
OCCUPATION : (✓) INDOOR ( ) OUTDOOR			
GENDER : ( ) MALE (✓) FEMALE			
EMAIL ADDRESS: koh.iris@gmail.com ( ) NO EMAIL			
ADDRESS OF DRIVER: 6 PANDAN VALLEY #13-605 S(597630)			
Number Of Passenger Include Driver: DRIVER ONLY			
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 :			
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)			
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact
Veh B SJG 9678E	MR. YU WEI HAO	(01) / Not Sure ( )	9176 8860
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	



9198999



NRIC No. **S7778915D**





Nationality  
**MALAYSIAN**

Date of issue  
**04-04-2013**

**6 PANDAN VALLEY #13-605**  
**SINGAPORE 597630**  
NRIC No: **S7778915D**      Date: **15/06/2016**

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7778915D**





Name  
**KOH BOON KEE**

**高文琪**

Race  
**CHINESE**

Date of birth      Sex  
**11-03-1977      F**

Country of birth  
**MALAYSIA**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7778915D**  
Name: **KOH BOON KEE**


Birth Date: **11 Mar 1977**  
Issue Date: **25 Feb 2006**




 001401259K

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

	PASS DATE
<b>Class 3</b> Motor Cars $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$	<b>17 Sep 2006</b>



 Licence No: S7778915D

NP 428A





## CERTIFICATE OF INSURANCE

Please call **+65-6322-2072** for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00013828 (Comprehensive - Classic Plan)**

Car plate number: SKP6156E

Your name (As the policyholder): Koh Boon Kee

Coverage start date: 15/11/2018

Coverage end date: 14/11/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 14/10/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 8915D

### Vehicle Details

Vehicle No.: SKP6156E  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Jan 2019  
Vehicle Make: VOLVO  
Vehicle Model: S60 T4 1.6 AT ABS D/AB 2WD 4DR TC  
Primary Colour: Black  
Manufacturing Year: 2012  
Engine No.: B4164T1087494  
Chassis No.: YV1FS48HBC2137845  
Maximum Power Output: 132.0 kW (177 bhp)  
Open Market Value: \$35,461.00  
Original Registration Date: 15 May 2012  
First Registration Date: 15 May 2012  
Transfer Count: 1  
Actual ARF Paid: \$35,461.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 14 May 2022  
PARF Rebate Amount: \$23,049.00

### Intended COE Rebate Details

COE Expiry Date: 14 May 2022  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
QP Paid: \$62,600.00  
COE Rebate Amount: \$20,580.00  
**Total Rebate Amount: \$43,629.00**

The information contained herein is correct as at 04 Jan 2019

OK



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MMA419001712 Vehicle Registration No: 8KP 6156 E

Name (as shown in NRIC) : Koh Boon Kuan NRIC/FIN/Passport No : S778915D

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 94513371

Email Address : \_\_\_\_\_

Date of Accident : 04/01/2019 Time of Accident : 08:10

Place of Accident : CANAL ROAD EXIT TO AFRICAN HIGHWAY TO TWS

Insurance Company : FWD SINGAPORE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

GENERAL SHOULD BE FROM THE

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Koh Boon Kuan  
NRIC/FIN No.: 04/01/2019  
Date: