

Date In: 28/11/17 10:43	Job description	Date & Time Completed	Done by
Ref No: NA/EQT 17022598/h4	SAS e-filing		
Veh No: SJN 7431 B	E-mail (within 3hrs; AIC 3hrs)		
D.O.A: 17/11/17 00:20	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (within: 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: SJR 2123 C	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )		Date: ( ) Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WD): 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services -		
	OT:		
	*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 ability.
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 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	28/11/2017 10:43
Date Of Accident	17/11/2017 00:00
Exact Location Of Accident	ALONG UPP THOMSON MARYMOUNT LANE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7431B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

#### Driver

Name of Driver	GUGANESWARI D/O ATHISIVAM
NRIC No	S9106580J
Date Of Birth	24/02/1991
Occupation	INDOOR
Date Of Driving Pass	26/01/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96982491
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 244 JURONG EAST ST 24 #06-615
Postcode	600244
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Was any body injured in the Accident?	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

### 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 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	SJR2123C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG SHAO HENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Details of Witness

Name	
Phone Number	
Email Address	

## 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) 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: 25-11-2017 1-11PM

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

SKETCH PLAN



A = SJN 7431 B  
 B = SJR 2123 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17<sup>th</sup> November 2015, 12am I was reversing at the traffic light to change lane. The rear mirror and side mirror was clear. When I reverse then ~~when~~ <sup>when</sup> I realised there was something behind as I couldn't reverse any further. When I got down the vehicle was when I saw the other vehicle SJR 2123 C. Then I asked the driver how close he was as I couldn't see him through my mirrors and why didn't he honk or reverse. We then move to the other side of the road to solve. Then we agreed that it was the number plate affected and to solve it between ourselves and that I pay for it. He already had <sup>one of</sup> his headlight and left side mirror damaged. So I confirmed with him about the damage before leaving. We exchange the number and left. He insured me regarding the damage and that he wouldn't proceed to claim but to pay and I agreed.

DECLARATION

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

Policyholder  
 Date & Time



Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 25.11.2015 1.11pm

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

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

2000/50  
2000/50  
4200

Date of Accident : \_\_\_\_\_ Time : \_\_\_\_\_

Location Of Accident : \_\_\_\_\_

Country/State of Loss : \_\_\_\_\_

**INSURED/POLICYHOLDER (OWN VEHICLE)**

Registered Owner Name : \_\_\_\_\_

Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

**INSURANCE COMPANY (OWN VEHICLE)**

Handling Insurer : \_\_\_\_\_ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : \_\_\_\_\_

**DRIVER IDENTIFICATION**

Driver Name : Gunaneswari %o Athisivam

Date Of Birth : 24 Feb 1991 Driving Date Pass : 16 JAN 2011

Driver ID : S9106480J Occupation Indoor / Outdoor

H/P Phone No : 96982491 Alternative Phone No : 87481427

Address : Choa Chu Kang Crescent

Email Address : 126221 @ myip . edu . sg Relationship : \_\_\_\_\_

Was driver an employee of the Insured's Company? : Yes / No

Driver's Own Vehicle Reg No : \_\_\_\_\_ Driver's Own Insurer : \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Registration No : SJN7431B

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

Reporting Type : Own Damage / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use / Hired Use

**GENERAL INFORMATION OF THE ACCIDENT**

Weather Condition : Clear / Raining / After Rain

Injured : Yes / No

Road Surface : Dry / Wet / Damp

Police Reported : Yes / No

Approach by Unknown : Yes / No

Video Camera : Yes / No

Number of Passengers (Including Driver) : 1

**DETAILS OF INJURED PERSON**

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

Injuries Sustained : \_\_\_\_\_

Were seat belts worn? : **Yes / No**

Approximate Age : \_\_\_\_\_

Injured person in which vehicle? : \_\_\_\_\_

Was injured conveyed to hospital by ambulance? : **Yes / No**

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

**WITNESS**

Details of Witness : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**DETAILS OF OTHER VEHICLES**

Vehicle Registration No :           SJR 2123 C          

Vehicle Make/Model/Colour :           BMW SJR 2123 C          

Name of Driver :           ONG SHAO HENG, KEMP           Driver's NRIC :           S8812023I          

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

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

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

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

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

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

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

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

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

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S9106580J**  
 Name:  
**GUGANESWARI D/O  
 ATHISIVAM**  
 Birth Date: **24 Feb 1991**  
 Issue Date: **26 Jan 2011**

001912950H



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9106580J**




Name:  
**GUGANESWARI D/O  
 ATHISIVAM**  
**குகனேஸ்வரி**  
 Race:  
**INDIAN**  
 Date of birth: **24-02-1991** Sex: **F**  
 Country of birth:  
**SINGAPORE**

S9106580J

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

EXPIRES ON: 26 JAN 2011

**Class 3** Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A

Licence No: S9106580J



3854772



NRIC No: **S9106580J**



Date of issue:  
**14-03-2006**

Address:  
**APT BLK 244 JURONG EAST STREET 24  
 #06-615  
 SINGAPORE 600244**



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
 reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE FLEET**  
**Comprehensive**

Certificate No.: DMCFHQ17-000185

Form: LCVH

1. Index Mark and Registration Number of Vehicles  
 SJN7431B

Excess:  
 Section 1 SGD1,500.00  
 Outside Singapore SGD1,500.00  
 Section 2 SGD2,000.00  
 Outside Singapore SGD2,000.00  
 YEIDR (Section 2) SGD4,000.00

2. Name of Policyholder  
 ROSET LIMOUSINE SERVICES PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 01/11/2017

4. Date of Expiry of Insurance  
 31/10/2018

5. Person or Classes of Persons entitled to drive\*  
 Any person who is Authorised to drive on the Insured's order or with their permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*  
 LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory  
 EQ Insurance Company Limited

unwjt/H0/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Your Ref : SJN7431B  
Our Ref : DMCFHQ17-000185  
Date : 21 November 2017



ROSET LIMOUSINE SERVICES PTE LTD  
53 Ubi Avenue 1  
#03-47 Paya Ubi Industrial Park  
Singapore 408934

Lancer

Dear Sir/Mdm,

Tribecar

ACCIDENT INVOLVING SJN7431B & SJN2123C (CLAIMANT) ON 17<sup>th</sup> NOVEMBER 2017 AT/ALONG UPPER THOMSON MARYMOUNT LANE AT ABOUT 0050HRS.

We refer to the above matter and wish to inform that we have received a third party pre-repair inspection survey request from M/s Satwant Associates, representing the owner of SJR2123C.

We note that this accident has not been reported to us, probably because you do not intend to claim under your own policy for damage to your vehicle. However, for the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our EQ Authorized Workshops conveniently located throughout Singapore to report the accident. Alternatively, you may wish to call our 24-hour accident hotline at 6333 2222 to file the accident report.

Please note that with the effect of 1<sup>st</sup> Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our EQ Authorized Workshops/Reporting Centres with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the abovementioned claim.

If you need any clarification, please do not hesitate to contact the undersigned and quoting our above claim reference number and we shall be pleased to assist you.

Yours faithfully

Bazlin Ahmad  
Executive Claims

DID: 6496-9881 / Fax: 6223-4190 / Email: [bazlin.ahmad@eqinsurance.com.sg](mailto:bazlin.ahmad@eqinsurance.com.sg)

cc. NEWSTATE STENHOUSE (S) PTE LTD (Via Fax only: 6222 0998)

EQ Insurance Company Limited  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel (65) 6223 9433 | fax (65) 6224 3903 | [www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)  
reg no. 1978-00400-N

A Member of Citystate

