

NATIONAL Assessment Centre Services

(Ref: 1/2005)

MNA 117160260

Date In: 5/12/17 14:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/EQI 170423049164	E-mail (within 8hrs, A/C 2hrs)		
Veh No: 5GR 8900 G	i-Motor Claim Form		
D.O.A: 2/12/17 01:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / <u>Reporting</u> Only	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: SKF 332	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*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 (N11) 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	05/12/2017 14:27
Date Of Accident	02/12/2017 01:00
Exact Location Of Accident	JLN BESAR JUNC WITH LAVENDER AT THE TYRE SHOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ8900C
Insured/Policyholder	
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	MERCEDES-BENZ
Model	-
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	ABDUL HANIP BIN SHUKOR
NRIC No	S1455914J
Date Of Birth	23/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85021949
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 298 PUNGGOL CENTRAL #02-463
Postcode	820298
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SKF332
Vehicle Make/Model/Colour	NOT ACCURATE
Details Of Properties	
Name of Driver	LEE SHENG
NRIC/Passport Number	S8139572A
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

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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.

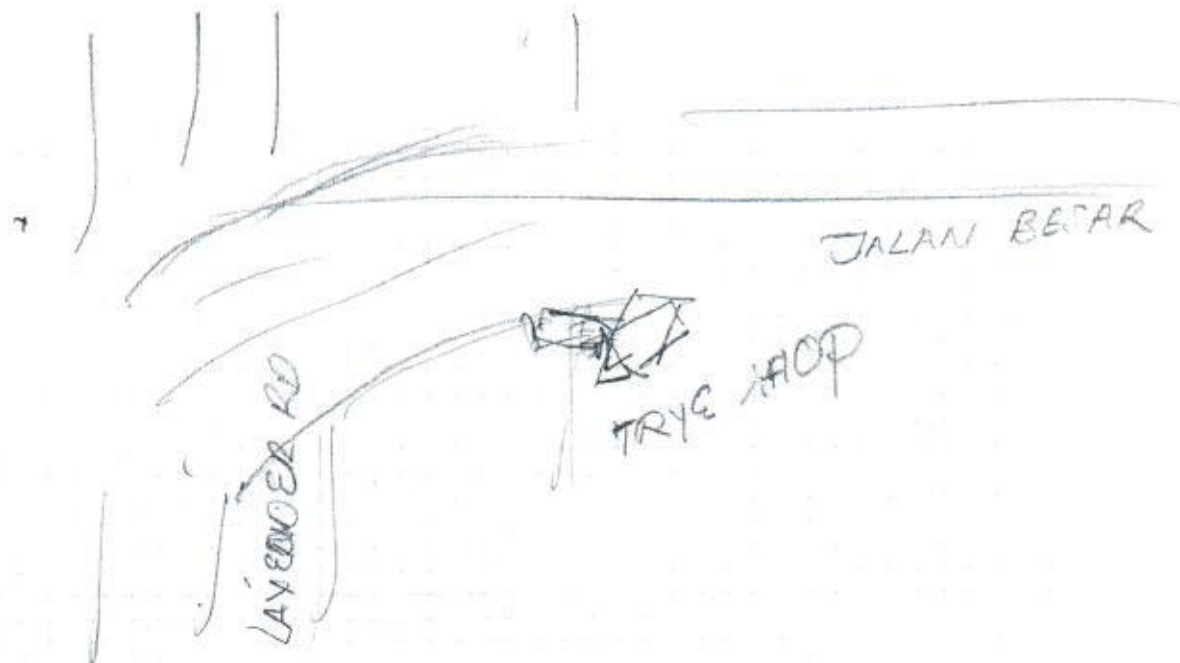


Policyholder's Signature
Date & Time:

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 TURN RIGHT JUST TAP THE CAR PARKED AT THE SIDE AT TYRE SHOP INFRONT. WHICH PARKED WRONG DIRECTION. ALIDECY KIM.

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.:

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

* Pending Police Report.
* received 5/12/17 @ 1250hrs

→ 98158858

✓ Date of Accident : 01/12/2017 Time : 0100HR

✓ Location Of Accident : JALAN BESAR RD

✓ 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 : HANIP BIN SHUKOR

Date Of Birth : 23.10.1960 Driving Date Pass :

Driver ID : S 1455914 J Occupation : Indoor / Outdoor

H/P Phone No : 85421949 Alternative Phone No :

Address : APT BLK 298 # 02-463 PUNGGOL CTR

Email Address : 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 : SGQ 8900

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

Road Surface : Dry / Wet / Damp

Approach by Unknown : Yes / No

Number of Passengers (Including Driver) : 1

Injured : Yes / No

Police Reported : Yes / No

Video Camera : Yes / No

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 VEHICLESVehicle Registration No : ~~SQR 8900~~ SFIL 332

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 : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____



**SINGAPORE
POLICE FORCE**



T/20171205/2052

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171205/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 12:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL HANIP BIN SHUKOR			Address: APT BLK 298 PUNGGOL CENTRAL #02-463 HDB-PUNNGOL WEST SINGAPORE 820298		
ID Type / ID No.: NRIC NO / S1455914J			Contact No.: Home/Office: Mobile: 85021949		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/10/1960	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: LIMO DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 01:00	Type of Location:
Location: Along Road 1 JALAN BESAR JUNCTION WITH LAVENDER. AT THE TYRE SHOP.				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8900 (Not Accurate)	Car					1
SKF332 (Not Accurate)	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20171205/2052

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171205/2052

CONTINUATION OF REPORT

Driver				
Name	ABDUL HANIP BIN SHUKOR		ID No.	S1455914J
Related Vehicle	SJQ8900 (Car)		Contact No.	85021949
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LEE SHENG		ID No.	S8139572A
Related Vehicle	SKF332 (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON 2/12/2017 AT ABOUT 0100HRS AT LAVENDER,

I WAS TRAVELLING AND WANTED TO TURN INTO JALAN BESAR. AFTER TURNING, I REALISED THAT THERE WAS A STATIONARY CAR IN FRONT OF ME PARKED SOMEWHAT PERPENDICULAR TO THE ROAD. HOWEVER, I COULD NOT STOP COMPLETELY IN TIME AND COLLIDED INTO THE RIGHT SIDE FRONT DOOR OF THE CAR. AS I WAS TURNING SLOWLY, I HAD ONLY BUMPED INTO THE CAR. AFTER THE INCIDENT, WE GOT DOWN TO EXCHANGE PARTICULARS. THE OTHER DRIVER HAD A GROUP OF FRIENDS WITH HIM. I DO NOT REMEMBER HOW MANY THERE ARE. THE OTHER DRIVER MENTIONED THAT HE WAS CHANGING HIS TYRES. HOWEVER, HE DID NOT ON HIS HAZARD LIGHT. INITIALLY I ASKED IF THEY WERE OK AND THEY REPLIED THAT THEY WERE FINE. HOWEVER, I HAVE RECEIVED A CALL NOW THAT MENTIONED THAT THEIR HANDS WERE IN PAIN.



**SINGAPORE
POLICE FORCE**



T/20171205/2052

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171205/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/12/2017 12:35

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1455914J



Name
ABDUL HANIP BIN SHUKOR

Race
BOYANESE

Date of birth
23-10-1960


Country/Place of birth
SINGAPORE

Sex
M

S1455914J



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1455914J

ABDUL HANIP BIN SHUKOR

Date of Birth: 23 Oct 1960

Issue Date: 11 Mar 2014

0022792838

5571817



Card No. S1455914J



Date of issue
09-03-2016

Address
APT BLK 298 PUNGGOL CENTRAL
#02-463
SINGAPORE 620298



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 10 Jan 1981

NP 4288

License No: S1455914J



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

Excess:

1. Index Mark and Registration Number of Vehicles

SGQ8980C

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.

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 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/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate