NATIONAL Assessment Centre Services

	Job description	Date & Time Completed	Done by
Date In: 06/12/2017 17:04	SAS e-filing		
Ref No: NA/EQI17023204/K4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SLF2941Y	i-Motor Claim Form		
D.O.A 05/12/2017 22:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP : Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: CYCLIST	INC ( ) / Non-INC ( )
Owner / Driver: (		Tel:)
Policy No: ( ) Period: (	)	Cover Type: ( )

Date: Time:

Confirmed by : (

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 :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($80)		
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
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 + SMRT Survey	$160	
8) NTUC Additional Services:-		
OD*	$5	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$25	
*N7: Post Repair Inspection	$5	
*N8: DV / Collect Excess Coordination	$20	
TP (N11) : TP (Non INC) against INC	30	
9) N12: Idac Mobile		
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 witholding 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	06/12/2017 17:04
Date Of Accident	05/12/2017 22:30
Exact Location Of Accident	BEFORE THE JUNC OF FORT RD AND TANJONG RHU RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF2941Y
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93626973
Alternative Phone No	OFFICE-93626973
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TEH HOCK SIEW
NRIC No	S1695206J
Date Of Birth	25/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93626973
Fax Number	
Contact Number	OTHERS-93626973
EMail Address	NOEMAIL

Address	BLK 704 PASIR RIS DRIVE 10 #10-137
Postcode	510704
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 54 PIPIT ROAD #01-82/84 , **POSTCODE**: 370054 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7449999 - **FAX NO**: 65476366
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171206/2099

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	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
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) for complying with requirements under any regulations, laws or court orders.

		6/12/2017
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

Before the Junc of Fort Road and
Tanjong Rhu Road

A - SLF 2941Y
B - cyclist

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20171206/2099

DECLARATION

I/We declare the foregoing particulars are true in every respect.
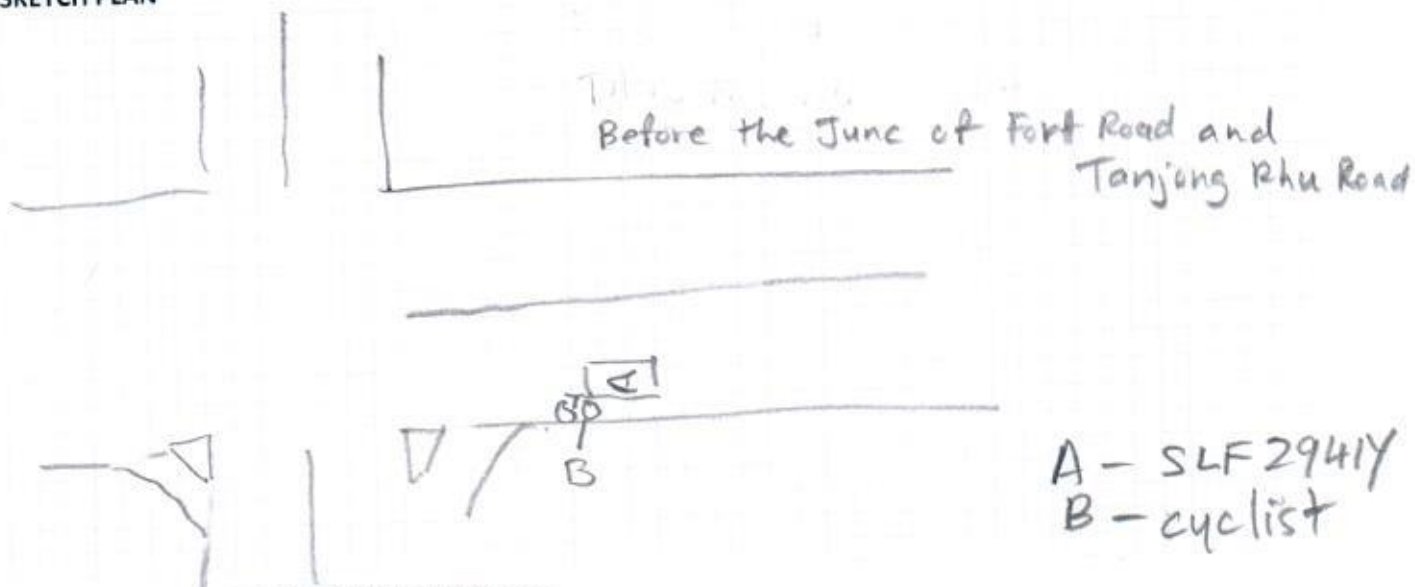
6/12/2017

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 POLICE FORCE

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2017 16:19	Vide Report No.:	Station Diary No.: 11

Informant's Particulars

Name of Informant: TEH HOCK SIEW	Address: APT BLK 704 PASIR RIS DRIVE 10 #10-137 SINGAPORE 510704

ID Type / ID No.: NRIC NO / S1695206J	Contact No.: Home/Office:	Mobile: 93626973

Nationality: SINGAPORE CITIZEN	Email:

Sex: Male	Age: 52	Date of Birth: 25/11/1965	Type of Informant: Driver

Race: Chinese	Language: English	Institution / School Name:

Occupation: UBER DRIVER	Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 05/12/2017 22:30	Type of Location: Straight Road

Location:
Along Road 1
FORT ROAD
TANJONG RHU ROAD
Before the junction of Fort Road and Tanjong Rhu Road

Weather: Clear	Road Surface: Dry	Road Speed Limit:

Traffic Flow: Dual Carriage Way	Traffic Control:	Traffic Volume: Light

Type of Collision: Moving Vehicle Against - Others	Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF2941Y	Car				Slightly Damaged	0

Details of Person Involved

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

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver				
Name	TEH HOCK SIEW		ID No.	S1695206J
Related Vehicle	SLF2941Y (Car)		Contact No.	93626973
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Name	PATRICK MICHAEL ASANTE		ID No.	S2713986H
Related Vehicle	NIL		Contact No.	93205022
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	Slight

Brief Details.

On 05/12/2017 at about 10.30pm, I was driving my vehicle, SLF2941Y, along Fort Road towards Tanjong Rhu Road. I was travelling on the second lane from the right. As I was preparing to turn left onto Tanjong Rhu Road, I filtered onto to the third lane from the right. I did not see that there was a cyclist travelling on that lane. By the time I saw him, I could not avoid him, and my front left portion hit the centre right portion of his bicycle, and he fell down. I alighted from my vehicle to make a check on him. He had suffered scratches on his left elbow and right ankle. I made a check on my vehicle, it suffered a slight scratch on the front left portion. The cyclist informed me that he did not need to go to a hospital, and we agreed to settle the issue by insurance claim. I sent him home in my car after that.

I wish to state that I do not have any camera installed on my vehicle. I am lodging this report for insurance claim purposes.

SINGAPORE POLICE FORCE

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20171206/2099

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: G / Sgt 2 GOH SHENG YANG SHAUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2017 16:19
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1695206J

TEH HOCK SIEW

郭 仲 秀

CHINESE

25-11-1965   M

SINGAPORE

REPUBLIC OF SINGAPORE   **DRIVING LICENC**

Licence Number: **S 1 6 9 5 2 0 6 J**
Name:

TEH HOCK SIEW

Birth Date: **25 Nov 1965**
Issue Date: **31 Jan 2017**

002652037H

A9925492

S1695206J

26-09-2002

APT BLK 704 PASIR RIS DRIVE 10
#10-137
SINGAPORE 510704

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	25 Jan 1989
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Aug 1983
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	22 Oct 1987

Licence No:S1695206J

NP 428A

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:	
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

1. Index Mark and Registration Number of Vehicles
   SLF2941Y

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