

Date In: 8/12/17 10:29	Job description	Date & Time Completed	Done by
Ref No: MAL 601 17023325 / 44	SAS e-filing		
Veh No: SLJ 2849K	E-mail (within 8hrs, JND only)		
D.O.A: 5/12/17 15:35	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within 8hrs, 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: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBG 7936 T	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

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
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 :-	For claiming against INC Only (wef 10 Jan 2016)		
Est 1:	6) TR: Re-inspection \$75		
Est 2/3:	7) N1: Ideal DA - SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) / TP (N12) INC Against DND \$20		
	9) N12: Ideal Mobile \$5		
	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	08/12/2017 10:28
Date Of Accident	05/12/2017 15:35
Exact Location Of Accident	11 HOSPITAL DRIVE NATIONAL CANCER CENTRE (169610)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2849K
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	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY
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	LEE JIN SENG
NRIC No	S1280001J
Date Of Birth	21/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1977
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98474748
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 391 TAMPINES AVE 7 #04-223
Postcode	520391
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
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	FBG7936T
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	JOYCELYN VICTORIA TAN
Phone Number	88265108

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.



Policyholder's Signature
Date & Time:

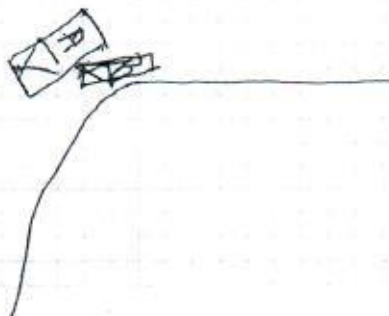
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SLJ2849K

(B) FBG7936T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While making a turn to Sgh Cancer centre
Vehicle B collided onto my vehicle side.

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**

Date of Accident : 4/12/2017 Time : 03.35 pm

Location Of Accident : Junction at SGH Cancer Centre.

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 : LEE JIN SENG

Date Of Birth : 21/9/1957 Driving Date Pass : 31/10/1977

Driver ID : S128001/J Occupation : **Indoor / Outdoor**

H/P Phone No : 98474748 Alternative Phone No : _____

Address : BLK 391 TAMPINES AVE 7 - #04-225 (520391)

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 : SLJ 2849K

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) : 2

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 : FBG 7936T

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**



F/20171207/2096

1 of 2

POLICE REPORT (NP299)

Report No. F/20171207/2096

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Date/Time Report Made 07/12/2017 15:33	Vide Report No.	Station Diary No. 62
Name Of Informant LEE JIN SENG	Address APT BLK 391 TAMPINES AVENUE 7 #04-223 SINGAPORE 520391	
ID Type / ID No. NRIC NO / S1280001J	Contact No. Home/Office Mobile 98474748	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 60
Institution/School Name	Date of Birth 21/09/1957	Race Chinese
Date/Time Of Incident 05/12/2017 15:35	Language English	
	Location Of Incident 11 HOSPITAL DRIVE NATIONAL CANCER CENTRE SINGAPORE SINGAPORE 169610	

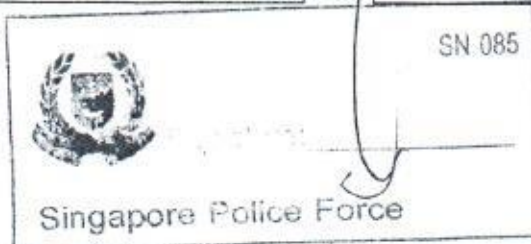
Brief details.

On 05/12/2017 at 1535hrs, I was driving my private hire Grab Car SLJ2849K with one female passenger along Hospital Drive turning left to National Cancer Centre when suddenly, a motorcycle FBG7936T collided with the front left passenger door of my car.

The male malay rider apologized for the collision and agreed on a private settlement and my car rental company (Roset Limousine Pte Ltd) will contact the rider.

Signature Of Officer Recording The Report: F / Staff Sgt NURULHUDA BINTE OMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2017 15:33
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Staff Sgt NURULHUDA BINTE OMAR Contact No.: 64519999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20171207/2096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171207/2096

On 07/12/2017, the rental company called me and informed that the rider refused private settlement and asked me to proceed with police report.

I wish to state that there is no injury to both parties. The left side mirror and around the area was damaged. My passenger was willing to be my witness for the accident.

I am lodging this report for my own record purpose and insurance claiming purposes.

Subjects Involved			
Witness			
Person Name	Joycelyn Victoria Tan		
Mobile No	88265108		
Others			
Person Name	Mohamad Yasser S/O A Kadar Maricar		
ID Type	NRIC NO	ID No	S7326166Z
Gender	Male	Age	44
Address Type	Apt Blk	Address	APT BLK 205A Compassvale Lane #06-59 SINGAPORE 541205
Mobile No	91903037		

Signature Of Officer Recording The Report:

F / Staff Sgt NURULHUDA BINTE OMAR

Signature Of Interpreter:
Not applicable

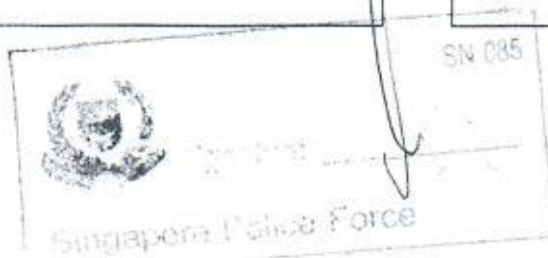
Officer In-Charge Of Case:
F / Ang Mo Kio South N.P.C /
Staff Sgt NURULHUDA BINTE OMAR
Contact No.: 64519999

Authentication Stamp

Signature Of Informant:

Date/Time:
07/12/2017 15:33

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1280001J**

Name: **LEE JIN SENG**

Birth Date: **21 Sep 1957**

Issue Date: **04 Sep 2003**

000801887G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1280001J

Name: **LEE JIN SENG**

李仁生

Race: **CHINESE**

Date of Birth: **21-09-1957** Sex: **M**

Country of Birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Jul 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Oct 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Nov 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	20 Dec 1982

NP 428A

License No: **S1280001J**



1050379

S1280001J

APR 04 2004

Block Group: **09-07-1994**

APT BLK 391 TAMPINES AVENUE 7 #04-223
SINGAPORE 520391

NRIC No: **S1280001J** Date: **25-07-2007** No: **5701444**




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

SLJ2849K

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.

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

unwjf/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate