

NATIONAL Assessment Centre Services

(Unit 1 20100)

MA1017164446

Date In: 14/12/2017 12:47
Ref No: NBA/RQI/17023738/4
Veh No: SGA 2969T
D.O.A: 12/12/2017 02:00

OD: TP Reporting Only

TP Insurech

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yeh No: SGT 452

Owner / Driver: (

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () 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: Customers 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 bo (line 6788 5016)

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

2) QC Check / Post Repair Inspection ()

3) Upload Reservey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: () Action: ()

Humanis Particulars: ()

river/Owner: ()

contact No: ()

amaged Portion: ()

C Checked by (Engr-In-Charge): ()

Additional Comments: ()

1/1

2/3

| Job description | Date & Time Completed | Done by |
|---|-----------------------|---------|
| SAS e-illing | | |
| E-mail (with 3hrs, AIC 3hrs) | | |
| 1-Motor Claim Form | | |
| 1-Motor W/O (with 100 2hrs, 1P (1hr)) | | |
| 1-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass't Report by Fax/ Hand to Owner/Wksp | | |

Tel: () Fax: ()

INC () / Non-INC ()

Tel: ()

Date: () Time: ()

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

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river/Owner: ()

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C Checked by (Engr-In-Charge): ()

Additional Comments: ()

1/1

2/3

| Invoice Preparation Checklist | Amount | Unit | Amount |
|--|------------|------|--------|
| 1) AR: Accident Reporting (\$30) | | | |
| 2) DA: Damage Assessment (\$100) | INC (\$30) | | |
| 3) TP: Towing Fee | \$40/\$45 | | |
| 4) FT: Follow-Through Survey | \$120 | | |
| 5) RT: Follow-Through Survey (Resurvey) | \$20 | | |
| For claiming against INC Only (over 10 Jan 2018) | | | |
| 6) TR: Re-inspection | \$75 | | |
| 7) NI: (See DA + SMRT Survey | \$160 | | |
| 8) NTUC Additional Services | | | |
| 9) NI: (See DA + SMRT Survey | \$160 | | |
| 10) NI: (See DA + SMRT Survey | \$160 | | |
| 11) NI: (See DA + SMRT Survey | \$160 | | |
| 12) NI: (See DA + SMRT Survey | \$160 | | |
| 13) NI: (See DA + SMRT Survey | \$160 | | |
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| 99) NI: (See DA + SMRT Survey | \$160 | | |
| 100) NI: (See DA + SMRT Survey | \$160 | | |

Invoice dated

Fee Charged

Amount

Amount

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 | 14/12/2017 12:47 |
| Date Of Accident | 12/12/2017 02:00 |
| Exact Location Of Accident | JUNCTION OF PUNGGOL EAST/SLIP ROAD OF TEBING LANE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJA2969T |
| Insured/Policyholder | |
| Name Of Registered Owner | TAJUDDIN BIN GULAM MOHAMAD |
| NRIC No | S1397437C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97952415 |
| Alternative Phone No | OTHERS-97952415 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPPHQ17-006109 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | TAJUDDIN BIN GULAM MOHAMAD |
| NRIC No | S1397437C |
| Date Of Birth | 11/06/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/08/1991 |
| Driving Experience | 26 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97952415 |
| Fax Number | |
| Contact Number | OTHERS-97952415 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 670 JALAN DAMAI #03-43 |
| Postcode | 410670 |
| 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 | COLLISION - HEAD ON COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| 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 (TYPE OF COLLISION IS HEAD TO SIDE)

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 | SLT45Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------------------|
| Name | TAJUDDIN BIN GULAM MOHAMAD |
|------|----------------------------|

| | |
|--|--------------------------|
| Approximate Age | |
| Injuries Sustain | NECK,BACK AND CHEST PAIN |
| Injured person in which vehicle? | SJA2969T |
| Were seat belts worn? | YES |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

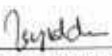
SKETCH PLAN

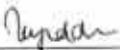
IMPORTANT NOTICE

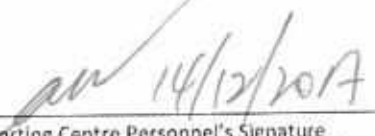
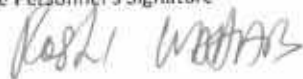
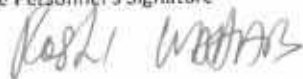
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

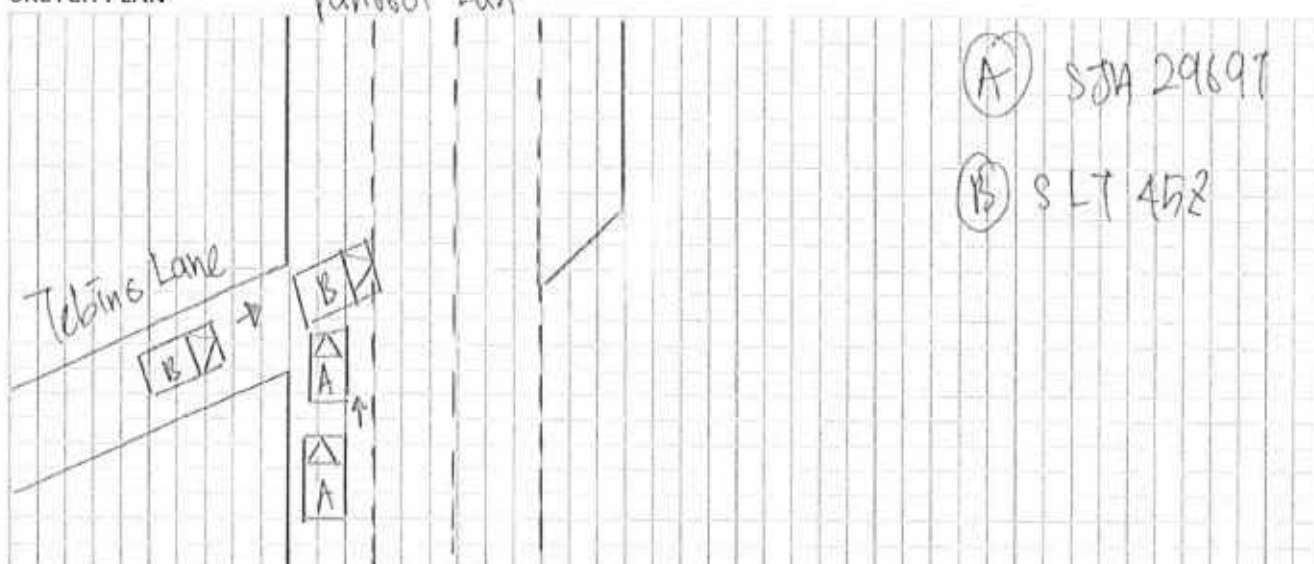
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Punggol East



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.12.2017 at about 02:00hrs, I was travelling along Punggol East. As I was heading straight, a vehicle from Slip Rd of Tebing Lane (SLT 452) make a sudden dash out. I was on the major road - the said vehicle didn't check ^{blindspot} and collided with my vehicle.

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: Dr. [Signature]
NRIC/IN No.: [Signature]

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|-----------------------|-----------------------|
| ACCIDENT DATE: 12.12.2017 | TIME: 02:00 AM | (hh:mm) 24 hrs Format |
| LOCATION: Junction of Punggol East & Slip Rd of Tebing Lane. | | |
| VEHICLE NUMBER: SJA 29697 | | |
| INSURED NAME: Tajuddin Bin Sulam Mohamad | | |
| NRIC / FIN: S1397437C | CONTACT: | |
| MAKE: Toyota Corolla | MODEL: Altis 1.6 Auto | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only | | |
| INSURANCE COMPANY: EQ Ins | | |
| TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT | | |
| POLICY NUMBER: DMPPH217-006109 | | |
| NAME DRIVER: Tajuddin Bin Sulam Mohamad () SAME AS INSURED | | |
| NRIC / FIN: S1397437C | CONTACT: 9795 2415 | |
| DATE OF BIRTH: 11-06-1959 | | |
| DRIVING PASS DATE: 06-08-1991 | | |
| OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR | | |
| GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE | | |
| EMAIL ADDRESS: () NO EMAIL | | |
| ADDRESS OF DRIVER: LTO Jalan Damai #03-42 s(410670) | | |
| Number Of Passenger Include Driver: Driver only | | |
| Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO | | |
| If No, Relationship Of The Driver With The Insured | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others | | |
| Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | |
| Insurance Company Of Driver's Own Vehicle | | |
| Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others | | |
| Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | |
| Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO | | |
| If YES, Injured details: Neck Back Pain & Chest Pain | | |
| Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO | | |
| Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO | | |
| Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report | | |
| Police Report Number (if any) | | |
| Details Of 3rd Party | | |
| | Name / NRIC | Contact |
| Veh B | SLT 457 | (msk6) |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |
| Veh G | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S1397437C**
 Name
TAJUDDIN BIN GULAM MOHAMAD
 Birth Date **11 Jun 1959**
 Issue Date **20 Dec 2013**

0022581218



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1397437C



Signature

TAJUDDIN BIN GULAM MOHAMAD

Race

INDIAN

Date of birth

11-06-1959

Country/Place of birth

SINGAPORE

Sex

M

S1397437C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg **06 Aug 1991**



Licence No: S1397437C

NP 428A

5318634



NRIC No S1397437C



Date of issue

09-09-2015

Address

**APT BLK 670 JALAN DAMAI
 #03-43
 SINGAPORE 410570**

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 068110
 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.

PRIVATE CAR
Comprehensive

Certificate No.: DMPPHQ17-006109

Form: MX2

Excess:

1. Index Mark and Registration Number of Vehicles
 SJA2969T

Insured/Named Driver SGD500.00
 Unnamed Drivers SGD1,000.00
 YEID Additional SGD3,000.00

2. Name of Policyholder
 Tajuddin Bin Gulam Mohamad

3. Effective Date of the Commencement of Insurance for the purpose of the Act
 15/11/2017

4. Date of Expiry of Insurance
 02/12/2018

5. Person or Classes of Persons entitled to drive*

- (a) The Policyholder
 (b) Any other person who is driving on the Policyholder's order or with his 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

- (a) use for hire or reward
 (b) use for racing, pace-making, reliability trials or speed testing
 (c) use for the carriage of goods (other than samples) in connection with any trade or business
 (d) use for any purpose in connection with the Motor Trade

*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.

LQ BUSINESS PTE LTD

UEN NO. 201700848N
 180B BENCOOLEN STREET
 #04-02, THE BENCOOLEN
 SINGAPORE 189848
 Tel: 6333-4188 Fax: 6334-5238

UNWNB/HO/A000248/LQ Business Pte Ltd



A Member of Citystate

Authorized Signatory
 EQ Insurance Company Limited

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|---------------|----------------|
| Owner ID Type | Singapore NRIC |
| Owner ID | 7437C |

Vehicle Details

| | |
|-------------------------------|------------------------|
| Vehicle No. | SJA2969T |
| Vehicle to be Exported | No |
| Intended De-registration Date | 31 Dec 2017 |
| Vehicle Make | TOYOTA |
| Vehicle Model | COROLLA ALTIS 1.6 AUTO |
| Primary Colour | Silver |
| Manufacturing Year | 2007 |
| Engine No. | 3ZZ4683952 |
| Chassis No. | MR053ZEC107152767 |
| Maximum Power Output | 81.0 kW (108 bhp) |
| Open Market Value | \$14,757.00 |
| Original Registration Date | 03 Dec 2007 |
| First Registration Date | 03 Dec 2007 |
| Transfer Count | 2 |
| Actual ARF Paid | \$16,233.00 |

Intended PARF Rebate Details

| | |
|------------------------------|-----------|
| PARF Eligibility | Forfeited |
| PARF Eligibility Expiry Date | - |
| PARF Rebate Amount | \$0.00 |

Intended COE Rebate Details

| | |
|---------------------|--------------------------|
| COE Expiry Date | 30 Nov 2022 |
| COE Category | A - Car (1600cc & below) |
| COE Period(Years) | 5 |
| PQP Paid | \$20,997.00 |
| COE Rebate Amount | \$20,647.00 |
| Total Rebate Amount | \$20,647.00 |

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 12 Dec 2017

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