NATIONAL Assessment Cent	re Services	et 1 Jan'05 M	1 A1 18 0008 68			
Date In: 3/1/18-17:31	Jc-b description		Date & Time Complete	ed	Done	рх
Ref No: NA / ERZ 18006071/24	SAS e-filing					
Veh No: 566 50430	E-mail (within Shr	rs, AIC 2hrs)				
D.O.A: 1/1/18-04:30	i-Motor Claim	Form				
	i-Motor W/O	Within: OD 2hrs,	TP 4hrs)			***
OD TP Reporting Only	i-Photo Upload	ed			100007678	
TD 1	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by]	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 516	60762	. INC()/Non-INC()			
Owner / Driver: (Tel:	Ye)	
Policy No: () P	eriod: ()	Cover Type: ()_	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-20	%; P: 21-79%. F: 9	0-100%]	-
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()				
General Remarks:-				1333	S. T.	
() Walk-In Customer : Customer's inf	formation strictly Confi	dential & Str	ctly NO refer of repair	er.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	(6)			1	
	ce: YES () / NO	(); To	owing Co: (0.000)
				288770	Done	
Remarks:- (INC horline: 6788 6616)			Date&Time Complete	distribution of	Nijone	by
1) Apply for Transport Allowance ()/	Courtesy Car ()					7/
2) QC Check / Post Repair Inspection	()					-
3) Upload Resurvey Photo [Repair Cost > 5	[00083					
Injury:						
				1000 1220		14, 191, 97
Date/Time Actions			7	WHEED DAY	SCHIPEP.	
		*****	- A Company of the Company	70		
	1				-	
•				200 CARCE (8):	Anit (S)	Amt (3
	1	nvoice Prep	aration Checklist		In Bill	Add Bi
) AR : Accident				Samuel S
aimant's Particulars :-				C (\$80) \$40/\$45		
iver/Owner:	4) TF : Towing Fo) FT : Follow-Ti	rough Survey	\$120		
ntact No:	. 3	FT : Follow-Th	rough Survey (Resurvey)	\$30		
		For claiming as TR: Re-inspec	ainst INC Only (wef 10 Jan	\$75	gorene d	S
maged Portion:	7	N1 : Idao DA	SMRT Survey	\$160		Question.
	. 8	OD*	nal Services			
Checked by (Engr-In-Charge):	13	*N5; Courtesy	Cer / Tpt Allowerse	\$5		
		*N6: Repair Co	o-ordination	\$10 \$25		
iditors! Comments :-		*N7: Fost Rep	nir Inspection lect Excess Coordination	\$5		
1:	Market Mark and State of	TP (N11): TP	(Non INC) against INC	\$20		-
) N12: Idae Mol nvoice dated	rile Fee Cha	30 rged		特性
2/3:	1.5	nvoice dated	Fee Cha	- 10 I	经的复数	

3 - pa u 1 22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number EMail Address

Occupation

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.

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

	ACCIDENT STATEMENT
Date Of Report	02/01/2018 17:31
Date Of Accident	01/01/2018 04:30
Exact Location Of Accident	AYE TWDS CTE BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
DIVERSION DESCRIPTION OF THE DES	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG5243D
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	ZAINI BIN ABDULLAH
NRIC No	S1799892G

26/12/1967

OUTDOOR

04/04/1989

NOEMAIL

MALE

28 YEARS AND 8 MONTHS

(LOCAL) +65-88230374

OFFICE-88230374

Page 1 of 18

BLK 206 PASIR RIS STREET 21 Address

#04-372 510206

Postcode NO

Was driver an employee of the Insured's Company

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

1 -

GENDER:

: MALE

Passenger 3

NAME:

. .

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180101/2033.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJG6076L

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 18

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

LESERI

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

			vehicle A → s vehicle B → s
			which B -> S
15	1/32	1	
	36	131 ~	
		I, R	
	1 1 1	1 1 7	,/
CRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
	0.1	NO: 7/20180	1011-32
	Ket	NO: 7120180	101 2037
		er salje – incente – en	

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date:	01/01	(18	(DD/N	1M/YY) Time:	4:30 Am	(HH:MM)
Exact location of accident	AYE	tuds	CTE	before	Alexandra	Exit	

Details of vehicle

Vehicle registration number	51652430				
Vehicle make and model	Togota Altis				
Type of vehicle	Saloon MPV CRV Van D				
Vehicle category	Private □ Commercial □ Motorcycle □				
Purpose of using at said time	working				
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □				

Insurance information

Insurance company	Egr				
Policy number	DV.	ACFHQ17 - 000185			
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only		

Insured / Policy holder

Name	ROSET LIMOUSINE SERVICES PTE LTD	Male □	Female
NRIC / Fin / Passport number	200406722Z		
Contact	68445225		
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRI. SINGAPORE 408934	AL PARK	

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Zaini Bin Abdullah Male Female			
NRIC / Fin / Passport number	517998926			
Contact	88230374/			
Address	BIK 206 Pasir Ris Struct 21 # 04-372 S(\$10206)			
Email address				
Date of birth	26/12/1967			
Occupation	Indoor Outdoor			
Driving date pass	04 104/ 1989			

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No of the o	driver and insured:	Hirer
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear 🗆	Raining 🗹	Others:	
Road surface	Dry 🗆	Wet 🗹		TOTAL CONTRACTOR OF THE PROPERTY OF
No of passenger	4			(Inclusive of driver)

Passenger 1

Name	Fr	an cisco	Jikki	CN2	
Gender	Male 🗷	Female			

Passenger 2

Name	Miclat weedell Sedilla
Gender	Male Female Female

Passenger 3

-			
Male Female			
	Male Female		

Passenger 4

Name			
Gender	Male □	Female □	

Passenger 5

Name			/	
Gender	Male 🗆	Female 🗆		

Passenger 6

Name			
Gender	Male □	Female □	

Other information

Was anybody injured?	Yes □	No 🗹	
Was other vehicle damaged?	Yes 🗹	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No □	If yes, please state which police station.
Police station name	Pas	ir Ris	N.P.C

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	57660766
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	William programme and the second seco	
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number		
Vehicle make model		

lame			
Witness 2			
VIIIIC33 Z			
lame			
Injured person 1			
Name			
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to nospital by ambulance?	Yes 🗆	No □	
Injured person 2			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
Injured person 3			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
Injured person 4			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
		No 🗆	





Date of Expiry:

1 of 3

Report No. T/20180101/2033

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457 Tel No: 1800-5852999

Occupation:

GRAB DRIVER

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2018 12:53			Vide Report No.:	Station Diary No.: 32
Informan	's Particu	ulars		
Name of Informant: ZAIM BIN ABDULLAH		Address: APT BLK 206 PASIR RIS STREET 21 #04-372 SINGAPORE 510206		
ID Type / ID No.: NRIC NO / S1799892G			Contact No.: Home/Office:	Mobile: 88230374
Nationality		EN	Email:	
Sex:	Age: 50	Date of Birth: 26/12/1967	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:

Driving Licence Information:

Class: 3

General Infor	mation of the Accid	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2018 04:30	Type of Location: Expressway	
	H EXPRESSWAY	ore Alexandra Road exit Road Surface: Wet	F	Road Speed Limit:	
ranging		Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			á	Anyone conveyed by ambulance: No	

Details of V Vehicle No.	STATE OF THE PARTY	Make	Model	Color	Condition	No of Passenge
SLG5243D	A STATE OF THE PARTY OF THE PAR	TOYOTA	ALTIS	Grey	Slightly	3

	ehicle Insurance	I v Alexander Miles	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Ellective	Expiry Date
SLG5243D	EQ INSURANCE COMPANY LTD.	DMCFHQ17- 000185	01/11/2017	31/10/2018



T/20180101/2033

2 of 3

Report No. T/20180101/2033

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

CONTINUATION OF REPORT

Brief Details.

Tel No: 1800-5852999

On 01/01/2018 at 0416hrs, I picked up three passengers from 17 Dover Crescent who directed me to 77 Lor Limau. I then took AYE and drove towards CTE. Just before Alexandra Road exit, while I was travelling on the left lane of the four lanes road, a vehicle SJG6076N which was travelling on the right lane suddenly collided into the right side of my car. I did not see what happened prior to that but only heard the loud collision sound which could probably be the sound of the said car hitting onto the railings on the right.

I then came to a stop and checked on my three passengers to ensure that they are alright. I then got out of my car to check on the other driver who is a female in her 30s. She was able to talk to me however informed that she felt pain in her right shoulder but will be fine. There was another passenger who was with her. They made some calls and then told me to that I could go off first seeing that I had passengers with me.

We then exchanged contact details and took pictures of the accident before I left. As I got in touch with her in the afternoon, I was informed that she was at the hospital seeking treatment. My car suffered some cracks, dents and scratches on the right side however could still be driven. The three passengers and myself are not injured.





3 of 3

Report No. T/20180101/2033

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

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 Record G / Staff Sgt MUHAMMAD SHA REHMAN	- Thick	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 01/01/2018 12:53		
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:		
Sgt 2 YEO KIA HUAT Contact No.: 65476325	SINGAPORE POLICE FORCE			
Authentication Stamp NP168	150	NATURE		



Continuation of CSF

Brief Facts.

Amendments to the vide report mentioned above, the vehic registration number "SJG6076L" instead of "SJG6076N".







ZAINI BIN ABDULLAH

زايني بن عبدائله Race MALAY

26-12-1987 M

Country of birth SINGAPORE \$17990900

4746510

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
Class 4 Weight of which unladen exceeds 2500 kilograms

24 Sep 1987 26 Aug 1992 04 Apr 1989

27 Mar 2003

NP 428A

No No S1799892G

Date of leaue 28-06-2011

APT BLK 206 PASIR RIS STREET 21 #04-372 SINGAPORE 510206

NRIC No: \$17998926

Date: 29/12/2017

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

1. Index Mark and Registration Number of Vehicles SLG5243D

2. Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD. Form: LCVH Excess:

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

- 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

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