

NATIONAL Assessment Centre Services

Date In: 18/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/EA518001090/13	SAS e-filing		
Veh No: 5JK3006M	E-mail (w/Run 8hrs, A/C 2hrs)		
DOA: 17/01/18	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: YP60094	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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 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	18/01/2018 12:52
Date Of Accident	17/01/2018 17:25
Exact Location Of Accident	AYE EXITING INTO JURONG PORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3006M
Insured/Policyholder	
Name Of Registered Owner	CHAN XIANGHUI
NRIC No	S8332678F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96588282
Alternative Phone No	OTHERS-96588282

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS
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	DMPPHQ17-006346
Cover Note Number	

Driver

Name of Driver	CHAN XIANGHUI
NRIC No	S8332678F
Date Of Birth	15/10/1983
Occupation	INDOOR
Date Of Driving Pass	14/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96588282
Fax Number	
Contact Number	OTHERS-96588282
Email Address	NOEMAIL

Address	BLK 49 HOY FATT ROAD #10-113
Postcode	150049
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180117/2156

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6009G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DINESH KUMAR S/O ALAGUMALAI
NRIC/Passport Number	S8938282C
Contact Number	84064028
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN XIANGHUI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJK3006M

Were seat belts worn? YES

Was this 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:

 18/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SJK 3006 M

VEHICLE B - YP 6009 G

JLN AHMAD IBRAHIM

JURONG PORT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN THE SLIP ROAD FROM JLN AHMAD IBRAHIM
GOING INTO JURONG PORT ROAD.

WHILE DRIVING FORWARD AND I BRAKE TO COMPLETE STOP AT
THE GIVE WAY LINE TO CHECK ON, ON-GOING VEHICLE.
WHILE CHECKING, SUDDENLY I FELT A GREAT IMPACT FROM
THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE, AND REALIZED, A VEHICLE
BEARING (YP 6009 G) HAD COLLIDED TO THE REAR OF MY
VEHICLE WHILE MY VEHICLE WAS IN STATIONARY POSITION.

VEHICLE A - SJK 3006 M

VEHICLE B - YP 6009 G

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:

18/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180117/2156

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180117/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2018 22:19		Vide Report No.:		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: CHAN XIANGHUI			Address: APT BLK 49 HOY FATT ROAD #10-113 SINGAPORE 150049		
ID Type / ID No.: NRIC NO / S8332678F			Contact No.: Home/Office: Mobile: 96588282		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 15/10/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRODUCT CONSULTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 17:25	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE exiting Jurong Port				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK3006M	Car	MITSUBISHI	COLTPLUS RLT	White	Seriously Damaged	0
YP6009G	Lorry				Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK3006M	EQ INSURANCE COMPANY LTD.	DMPPHQ17- 006346	03/12/2017	02/12/2018



**SINGAPORE
POLICE FORCE**



T/20180117/2156

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180117/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN XIANGHUI	ID No.	S8332678F
Related Vehicle	SJK3006M (Car)	Contact No.	96588282
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
Driver			
Name	DINESH KUMAR S/O ALAGUMALAI	ID No.	S8938282C
Related Vehicle	YP6009G (Lorry)	Contact No.	84064028
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 17/01/2018 at about 1725hrs, I was travelling on my vehicle bearing plate number (SJK3006M) along AYE exiting Jurong Port. I then drove passed a zebra crossing and stopped my car right after that it as there were upcoming vehicles passing through the road. Suddenly, a lorry bearing plate number (YP 6009G) from behind hit onto my vehicle and caused me to suffer a cut on my right side of my head due to the impact. I alighted from my vehicle and discovered that my car's rear was seriously damaged. I then exchanged particulars with the driver of the lorry and both of us left the scene. I would like to inform that I have not visit the doctor yet for my injuries.



**SINGAPORE
POLICE FORCE**



T/20180117/2156

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180117/2156

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:
D /
Sgt 1 NURUL AIN BINTE MOHAMED NAZAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/01/2018 22:19

Classification Of Case:

SN-41

Vehicle No.	SJK 3006 M	Model / Make	MTSUBISHI COLT PLUS
Date of Accident	17/01/2018		
Time of Accident	1725	HRS	
Location of Accident	JURONG PORT AT THE SLIP ROAD FROM JLN AHMAD IBRAHIM		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHAN XIANGHUI		
Telephone No.	H/P : 96588282	Home :	Office :
NRIC	S8332678 F		
Address	BLK 49 HOY PAI ROAD #10-113 S(150049)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	EQ INSURANCE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPH017-006346		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	15 OCT 1983		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	14 MAR 2005		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	CHAN XIANGHUI 96588282		
Name And Contact No.			
Police Report	No,	If Yes, Where? BUKIT MERAH WEST NPC	
Vehicle B No.	SP 6009 G	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8332678F



Name

CHAN XIANGHUI

曾祥輝

Race

CHINESE

Date of birth

15-10-1983

Sex

M

Country/Place of birth

SINGAPORE



S8332678F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8332678F

Name

CHAN XIANGHUI

Birth Date: 15 Oct 1983

Issue Date: 14 May 2005



001341438G

5292560



NRIC No. S8332678F



Date of issue

09-04-2014

APT BLK 49 HOY FATT ROAD #10-113
SINGAPORE 150049

NRIC No: S8332678F

Date: 11/01/2018

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

Class 2B Motorcycles \leq 200 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

PASS DATE

05 Nov 2009

14 May 2005

S / No. 9000094585

S8332678F

NP 428A



Licence No: S8332678F

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.

PRIVATE CAR
Comprehensive

Certificate No.: DMPPHQ17-006346

Form: MX2

Excess:

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

1. Index Mark and Registration Number of Vehicles

SJK3006M

2. Name of Policyholder

CHAN XIANGHUI

3. Effective Date of the Commencement of Insurance for the purpose of the Act

03/12/2017

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.