

NATIONAL Assessment Centre Services

(Ref: 1 Jan 05)

MNA 118008761

Date In: 17/11/18 17:39	Job description	Date & Time Completed	Done by
Ref No: NA/ EQZ 18001130/64	SAS e-filing		
Veh No: SKP 2445Y	E-mail (within 3hrs/ AIO 2hrs)		
D.O.A: 13/11/18 15:00	i-Motor Claim Form		
TP / Reporting Only	i-Motor W/O (Within 24 Hrs, 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:

Unknown.

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

Amr (\$)

Amr (\$)

1st Bill

Add Bill

Claimant's Particulars:-

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:-

QP:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non-INC) against INC \$20

9) N12: Idac Mobile \$20

Invoice dated Fee Charged

Invoice dated Fee Charged

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref: 1

Ref: 2 / 3

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	17/01/2018 17:39
Date Of Accident	13/01/2018 15:00
Exact Location Of Accident	LOR CHUAN TURNING INTO TECHPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2445Y
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	PRIUS
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?	YES
If No, Please state action to be taken	
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	KOH KOK YONG
NRIC No	S8215681Z
Date Of Birth	21/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88131200
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 718 BEDOK RESERVOIR RD #06-4570
Postcode	470718
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	COLLISION - U-TURN
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KOH KOK YONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKP2445Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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.

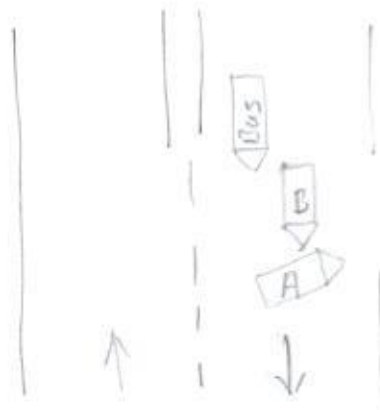
Policyholder's
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare that the particulars are true in every respect

Policyholder's
Date & Time:



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

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

* Amount \$ Vehicle from TP
* Pay to 24 hours

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : ~~13/01/2018~~ 13/01/2018 Time : 1500

Location Of Accident : LOR CHUAN

Country/State of Loss : SINGAPORE

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 : KAN KOK YONG

Date Of Birth : 21/05/1982 Driving Date Pass : 16/06/2003

Driver ID : S8215681Z Occupation : Indoor / Outdoor

H/P Phone No : 8813 1200 Alternative Phone No : _____

Address : BLK 718 BENOK RESERVOIR RD #06-4570 S'PORE 470718

Email Address : hidingkoaches@gmail.com 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 : SKP 2445 Y

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

Road Surface : Dry / Wet / Damp

Approach by Unknown : Yes / No

Number of Passengers (Including Driver) : 1

Injured : Yes / No

Police Reported : Yes / No

Video Camera : Yes / No

7 day ML

2000-2000
2000-2000
2000-2000

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 VEHICLESVehicle Registration No : _____ *Unknown*

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**

6547 6904



T/20180115/2147

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180115/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 18:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KOK YONG			Address: APT BLK 718 BEDOK RESERVOIR RD #06-4570 SINGAPORE 470718		
ID Type / ID No.: NRIC NO / S8215681Z			Contact No.: Home/Office: Mobile: 88131200		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 21/05/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/01/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN				
TURNING INTO TECHPARK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKP2445Y	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180115/2147

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180115/2147

CONTINUATION OF REPORT

Driver			
Name	KOH KOK YONG	ID No.	S8215681Z
Related Vehicle	SKP2445Y (Car)	Contact No.	88131200
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/01/2018	Date Discharge	14/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

13/01/2018 @1500HRS (LORONG CHUAN)

I WAS DRIVING ALONG LORONG CHUAN GOING TO PICK UP A PASSENGER, I WANTED TO MAKE A RIGHT TURN INTO TECHPARK TO GO AROUND IT FOR A U-TURN. I STOP MY VEHICLE FILTER LANE, THERE WAS A BUS INFRONT OF ME. LATER ON THE BUS DRIVER ASK ME TO MOVE FORWARD TO MAKE A RIGHT TURN DUE TO HE STUCK FROM THE TRAFFIC. SO I SLOWLY TURN OUT TO CHECK FOR ANY ONCOMING VEHICLE, WHEN I SLOWLY TURN OUT THE NEXT MOMENT THE CAR COLLIDED WITH MY VEHICLE. I CAN FEEL THE CAR SPEED WAS VERY FAST, HIS FRONT LEFT COLLIDED WITH MY FRONT LEFT WAS BADLY DAMAGED AND THE PASSENGER AIR BAGS WAS ACTIVATED AND MY WINDOW WAS CRECK. THE HE CALLED FOR THE AMBULANCE, I HEARD FROM THE OUTSIDE HE SAID "THE BUS WAS BLOCKING MY WAY, SO I CANNOT SEE". I THINK HE WAS SAYING IT TO THE POLICE OFFICER.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180115/2147

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180115/2147

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/01/2018 18:07

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

TTSH18011027

NAME: KOH KOK YONG

NRIC: S8215681Z

Type of Medical Leave granted : **HOSPITALIZATION LEAVE**

The above named is unfit for duty for a period of **7** day(s) from **13-Jan-2018** to **19-Jan-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **13-Jan-2018 16:16** to **14-Jan-2018 10:08**

14-Jan-2018

TAN LIN LING (14379J)

Date

Issued by

Emergency Department

Location

Signature


A member of National Healthcare Group
Adding years of healthy life

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8215681Z



Name:

KOH KOK YONG

许国荣

Race:

CHINESE

Date of birth:

21-05-1982

Country/Place of birth:

SINGAPORE



Sex:

M

S8215681Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number:

S8215681Z

Name:

KOH KOK YONG

Birth Date: 21 May 1982

Issue Date: 22 Dec 2014



002378704K

5168611



NRIC No. S8215681Z



Date of issue:

07-05-2013

Address:

APT BLK 718 BEDOK RESERVOIR ROAD
#06-4570
SINGAPORE 470718

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

- Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 16 Jun 2003
- Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 23 Jun 2010
- * Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg



Licence No. S8215681Z

NP 428A

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

SKP2445Y

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

unwj1t/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate