

NATIONAL Assessment Centre Services. [print name]

Date In: 19/01/2018 16:37	Job description	Date & Time Completed	Done by
Ref No: NBA/EQI18001215/K4	SAS e-Milling		
Veh No: FRM 3456 G	E-mall (with photo, A/C filter)		
D.O.A: 18/01/2018 08:20	E-Motor Claim Form		
OD: TP X Reporting Only	E-Motor Y/O (with photo, A/C filter)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: (

Tot:

Fax:

TP Particulars: Yeh No: GBB6076H, INC()/Non-INC()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date: _____

Turner

Insured/Driver Liability: () (%) (Note: B/L 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 repeller.

) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice; YES () / NO () ; Towing Co: ()

emoris	UNBoline 67880016)	Date Time Completed	Done by
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) Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

) Upload Resurvey Photo (Repair Cost > \$3000) (

Injury: _____

[illegible]

INVOICE PRODUCTIONS CHECKLIST		DATE	TIME
1) ARI Accident Reporting (\$20)			
2) DAI Damage Assessment (\$100)	INC (\$10)		
3) TPI Towing Fee	\$400.00		
4) FTI Follow-Through Survey	\$120		
5) XT Follow-Through Survey (Recovery)	\$30		
For claimants against INC Only (w/ 10 Jan 2000)			
6) TRI Reimbursement	\$15		
7) NII/DAI + SMART Survey	\$160		
8) NTUC Additional Survey (cost)			
Q11)			
NII Chertsey Off / TPI Allowance	\$5		
NII Repair Coordination	\$10		
NII Post Repair Inspection	\$12		
NII DV / Collision Under Coordination	\$5		
IZ (NII) / TP (NII) INC against INC	\$20		
P) NII Idm Mobile	10		
Invoice dated		Date Charged	
Invoice due		Date 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	19/01/2018 16:37
Date Of Accident	18/01/2018 08:20
Exact Location Of Accident	WEST COAST HIGHWAY NEAR EXIT GANTRY OF WHOLESALE CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3456G
Insured/Policyholder	
Name Of Registered Owner	SUKIANTOH BIN NGAHTEMIN
NRIC No	S1532891F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96863141
Alternative Phone No	OTHERS-96863141

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ17-000742
Cover Note Number	

Driver

Name of Driver	SUKIANTOH BIN NGAHTEMIN
NRIC No	S1532891F
Date Of Birth	10/02/1962
Occupation	INDOOR
Date Of Driving Pass	20/06/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96863141
Fax Number	
Contact Number	OTHERS-96863141
Email Address	NOEMAIL

Address	BLK 611 WOODLANDS RING ROAD #03-213
Postcode	730611
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	SIDE SWIPE
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	GBB6076H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SUKIANTOH BIN NGAHTEMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM3456G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

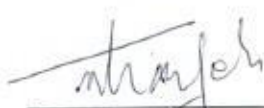
SKETCH PLAN

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 Signature
Date & Time:



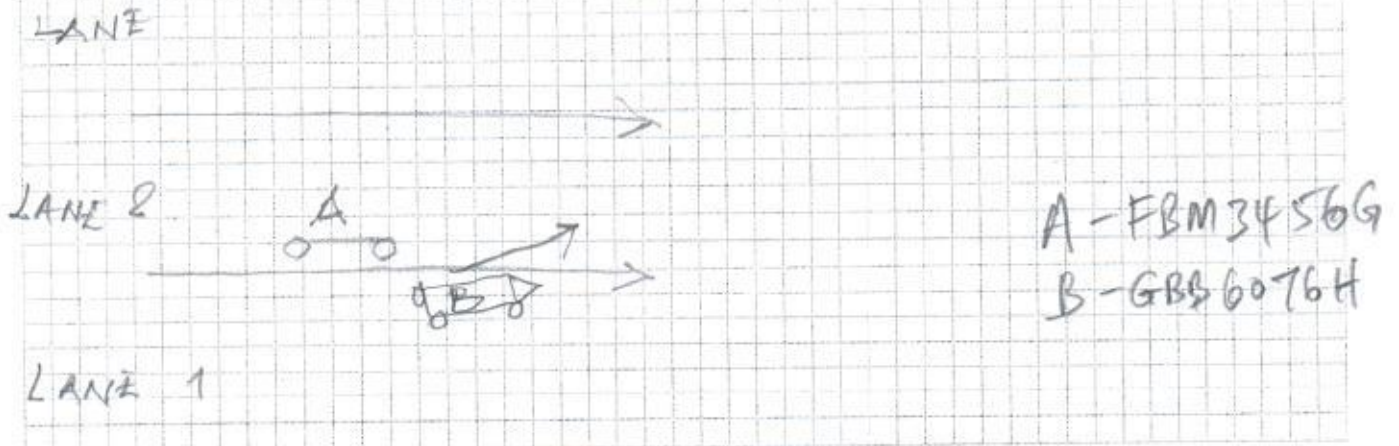
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

West Coast Highway near to the exit gantry of Wholesale Centre.




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

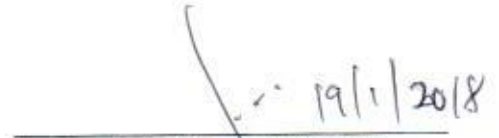
pls Refer to the Police Report -
T/20180118/2042

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.:

Reported on 18/1/2018

@ 12.55 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2018 (DD/MM/YYYY), TIME: 08.20 ^{am} (HH:MM)

LOCATION: West Coast Highway near to the exit gantry of Wholesale Centre

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: FRM 3456G
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96863141
c) ADDRESS:

- * d) DATE OF BIRTH: (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) Slight
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: GBB6076H MODEL:
b) DRIVER'S NAME: CONTACT:
c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME: CONTACT:
c) NRIC/FIN/PASSPORT:

Email =

Fax =

VIDEO

Waiting for motorcycle photo / etc



SINGAPORE POLICE FORCE



T/20180118/2042

1 of 4

Report No. T/20180118/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/01/2018 12:16

Vide Report No.:

Station Diary No.:
25

Informant's Particulars

Name of Informant:
SUKIANTOH BIN NGAHTEMIN

Address:
APT BLK 611 WOODLANDS RING ROAD #03-213
SINGAPORE 730611

ID Type / ID No.:
NRIC NO / S1532891F

Contact No.:
Home/Office: Mobile: 96863141

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 55 Date of Birth: 10/02/1962

Type of Informant:
Rider

Institution / School Name:

Race:
Javanese

Language:
English

Occupation:
Crane operator (port)

Driving Licence Information:
Class: 2B,2A Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
18/01/2018 08:20

Type of Location:
Straight Road

Location:
Along Road 1
WEST COAST HIGHWAY

Along West Coast Highway near to the exit gantry of Wholesale Centre.

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3456G	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
GBB6076H	Van	FIAT	SCUDO 120 MULTIJET 2.0 MT ABS D/AB 2WD	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3456G	EQ INSURANCE COMPANY LTD.	DMMPHQ17-000742	29/09/2017	28/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUKIANTOH BIN NGAHTEMIN	ID No.	S1532891F
Related Vehicle	FBM3456G (Motorcycle)	Contact No.	96863141
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	18/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Witness			
Name	Unknown	ID No.	NIL
Related Vehicle	GBB6076H (Van)	Contact No.	NIL
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 18/01/2018 at about 0822 hrs, I was riding on my motorcycle FBM3456G along West Coast Highway near to the exit gantry of Wholesale Centre. I was travelling straight at the middle of three lanes. Suddenly, a white van GBB6076H, was travelling on the right lane filtered to the middle lane.

This resulted to the left side of the van colliding to the right handle bar of my motorcycle. I lost control of my motorcycle and fell onto the van. I tried to avoid however I could not. Subsequently, the driver of the van stopped and came out asking if I am having any injuries. I told him as of now I do not feel any pain. The driver claimed that he is not at wrong and subsequently left the scene. The damages to my motorcycle are scratches to my handle and body. My motorcycle's wind visor also broken. I also observed that there is a long scratch at the back left side of the van.

Subsequently, I felt something off with my hips thus I went to seek medical attention at Friendship Clinic & Surgery at B/1 Jalan Bukit Merah #01-4524 and was given 3 days of MC from 18/01/2018 to 20/01/2018.



**SINGAPORE
POLICE FORCE**



T/20180118/2042

3 of 4

Report No. T/20180118/2042

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

I wish to add that we did not exchange particulars. No government property damaged. No traffic police or ambulance were not at scene. I am lodging this report for claiming of insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180118/2042

4 of 4

Report No. T/20180118/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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 2 HIDAYAT BIN SELAMAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/01/2018 12:16

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1532891F



Name

SUKIANTOH BIN NGAHTEMIN

Race

JAVANESE

Date of birth

10-02-1962

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number

S1532891F

Name

SUKIANTOH BIN NGAHTEMIN

Birth Date: 10 Feb 1962

Issue Date: 02 Feb 2013



002145776H

4510765



NRIC No: S1532891F



Date of issue

29-12-2009

APT BLK 611 WOODLANDS RING ROAD #03-213
SINGAPORE 730611

NRIC No: S1532891F

Date: 19/11/2012

No: 7202306

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 Jun 2005
Class 2A	Motorcycles between 201 cc and 400 cc	28 Sep 2010
Class 3	Motor Cars <= 3000kg with <= 7 passengers exclusive of the driver; and other motor vehicles <= 2500kg	11 Jul 1993



License No: S1532891F

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. 1978-00400-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

MOTORCYCLE**Third Party Fire & Theft****Certificate No. : DMMPHQ17-000742**

Form: MY1
 Excess: S\$300.00

1. Index Mark and Registration Number of Vehicles
 FBM3456G

2. Name of Policyholder
 SUKIAN TOH BIN NGAHTEMIN

3. Effective Date of the Commencement of Insurance for the purpose of the Act
 29/09/2017

4. Date of Expiry of Insurance
 28/09/2018

5. Person or Classes of persons entitled to drive*
 Restricted to Named Drivers Only
 1) The Policyholder / Insured
 2) SOEHENDRA ZULKARNAEN BIN SUKIAN TOH

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation as to use*
 LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

THE POLICY DOES NOT COVER:

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) 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.

Hire Purchase : SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

A000336/Ban Hock Hin Co. Pte Ltd

Date of Issue : 29/09/2017 15:17

Authorised Signatory
 EQ Insurance Company Limited