


# NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

MNA 118011749

Date In: 24/11/18 10:13	Job description	Date & Time Completed	Done by
Ref No: MA/ EQZ180014101h4	SAS e-filing		
Veh No: SLQ 96890	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/18 07:50	i-Motor Claim Form		
OD:  Reporting Only	i-Motor W/O (Within: OD 2hrs, 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:

SLP 8243L

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

Ant (\$)

Inc Bill

Ant (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal 1:

Cal 2/3:

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) Q1:
- \*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 \$0

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	24/01/2018 10:13
Date Of Accident	23/01/2018 07:50
Exact Location Of Accident	DOVER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8689D
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#### 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	HONDA
Model	VEZEL
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	GOH HUA KEONG(WU HUAQIANG)
NRIC No	S8031959B
Date Of Birth	12/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91051111
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 40 SIMS DRIVE #08-219
Postcode	380040
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 - CHANGE/CROSS LANE
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?	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)	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 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	SLP8243L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN JING
NRIC/Passport Number	S9040799F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

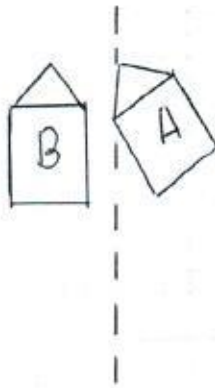


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was switching lane to the right and the third party  
did not give way

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.:



A handwritten signature in black ink, likely belonging to the Reporting Centre Personnel.



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

\* Parking IC and DL  
\*

Date of Accident : 23/01/2018 Time : 0749  
 Location Of Accident : Dover Road  
 Country/State of Loss : \_\_\_\_\_

#### **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 : Goh Hun Keong  
 Date Of Birth : 12/10/1980 Driving Date Pass : \_\_\_\_\_  
 Driver ID : 5803/959B Occupation : **Indoor / Outdoor**  
 H/P Phone No : 71051111 Alternative Phone No : \_\_\_\_\_  
 Address : Blk 40 Sims Drive  
 Email Address : VUF4EVER @ 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 : SLR 8689D  
 Manufacturer : Honda Model : Verza  
 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) : 0 |  
 Injured : **Yes / No**  
 Police Reported : **Yes / No**  
 Video Camera : **Yes / No**

**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 VEHICLES**Vehicle Registration No : SLP 8243 LVehicle Make/Model/Colour : Mitsubishi AttrageName of Driver : Lin Jing Driver's NRIC : S9040799FAddress : 203 Petir Road #02-657

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 : \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8031959B



Name  
GOH HUA KEONG  
(WU HUAQIANG)  
吴华强  
Race  
CHINESE  
Date of birth  
12-10-1980  
Country of birth  
SINGAPORE  
Sex  
M

000198011

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8031959B

GOH HUA KEONG  
(WU HUAQIANG)

Class Date: 12 Oct 1990  
Valid Date: 14 Feb 2005



4642590

NRIC No. S8031959B



Date of issue  
25-10-2010

Address

APT BLK 40 SIMS DRIVE  
#00-219  
SINGAPORE 380040

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

PASS DATE

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

14 Feb 2005

NP 428A





**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.

**COMMERCIAL VEHICLE FLEET  
Comprehensive**

Certificate No.: DMCFHQ17-000185

Form: LCVH

Excess:

## 1. Index Mark and Registration Number of Vehicles

SLQ8689D

Section 1 SGD1,500.00

Outside Singapore SGD1,500.00

Section 2 SGD2,000.00

Outside Singapore SGD2,000.00

YEIDR (Section 2) SGD4,000.00

## 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

unwjt/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate