

NATIONAL Assessment Centre Services

MMA 11802 118020847

Date In: 12/2/18 09:59	Job description	Date & Time Completed	Done by
Ref No: NA/ EQ1 18002742/44	SAS e-filing		
Veh No: 33F 2141 M	E-mail (within 3hrs, AIO 3hrs)		
D.O.A: 10/2/18 13:10	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within OD 3hrs, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wash		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SGW 2296X

INC (

) / Non-INC (

Tel:

Owner / Driver: (

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

Am (\$

Inv Bill

Am (\$

Ass Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref: 1/

Ref: 2/3

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claimants against INC Only (Ref 10 Jan 2015)

6) TR: Re-inspection \$75

7) N1: Ideal DA - SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N1: Courtesy Car / Tpl Allowance \$2

*N1: Repair Coordination \$10

*N1: Post Report Inspection \$20

*N1: DV / Collision Excess Coordination \$2

TR (N1) - TP N1 & INC against Q1 \$10

9) N12: Ideal Mobile \$2

Invoice date:

Fee charged:

Invoice date:

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	12/02/2018 09:59
Date Of Accident	10/02/2018 13:10
Exact Location Of Accident	JUNC OF TOH GUAN ROAD & BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2141M
Insured/Policyholder	
Name Of Registered Owner	LOW GHIT CHYE (LIU ZHICAI)
NRIC No	S8018160D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184754
Alternative Phone No	OFFICE-96184754

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	DMPPHQ16-005637
Cover Note Number	-

Driver

Name of Driver	LOW GHIT CHYE (LIU ZHICAI)
NRIC No	S8018160D
Date Of Birth	28/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96184754
Fax Number	
Contact Number	OFFICE-96184754
Email Address	NOEMAIL

Address	BLK 802A KEAT HONG CLOSE #08-103
Postcode	681802
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?	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)	2
Passenger 1	NAME: : PANG TONG MUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AYER RAJAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 43 TEBAN GARDENS ROAD , POSTCODE: 600043 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5659999 - FAX NO: 66655790
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	SGW2296X
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)

2

DETAILS OF INJURED PERSON 1

Name

PANG TONG MUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJF2141M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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

Lip Ga

P

Toh Guan Rd

A
B

A = SJF 2141 M

B = SGW 2296 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20180210/2127

1 of 4

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180210/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2018 17:32	Vide Report No.: D/20180210/0116	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LOW GHIT CHYE			Address: APT BLK 802A KEAT HONG CLOSE #08-103 SINGAPORE 681802	
ID Type / ID No.: NRIC NO / S8018160D			Contact No.: Home/Office:	Mobile: 96184754
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 28/06/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2018 13:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TOH GUAN ROAD BOON LAY WAY T- JUNCTION AFTER PAN ISLAND EXPRESWAY Lamp Post Number: 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW2296X	Car				Slightly Damaged	1
SJF2141M	Car	HONDA	STREAM 1.8X A	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180210/2127

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF2141M	EQ INSURANCE COMPANY LTD.	DMPPHQ16-005637	30/12/2016	21/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW GHIT CHYE		ID No.	S8018160D
Related Vehicle	SJF2141M (Car)		Contact No.	96184754
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	PANG TONG MUN		ID No.	S8361558G
Related Vehicle	SJF2141M (Car)		Contact No.	97366928
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2018		Date Discharge	10/02/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On the 10/02/2018 at about 1310hrs, I was driving my vehicle a brown in colour Honda Stream bearing registration number SJF2141M along Toh Guan Road towards Boon Lay Way after Toh Guan Flyover. I was with one passenger who is my wife. She was seated at the front left passenger seat. As I was approaching the T-junction of Toh Guan Road towards Boon Lay Way, the traffic light was not in my favour thus I applied my brake and managed to come to a complete stop behind another vehicle on lane two. A few minutes later after coming to a complete stop, I felt an impact from the rear of my vehicle. Only then I realized that we got into a traffic accident.

Immediately I make a check if my wife is ok, but she was in a state of shock thus I called for Ambulance as she was also pregnant. Subsequently I alighted from my vehicle and discovered that a blue in colour Honda Jazz bearing registration number SGW2296X collided onto the rear of my vehicle. Both the driver and passenger seems ok and does not require any medical attention. We then both took photo of the accident scene and waited for the Traffic Police to arrive.



**SINGAPORE
POLICE FORCE**



T/20180210/2127

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No. T/20180210/2127

CONTINUATION OF REPORT

Upon arrival of the Traffic Police we were both advised to lodge a traffic accident report and was issued with a case card bearing incident number D/20180210/0116.



**SINGAPORE
POLICE FORCE**



T/20180210/2127

4 of 4

Report No. T/20180210/2127

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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 MUHAMMAD SADLI BIN MOHD NASIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2018 17:32

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168

 SINGAPORE POLICE FORCE	SN 35
SIGNATURE	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8018160D



Name
LOW GHIT CHYE
(LIU ZHICAI)
刘志才

Race
CHINESE

Date of birth **28-06-1980** Sex **M** S8018160D

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8018160D**
Name:
LOW GHIT CHYE
(LIU ZHICAI)

Birth Date: **28 Jun 1980**
Issue Date: **22 Apr 2005**

001336973C

3712712




NRIC No. **S8018160D** 42459

Date of issue
22-04-2005

APT BLK 802A KEAT HONG CLOSE #08-103
SINGAPORE 681802

NRIC No. **S8018160D** Date: **12/07/2016**

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

		PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	19 Jan 2000
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Sep 2003

NP 428A

Licence No: **S8018160D**

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.: DMPPHQ16-005637

Form: MX2

Excess:

Insured/Named Driver SGD600.00

Unnamed Drivers SGD1,100.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

SJF2141M

2. Name of Policyholder

LOW GHIT CHYE (LIU ZHICAI)

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

30/12/2016

4. Date of Expiry of Insurance

21/05/2018

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.

LQ BUSINESS PTE LTD

UEN NO. 201700648N

180B BENCOOLEN STREET

#04-02, THE BENCOOLEN

SINGAPORE 189648

Tel: 6333-4136 Fax: 6334-5238

unwsbh/HO/A000248/LQ Business Pte Ltd



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited