

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MJA/18024106

Date In: 10/1/18-19:58	Job description	Date & Time Completed	Done by
Ref No: NA/EP/18003168/24	SAS e-filing		
Veh No: 5609865	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 10/1/18-16:30	i-Motor Claim Form		
OD : TP / 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: Vch No: 3547424 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% P: 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 (\$)  
Int Bill

Ant (\$)  
Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TP : 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) NI : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N:n INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Dat. 1:

Dat. 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	19/02/2018 19:58
Date Of Accident	16/02/2018 16:30
Exact Location Of Accident	ALONG AH18 BEFORE JUNC TANJUNG PAHANG
Country/State of Loss	MALAYSIA/PAHANG DARUL MAKMUR

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD986S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89999999
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### 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	NG YONG YU (HUANG YONGYU)
NRIC No	S8309456G
Date Of Birth	24/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2002
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90304603
Fax Number	
Contact Number	OFFICE-90304603
Email Address	NOEMAIL

Address	BLK 219 JURONG EAST STREET 21 #10-615
Postcode	600219
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BJH7424 (MOTORCYCLE)
Number of vehicles involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KETUA POLIS DAERAH ROMPIN, 26700 MUADZAM SHAH, ROMPIN, PAHANG
Police Station Address	ROAD: 26700 MUADZAM SHAH , POSTCODE: 26700 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 09-4522222 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - TRAFIK ROMPIN/000182/18 & TRAFIK ROMPIN/000183/18.

#### 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	BJH7424
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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.

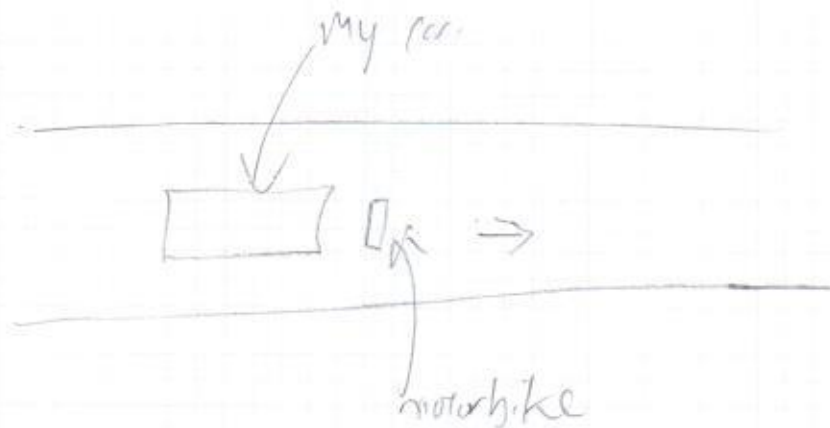


Policyholder's Signature  
Date & Time:

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

I was driving straight from Kuantan to Singapore on the 198 Jalan Kuantan - Johor Bahru, suddenly out of no where a motorbike drive across the road diagonally to the other side, it was too sudden, I brake but was not able to stop in time and hit the motorcycle.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 2 / 18) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: Along AH18 Lebre junction Tanjung Pahang

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD9865  
b) INSURANCE COMPANY: EQI  
c) POLICY NUMBER: DMCF4217-000185  
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: Commercial  
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: Rock Limousine Services Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Ng Yeng Yi Ching Yeng Yi (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S83294569 CONTACT: 90304603  
c) ADDRESS: Blk 84 Jorong Bay West 21 & 10-6K (602719)

\*d) DATE OF BIRTH: (24 / 3 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 2/2002 (C1983 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: D347424 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = teddyng.ky@gmail.com

fax = \_\_\_\_\_

\* No of passenger  
(including d)  
(1)

\* No of pass  
(including d)  
(1)

\* No of pass  
(including d)  
(1)



# POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TG GEMOK Pegawai Penyiasat : R190234  
Daerah : ROMPIN  
Kontinjen : PAHANG  
No Repot : TRAFIK ROMPIN/000182/18  
Tarikh : 16/02/2018  
Waktu : 1819 PM  
Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot**

Nama : MOHAMAD HAFIZUDDIN BIN ABDUL MUTALIB No Personel : R200235 Pangkat : KONST/P

**Butir-butir Jurubahasa (Jika Ada)**

Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---  
No Paspot : --- Bahasa Asal : ---  
Alamat : ---

**Butir-butir Pengadu**

Nama : NG YONG YU  
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : E6905393K  
No Sijil Beranak : ---  
Jantina : Lelaki Tarikh Lahir : 24/03/1983 Umur : 34 tahun 10 bulan  
Keturunan : Cina Warganegara : Singapore  
Pekerjaan : SALESMAN  
Alamat Tempat Tinggal : 219 JURONG EAST STREET 21 10615 SINGAPORE 600219, 600219  
Alamat Ibu/Bapa : ---  
Alamat Pejabat : ---  
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 6590304603  
Emel : ---

**Pengadu Menyatakan:-**

DI SALIN DARI SEHELAI KERTAS PUTIH

16 FEB 2018, 1630HRS, I WAS DRIVING MY CAR PLAT NO (SLD 9868 S) MODEL MITSUBISHI ATTRAGE STRAIGHT FROM KUANTAN TO SINGAPORE ON KM 158 JALAN KUANTAN-JOHOR BARU, SUDDENLY OUT OF NO WHERE, A MOTORBIKE DRIVE ACROSS THE ROAD, FROM 1 SIDE DIAGONALLY TO THE OTHER SIDE, I JAMMED MY EMERGENCY BRAKE WHEN I SAW THE MOTORCYCLE, BUT IT WAS TOO NEAR AND I WAS NOT ABLE TO STOP ON TIME AND HIT THE MOTORCYCLE. THE RIDER RUN AWAY AFTER THE COLLISION. THE DAMAGE TO MY CAR IS DAMAGE TO THE FRONT PART OF CAR, LEAKING FLUID IS SPOTTED UNDER THE CAR, WIND SCREEN BREAK, AIR BAG WAS ACTIVATED AND OTHER DAMAGES I NOT SURE YET, THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R200235 | 16/02/2018 06:31:47 PM





# POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TG GEMOK  
Daerah : ROMPIN  
Kontinjen : PAHANG  
No Repot : TRAFIK ROMPIN/000183/18  
Tarikh : 16/02/2018  
Waktu : 1902 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R190234

## Butir-butir Penerima Repot

Nama : MOHAMAD HAFIZUDDIN BIN ABDUL MUTALIB

No Personel : R200235

Pangkat : KONST/P

## Butir-butir Jurubahasa (Jika Ada)

Nama : ---  
No Paspot : ---  
Alamat : ---

No K/P (Baru) : ---  
Bahasa Asal : ---

No Polis/Tentera : ---

## Butir-butir Pengadu

Nama : NG YONG YU

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E6905393K

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 24/03/1983

Umur : 34 tahun 10 bulan

Keturunan : Melayu

Warganegara : Malaysia

Pekerjaan : SALESMAN

Alamat Tempat Tinggal : 219 JURONG EAST STREET 21 10615 SINGAPORE

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6590304603

Emel : ---

## Pengadu Menyatakan:-

ACCORDING TO TRAFIK ROMPIN REPORT:182/18, I WANT TO MAKE AN ADDITION TO MY REPORT WHICH IS REGISTERED NUMBER FOR MOTORCYCLE IS -BJH 7424- MODEL MODENAS KRISS AND I BELIEVE THE RIDER IS (1) FEMALE AND SHE IS ILLEGAL IMMIGRANT ACCORDING TO THE WITNESS MR HENG, PHONE NUMBER 012-7614386. THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R200235 | 16/02/2018 07:06:27 PM

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8309456G



Name

NG YONG YU  
(HUANG YONGYU)

黄永裕

Race

CHINESE

Date of birth

24-03-1983

Sex

M

S8309456G

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8309456G

Name:

NG YONG YU (HUANG  
YONGYU)

Birth Date: 24 Mar 1983

Issue Date: 26 Dec 2002



NRIC No. S8309456G



Date of issue

04-04-2013

Address

APT BLK 219 JURONG EAST STREET 21  
#10-615  
SINGAPORE 600219

4857461

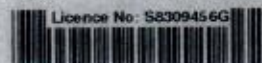
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

26 Dec 2002



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**  
SLD986S

**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.

Form: LCVH  
Excess:  
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

