

# NATIONAL Assessment Centre Services: [wef 1 Jan'05] MHA 118030275

Date In: 5/3/18-15:34	Job description	Date & Time Completed	Done by
Ref No: NA/ERT18000219/24	SAS e-filing		
Veh No: GE89076	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/3/18-12:30	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:	Veh No: SHD 3176R	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD:		
	*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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:	Invoice dated	Fee Charged	
Pat. 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	05/03/2018 15:34
Date Of Accident	04/03/2018 12:30
Exact Location Of Accident	JUNC PUNGGOL RD & TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8907L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIN SAID BIN SUPRI
NRIC No	S0102141I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81255446
Alternative Phone No	OFFICE-81255446

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
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	DMPPHQ17-002538
Cover Note Number	

### Driver

Name of Driver	NIN SAID BIN SUPRI
NRIC No	S0102141I
Date Of Birth	18/04/1955
Occupation	INDOOR
Date Of Driving Pass	23/01/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81255446
Fax Number	
Contact Number	OFFICE-81255446
Email Address	NOEMAIL

Address	BLK 704 YISHUN AVENUE 5 #03-220
Postcode	760704
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	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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

REFER TO 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	SHD3176R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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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.



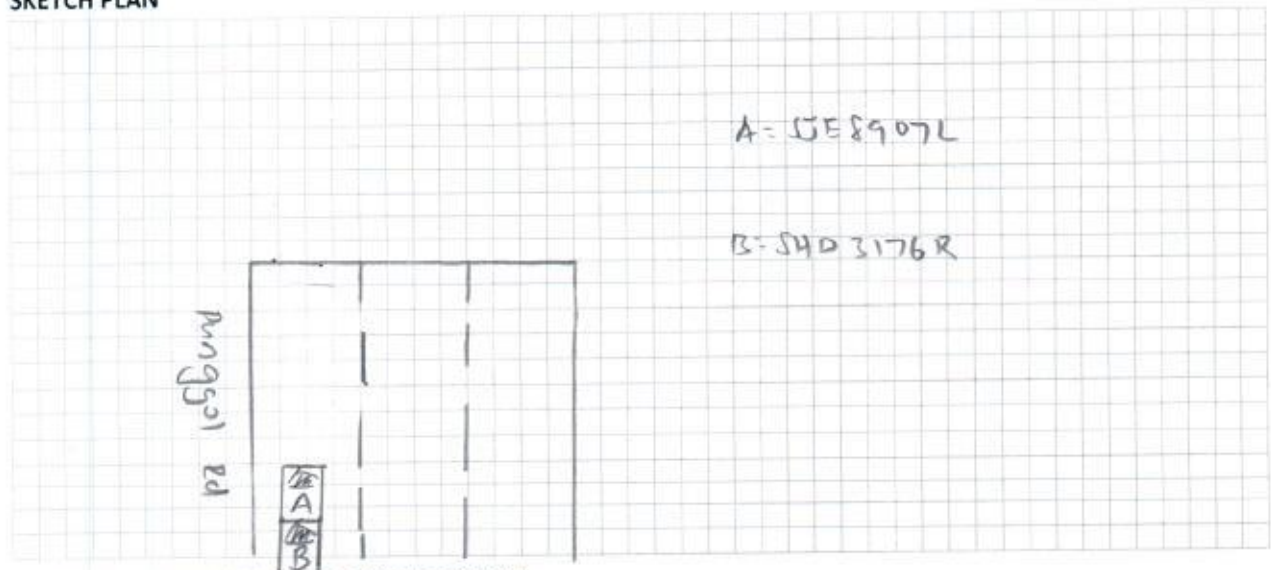
Policyholder's Signature  
Date & Time:

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

Refer to statement.

## 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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNCTION PUNGGOL RD AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 4 / 3 / 18 ) (DD/MM/YYYY), TIME: ( 12 : 30 ) (HH:MM)

LOCATION: Anggal Rd 2 TPE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE8907L MPV  
 b) INSURANCE COMPANY: EQT  
 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: Private use  
 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: Nin Said Bin Supri ( MALE / FEMALE )  
 b) NRIC/FIN/PASSPORT: S0102141Z CONTACT: 81255446  
 c) ADDRESS: 116 24 Yishun Avenue 5 # 07-220 (760704)

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

## 3. DRIVER

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

\* d) DATE OF BIRTH: ( 18 / 4 / 1953 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 23 / 1 / 1980

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SHD3176R 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: \_\_\_\_\_

\* No of  
passenger  
(including d  
(2)  
\* male

\* No of pass  
(including d  
(1)

\* No of pass  
(including d  
(-)

email =

fax =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S01021411**

Name: **NIN SAID BIN SUPRI**

Birth Date: **18 Apr 1955**

Issue Date: **12 Mar 2003**

000283637M

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S01021411**

Name: **NIN SAID BIN SUPRI**

نن سعيد بن صوفي

Race: **BOYANESE**

Date of Birth: **18-04-1955** Sex: **M**

Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	15 Apr 1977
Class 2	Motorcycles exceeding 400 cc	15 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jan 1969
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	24 Feb 1981
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 May 1981

Licence No: **S01021411**

TP 428A

1462640

NRIC No: **S01021411**

Blood Group: **O+** Date of issue: **25-11-1993**

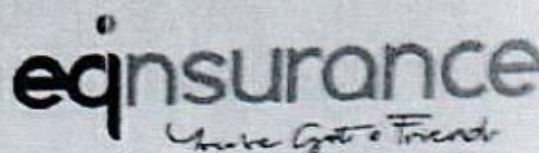
**APT BLK 704 YISHUN AVENUE 5 #03-220**  
**SINGAPORE 760704**

NRIC No: **S01021411** Date: **25/06/2014**



**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**PRIVATE CAR  
Comprehensive**

Certificate No. : DMPPHQ17-002538

**1. Index Mark and Registration Number of Vehicles**

SJE8907L

**2. Name of Policyholder**

Nin Said Bin Supri

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

12/05/2017

**4. Date of Expiry of Insurance**

11/05/2018

**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 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\***

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.

Hire Purchase : STANDARD CHARTERED BANK (SINGAPORE) LIMITED

A000005/Marilyn Lim Lay Lay  
Date of Issue : 05/05/2017 16:04Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ16-002134