

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA118037271-01

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/3/18 -15:37   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/ERT18005135/24 | SAS e-filing                             |                       |         |
| Veh No: SK249237          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A.: 16/3/18-15:25     | 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: 4BC5774C 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  | Amnt (\$)<br>Inc Bill | Amnt (\$)<br>Add Bill |  |
|---------------------------------|--|-----------------------|-----------------------|--|
| Claimant's Particulars:-        | 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   |                       |                       |  |
|                                 | 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:-  |                       |                       |  |
| QC Checked by (Engr-In-Charge): | Q1*<br>*N5: Courtesy Car / Tpt Allowance \$5<br>*N6: Repair Co-ordination \$10<br>*N7: Post Repair Inspection \$25<br>*N8: DV / Collect Excess Coordination \$5<br>*N11: TP (Non INC) against INC \$20 |                       |                       |  |
| Auditors' Comments:-            | 9) N12: Idac Mobile \$0  |                       |                       |  |
| Dat. 1:                         | Invoice dated  | Fee Charged           |                       |  |
| Dat. 2 / 3:                     | 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             | 19/03/2018 15:37               |
| Date Of Accident           | 16/03/2018 15:25               |
| Exact Location Of Accident | AMK AVE 3 AFTER JUNC AMK AVE 8 |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SKZ4923T                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | 200406722Z                       |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-89999999                  |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | WISH 1.8 CVT |
| 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? | YES          |
| If No, Please state action to be taken                                       |              |
| 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       | MUHAMMAD ZAKI BIN AHMAD MAKRUF |
| NRIC No              | S7500641A                      |
| Date Of Birth        | 10/01/1975                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 18/05/2001                     |
| Driving Experience   | 16 YEARS AND 9 MONTHS          |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-83866977           |
| Fax Number           |                                |
| Contact Number       | OFFICE-83866977                |
| Email Address        | NOEMAIL                        |

|   |   |
|---|---|
| Address   | BLK 700C ANG MO KIO AVENUE 6<br>#02-330 |
| Postcode  | 563700                                  |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | WET             |

#### 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

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         | GBC5774C           |
| 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) | 1                  |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SHC583Z |
|-----------------------------|---------|

|                                     |      |
|-------------------------------------|------|
| 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.
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.

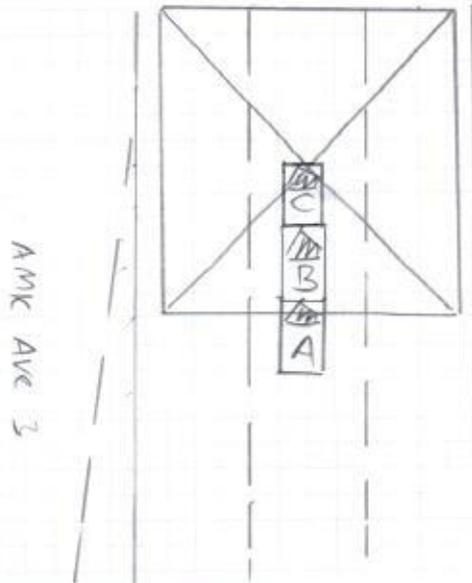


Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



A: SKZ 49237

B: ABC 5774C

C: JHC 583Z

**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, I WAS TRAVELLING ALONG AMK AVE 3. VEHICLE C BRAKE HIS VEHICLE. VEHICLE B BRAKE HIS VEHICLE. I BRAKE MY VEHICLE AND THE ROAD SURFACE WAS WET AS AFTER RAIN AND MY VEHICLE SKIDDED. I HIT ONTO VEHICLE B REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 3 / 18) (DD/MM/YYYY), TIME: (15 : 35) (HH:MM)

LOCATION: AMK Ave 3 before junction AMK Ave 8

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Skz 49237  
b) INSURANCE COMPANY: EQI  
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: 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: Rose + (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: Muhammad zaki Bin Ahmad Makruf (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7500641A CONTACT: 838 66977  
c) ADDRESS: Blok 700C Ang Mo Kio Avenue 6 #02-330 (567700)

\*d) DATE OF BIRTH: (16 / 1 / 1975) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 18/5/2001

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: 6BC5T14C MODEL: \_\_\_\_\_ \*No of passs  
b) DRIVER'S NAME: \_\_\_\_\_ (Including dr  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (1)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JHC 5832 MODEL: \_\_\_\_\_ \*No of passs  
e) DRIVER'S NAME: \_\_\_\_\_ (Including dr  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (1)

email = ikaz72275@gmail.com

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7500641A



Name  
**MUHAMMAD ZAKI BIN AHMAD  
MAKRUF**  
محمد زاکي بن احمد معروف  
Race  
**MALAY**  
Date of Birth 10-01-1975 Sex M  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7500641A**  
Name:



**MUHAMMAD ZAKI BIN AHMAD  
MAKRUF**

Birth Date: 10 Jan 1975  
Issue Date: 09 Dec 2017



9945113

NRIC No. S7500641A

Blood Group Date of issue  
O+ 21-02-1997

Address  
100 ANG MO KIO AVENUE 6 #02-330  
SINGAPORE 663700  
NRIC No: S7500641A Date: 21-07-2003 No: 4714704

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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE

18 May 2001

NP 428A



Licence No: S7500641A

**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. 1978-00480-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

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

SKZ4923T

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

**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/H0/B000042/NEWSTATE STENHOUSE (

A Member of Citystate