

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MHA 118037108**

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/3/18-14:05    | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/ERZ18005139/24 | SAS e-filing                             |                       |         |
| Veh No: SK78987P          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 23/2/18-18:30      | 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: **SLM7153K** 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                   | Amt (\$)<br>In Bill | Amt (\$)<br>Add Bill |
|----------------------------------|---|---------------------|----------------------|
| <b>Claimant's Particulars :-</b> | 1) AR : Accident Reporting (\$30);              |                     |                      |
| Driver/Owner:                    | 2) DA : Damage Assessment (\$100); INC (\$80)   |                     |                      |
| Contact No:                      | 3) TF : Towing Fee \$40/\$45                    |                     |                      |
| Damaged Portion:                 | 4) FT : Follow-Through Survey \$120             |                     |                      |
| QC Checked by (Engr-In-Charge):  | 5) FT : Follow-Through Survey (Resurvey) \$30   |                     |                      |
| <b>Auditors' Comments :-</b>     | For claiming against INC Only (wef 10 Jan 2005) |                     |                      |
| Pat. 1:                          | 6) TR : Re-inspection \$75                      |                     |                      |
| Pat. 2 / 3:                      | 7) N1 : Idac DA + SMRT Survey \$160             |                     |                      |
|                                  | 8) NTUC Additional Services:-                   |                     |                      |
|                                  | OD*   |                     |                      |
|                                  | *N5: Courtesy Car / Tpl 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 30                          |                     |                      |
|                                  | 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             | 19/03/2018 14:05 |
| Date Of Accident           | 23/02/2018 18:30 |
| Exact Location Of Accident | GAMBAS AVE       |
| Country/State of Loss      | SINGAPORE        |

**DETAILS OF OWN VEHICLE**

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SKT8987P |
|-----------------------------|----------|

**Insured/Policyholder**

|                          |                                  |
|--------------------------|----------------------------------|
| 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   | MAZDA                            |
| Model  | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT |
| 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       | ZAIRULNISHAM BIN ZAINUDIN |
| NRIC No              | S9011206F                 |
| Date Of Birth        | 04/04/1990                |
| Occupation           | OUTDOOR                   |
| Date Of Driving Pass | 15/10/2009                |
| Driving Experience   | 8 YEARS AND 4 MONTHS      |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-98736609      |
| Fax Number           |                           |
| Contact Number       | OFFICE-98736609           |
| EMail Address        | NOEMAIL                   |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 112 RIVERVALE WALK<br>#09-53 |
| Postcode  | 540112                           |
| 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 - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | WET                      |

#### 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)   | 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         | SLM7153K    |
| 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) |             |

**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  
Date & Time:

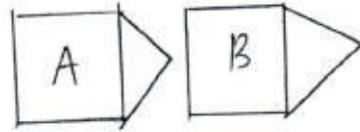
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

10/03/13 1030hrs

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

A! - SKT 2997 P

B! - SLM 7153 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25 Feb 2018, I was at Giambas Ave junction and my car was at stationary. I press the brake pedal while looking at the GPS and I was not aware that the car moved slightly forward and it kiss the bumper of the front car. ~~then~~ I took pictures of the incident and the condition of the car. There were no scratches or dent on the third party car. The third party then informed me that he will write the report about this incident. For my side, there are no visible scratches on my car or any dent.

DECLARATION



*[Handwritten signature]*

*[Handwritten signature]*

Policyholder Name:  
Date & Time:

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

Reporting Centre Name:  
Date & Time:  
NIC/FIN No.:

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

Date of Accident : 23 February 2018 Time : 1830hrs

Location Of Accident : STAMBAS AVE

Country/State of Loss : SINGAPORE

**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 : ZAIRULNISHAM BIN ZAINUDDIN

Date Of Birth : 04 APRIL 1990 Driving Date Pass : 15 Oct 2009

Driver ID : \_\_\_\_\_ Occupation : Indoor / Outdoor

H/P Phone No : 9873 6609 Alternative Phone No : \_\_\_\_\_

Address : BLK 112 RIVERVALE WALK #09-53 SINGAPORE 540112

Email Address : zairulnisham90@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 : SKT 8987P

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

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) : 1

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 : SLM 7153K

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 : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait Number: **S9011206F**

Name: **ZAIRULNISHAM BIN ZAINUDIN**

Exp. Date: **04 Apr 1990**  
Issue Date: **19 Sep 2013**

0022258730



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9011206F**



Name: **ZAIRULNISHAM BIN ZAINUDIN**

Race: **MALAY**

Date of birth: **04-04-1990**

Country/Piece of birth: **SINGAPORE**

Sex: **M**

5226583

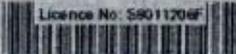



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| CLASS   | VEHICLE CLASSIFICATION   | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor Cars - < 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles - < 2500kg | 15 Oct 2009    |

HP 438A

Licence No: **S9011206F**



5226583



NRIC No: **S9011206F**



Date of issue: **19-09-2013**

Address: **APT BLK 112 RIVERVALE WALK  
#09-53  
SINGAPORE 540112**

**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

Form: LCVH

Excess:

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

SKT8987P

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