

# NATIONAL Assessment Centre Services

[wef 1 Jan'09] MNA118047903

Date In: 10/1/18 - 17:32	Job description	Date & Time Completed	Done by
Ref No: NA/ERT18006636/24	SAS e-filing		
Veh No: 5482933	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/1/18-20150	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: SBS51507

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 (\$)

Amt (\$)

In Bill

Add Bill

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

Q1:

\*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 (N11) 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 :-

Ref. 1:

Ref. 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	10/04/2018 17:32
Date Of Accident	06/04/2018 20:50
Exact Location Of Accident	BEFORE DROP-OFF POINT AT TAMPINES EAST STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8293J
<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	COROLLA ALTIS CLASSIC 1.6 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	SIM KOK POH
NRIC No	S1577364B
Date Of Birth	10/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91237737
Fax Number	
Contact Number	OFFICE-91237737
Email Address	NOEMAIL

Address	BLK 641 ANG MO KIO AVENUE 4 #10-842
Postcode	560641
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 - CHANGE/CROSS LANE
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)	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	SBS5150T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SARAVANAN A/L S MANIAM
NRIC/Passport Number	F7279465Q
Contact Number	18002872727
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.

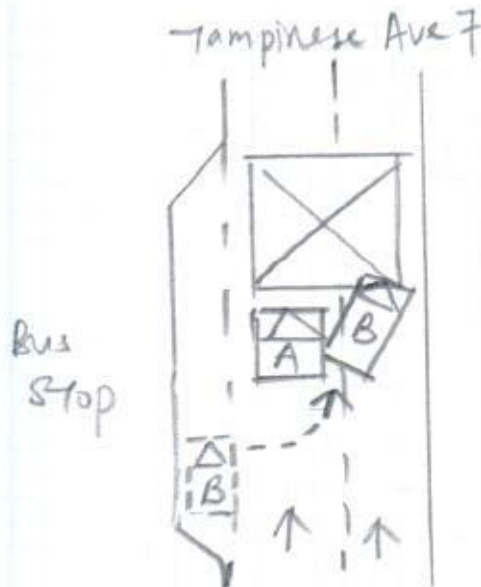
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



A = SLH 8293J  
B = SBS 5150T

*[Handwritten signature]*

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary along the left most lane of Tampines Ave 7 before the yellow-box. At the time of accident, traffic along the left most lanes was congested and all vehicles were come to a halt. Bus B, making a right turns out from the bus-stop and whiles it was filtering from the left most lanes towards the right most lanes, it left rear hit onto the right side portion of my car. After hitting my car the Bus B did not stop until I chase the bus where both parties came to a stop to exchange details a distance away.

*[Handwritten signature]*

## 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.:

*[Handwritten signature]*



Reported on 7/4/2018  
@ 1400hrs.

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### ACCIDENT DETAILS

Date of accident	06/04/18	(DD/MM/YY)
Time of accident	20:50	(HH:MM)
Exact location of accident	Before the drop off point at Tampines East (DT33)	

### DETAILS OF VEHICLE

Vehicle registration number	SLH 8293J		
Vehicle make and model	TOYOTA ALTIS		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Commercial		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

### INSURANCE INFORMATION

Insurance company	EQ		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### INSURED / POLICY HOLDER

Name	ROSET LIMOUSINE SERVICES PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	200406722Z		
Contact			
Address			

### DRIVER

### SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	SIM KOK POH	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1577364B		
Contact	91237737 / 90697737		
Address	APT BLK 641 ANG MO KIO AVE 4 #10-842 SINGAPORE 560641		
Email address			
Date of birth	10-11-1963		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19.05.1984		

Waiting for (EQ) Certificate?  
\* Email: Teamwork



# GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	01 (Inclusive of driver)

## PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

## WITNESS 1

Name	
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## WITNESS 2

Name	
------	--



THIRD PARTY VEHICLE 1	
Vehicle registration number	SBS 5150T
Vehicle make model	
Name	SARAVANAN A/L S MANIAM
NRIC / Fin / Passport number	F 7279465 Q
Contact	1800 287 2727 (Company)

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1577364B



Name

SIM KOK POH

沈 国 宝

Race

CHINESE

Date of birth

10-11-1963

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1577364B  
Name:

SIM KOK POH

Birth Date: 10 Nov 1963

Issue Date: 16 Mar 2004



4316208

NRIC No. S1577364B



Date of issue

02-12-2008

APT BLK B41 ANG MO KIO AVENUE 4 #10-842

SINGAPORE 560541

NRIC No: S1577364B

Date: 11/07/2015

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

19 May 1984

NP 428A





**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**

SLH8293J

**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