

Date In: 6/4/18 10:37	Job description	Date & Time Completed	Done by
Ref No: NA/EAT 1500 6979/4	SAS e-filing		
Veh No: SKZ 8961 G.	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 30/3/18 03:10	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: SHA 9055H.	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%, F: 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
	X Sketch Plan third party vehicle no

Clientant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$10);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 06/04/2018 10:37 ✓
Date Of Accident 30/03/2018 03:10 ✓
Exact Location Of Accident KPE ECP 2.2KM POINT B4 PIE (TUAS)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ8961G ✓
Insured/Policyholder
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-81301183

Vehicle Particulars

Manufacturer TOYOTA
Model COROLLA ALTIS
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 GOH WEI HAO JONATHAN ✓
NRIC No S9245984E
Date Of Birth 26/11/1992
Occupation OUTDOOR
Date Of Driving Pass 25/06/2015
Driving Experience 2 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91913316
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 62B STRATHMORE AVE #10-54
Postcode	143062
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	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

PLEASE REFER TO ATTACHED 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	SHA9055H
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)

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.

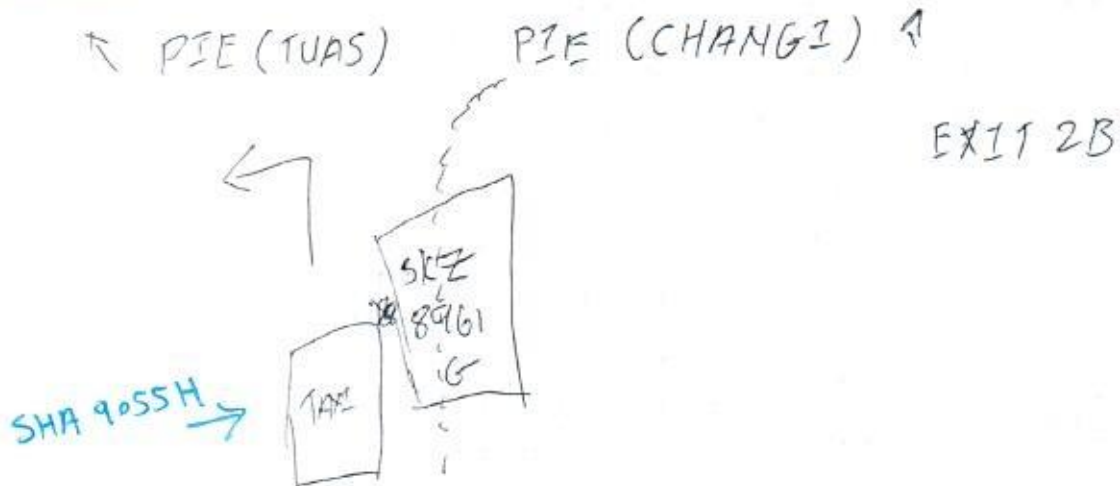
Policyholder's Signature
Date & Time:



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

ACCIDENT HAPPENED ON 30th MARCH 2018 at 3.10 A.M

ALONG KPE ECP 2.2 KM POINT BEFORE PIE (TUAS) &
 PIE (CHANGI) EXIT ^{2B}. WAS CHANGING LANE INTO PIE (TUAS)

HALFWAY INTO THE LANE COLLIDE WITH A TAXI FROM
 THE LEFT. BEFORE CHANGING LANE ALL BLIND SPOT and
 MIRROR CHECKED.

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.:

AK

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

Cross 21000

by photo by rule sheet.

Date of Accident : 30-3-2018 Time : 3.10 AM
 Location Of Accident : KPE ECP 2.2KM POINT BEFORE PICTIVAS
 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 : JONATHAN GOH WEI HAODate Of Birth : 26/11/1992 Driving Date Pass : 25/6/2015Driver ID : 59245484E Occupation : **Indoor / Outdoor**H/P Phone No : 91913316 Alternative Phone No : _____Address : STRATHMORE AVENUE BLK 62B 10-54 S'pore 143062Email Address : jonathangoh92@hotmail.sg Relationship : _____Was driver an employee of the Insured's Company? : **Yes / No**

Driver's Own Vehicle Reg No : _____

Driver's Own Insurer : _____

VEHICLE INFORMATIONVehicle Registration No : SKZ 8961GManufacturer : TOYOTA Model : ALISReporting 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 RainRoad Surface : Dry / Wet / DampApproach by Unknown : **Yes / No**Number of Passengers (Including Driver) : 3Injured : **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 VEHICLESVehicle Registration No : ~~SLE 8961G~~ (SHA 9055H) _____Vehicle Make/Model/Colour : TOYOTA ALTIS WHITE _____Name of Driver : SONATHAN GOH WES HAO Driver's NRIC : 59245984E _____Address : STRATHMORE AVENUE BLK 62B #10-54 S'pore 143062 _____

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

License Number **S9245984E**

Name **GOH WEI HAO, JONATHAN**

Birth Date **26 Nov 1992**

Issue Date **25 Jun 2015**

002443601H





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9245984E**



Name **GOH WEI HAO, JONATHAN**

吴伟豪

Race **CHINESE**

Date of birth **26-11-1992**

Country of birth **SINGAPORE**

Sex **M**

S9245984E



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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **25 Jun 2015**

NP 428A

License No: S9245984E



4141352



NRIC No: **S9245984E**



Date of issue **06-12-2007**

APT BLK 62B STRATHMORE AVENUE #10-54

SINGAPORE 143062

NRIC No: **S9245984E** Date: **05/10/2010** No: **6565740**

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

1. Index Mark and Registration Number of Vehicles

SKZ8961G

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

unwj1t/H0/B000042/NEWSTATE STENHOUSE (



A Member of Citystate