

NATIONAL Assessment Centre Services

[ref: 1 Jan 05]

MNA 118055729

Date In: 28/1/18 10:28	Job description	Date & Time Completed	Done by
Ref No: MNA1EQZ18007840164	SAS e-filing		
Veh No: SKU 6598L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/1/18 16:40	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

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 28/04/2018 10:28
 Date Of Accident 24/04/2018 16:40
 Exact Location Of Accident NEWTON CIRCUS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU6598L
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 ALTIS
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE
 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 HAN SAY KWANG
 NRIC No S0165096C
 Date Of Birth 10/11/1950
 Occupation OUTDOOR
 Date Of Driving Pass 05/07/1975
 Driving Experience 42 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-82071713
 Fax Number
 Contact Number
 EMail Address NOEMAIL

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.
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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

Please

Refer

to

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Scotts Rd while Approaching a traffic Junction, Veh B which was Infront of me suddenly Stop. I manage my brake but cannot stop in time. touch onto Veh B rear portion.



[Signature]

[Signature]

Date & Time

Date & Time

Date & Time

(B) HP 98206577-

NG Soo Hui Birth Date
1/C. 7725505/B. ~~24~~ AUG-1977
VOLVO-990

SJC 6833P /B

16.40 pm.

(A) 82071713

Han Say Kwang
S0165096/C
SKU 6598L.
TOYOTA COT.

Bukit Timah

Neaton
Circle

Scotts Road.

Scotts Road.

a.
B.

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

Date of Accident : 24 / 4 / 18 Time : 16:40.
 Location Of Accident : Newton Circus.
 Country/State of Loss : Singapore.

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : Han Say Kwang
 Email Address : 56 Jalan Hari Raya Reg Owner ID : 578148.
 Mobile Phone No : 82021713 Alternative Phone No : _____

INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : EQT Fleet Policy : Yes / No
 Type Of Coverage : Comprehensive / Third Party Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : _____
 Date Of Birth : _____ Driving Date Pass : _____
 Driver ID : _____ Occupation : Indoor / Outdoor
 H/P Phone No : _____ Alternative Phone No : _____
 Address : _____
 Email Address : _____ Relationship : _____
 Was driver an employee of the Insured's Company? : Yes / No Winer
 Driver's Own Vehicle Reg No : _____ Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SKU 6598 L.
 Manufacturer : _____ Model : Toyota Altis.
 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) : 2 Female.
 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 : SJC 6833P

Vehicle Make/Model/Colour : _____

Name of Driver : Nly Soo Hui Driver's NRIC : S 7725505 B.

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

Licence Number: **S0165096C**

Name: **HAN SAY KWANG**

Birth Date: **10 Nov 1950**

Issue Date: **30 Mar 2004**

1001179703F





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

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Jan 1977
Class 2A	Motorcycles between 201 cc and 400 cc	03 Jan 1977
Class 2	Motorcycles exceeding 400 cc	03 Jan 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Jul 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 Jun 1976
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 Feb 1977

Licence No: S0165096C

NP 425A





14 MAY 2018

→ Refund

ADVICE TO IDENTITY CARD (IC) HOLDER WHO HAS REPORTED LOSS IC

You have reported the loss of your identity card (IC) to our office. If you subsequently recover your IC, you are advised to bring it back to us by 14 MAY 2018 (Mon – Fri: 8.00am to 4.30pm; Sat: 8.00am to 12.30pm) for the facility of the refund of your IC replacement fee. Please come in person to ICA with the following documents:

- ☐ Original IC which was recovered
- ☐ Original IC collection slip
- ☐ A photocopy of your bank passbook showing your particulars, most importantly your account number to facilitate the refund of the IC replacement fee

Any request for refund of IC replacement fee due to recovery of lost IC after above *grace period will not be acceded to. If the lost IC is found after the expiry of grace period, it must be returned to our office for cancellation.

Losing an IC is a serious matter. We would like to take this opportunity to remind you to be extra careful with your IC.



14 MAY 2018

→ refund

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☐

Original IC which was recovered



S0165096C (PINK IC)

FEES

\$100.00

HAN SAY KWANG

Please obtain a queue ticket from the Self Service Ticketing Kiosk.
26/05/2018 → collection

DATE OF ISSUE

26/04/2018

MUHAMMAD DANIAL
BINZAINAL

SIGNATURE/OTP OF RECIPIENT

COLLECTION HOURS - 8.00 am - 4.30 pm (Mon-Fri)
8.00 am - 12.30 pm (Sat)

Your IC will be destroyed if you do not pick it up within 3 months from the collection date and you will have to pay the fee for a new replacement IC. Direct
sworn Collection agent (ICA) may collect the IC on your behalf. Please inform the proxy to produce his/her IC
This may only be done at the ICA Service Centre. Proxy collection is not allowed at SingPost and iCollect
and the collection agent must be the same as the name on the collection slip. Proxy collection is not allowed at SingPost and iCollect

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 068110
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
SKU6598L

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/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Address	56 JLN HARI RAYA
Postcode	578148
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	DRIZZLING
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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	SJC6833P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOO HUI
NRIC/Passport Number	S7725505B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)