

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

19/04/2005 11:30

Date In: 28/04/2005 11:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 114/2005/7950/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SJF 8926B	i-Motor Claim Form		
D.O.A: 27/04/2005 13:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP: Reporting Only	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 7349Z	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

	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	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) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	

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 11:30
Date Of Accident	27/04/2018 13:00
Exact Location Of Accident	SLIP RD FROM MCE TOWARDS CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8926B
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	201618110C
Email Address	YOURSTRULYANIS@GMSIL.COM
Mobile Phone No	(LOCAL) +65-98556335
Alternative Phone No	OFFICE-98556335

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	ANIS FITRI BINTE AMIRRUDIN
NRIC No	S8838086Z
Date Of Birth	08/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98556335
Fax Number	
Contact Number	OTHERS-98556335
EMail Address	YOURSTRULYANIS@GMSIL.COM

Address	BLK 664 WOODLANDS RING ROAD #10-196
Postcode	730664
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	AFTER RAIN
Road Surface	DAMP

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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SHA7349Z
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN AH PENG
NRIC/Passport Number	S1780438C
Contact Number	
Address	BLK 541 CHOA CHU KANG STREET 52 #07-52
Postcode	680541
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



ChfR

2814118

an 20/04/2018
for 21 units

CENTRAL BLVD



A) SJF8926B
B) SHA 7349Z

WHILE TURNING INTO CENTRAL BLVD, THE TAXI IN FRONT SUDDENLY
JAM BRAKE AS THERE WAS A PEDESTRIAN WHO SUDDENLY
DASHED OUT TO CROSS THE ROAD. I THEN JAM BRAKED MY CAR
AND HIT HIS BACK OF THE CAR. BOTH ME AND THE TAXI
DRIVER THEN STOPPED AND EXAMINED THE DAMAGES. BOTH
THE TAXI DRIVER AND I WERE NOT INJURED.



airr

28/4/18

28/04/2018
Derek WATSON

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

Date of Accident : 27/4/18 Time : 1300H

Location Of Accident : MLE TOWARDS CENTRAL BLVD

Country/State of Loss : SINGAPORE

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : RESA AUTO CARE SERVICES PTE LTD

Email Address : ? Reg Owner ID : 20161810C

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 : ANIS FITRI BINTE AMIRRUDIN

Date Of Birth : 08/10/1988 Driving Date Pass : 24/04/2009

Driver ID : S88380862 Occupation : Indoor / Outdoor

H/P Phone No : 98556335 Alternative Phone No : _____

Address : BLK 664 WOODLANDS RING RD #10-196

Email Address : yourstrulyanisa@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 : SJF8926B

Manufacturer : TOYOTA Model : 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

Injured : Yes / No

Road Surface : Dry / Wet / Damp

Police Reported : Yes / No

Approach by Unknown : Yes / No

Video Camera : Yes / No

Number of Passengers (Including Driver) : 01

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 : SHA 73492

Vehicle Make/Model/Colour : HYUNDAI AVANTE

Name of Driver : TAN AH PENG Driver's NRIC : S1780438C

Address : BLK 541 CHOA CHU KANG ST 52 #07-52 S680541

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

IDENTITY CARD NO. S8838086Z



Name

ANIS FITRI BINTE
AMIRRUDIN

Race

MALAY

Date of birth

08-10-1988

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

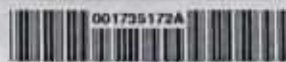
Licence Number S8838086Z

Name

ANIS FITRI BINTE
AMIRRUDIN

Birth Date 08 Oct 1988

Issue Date 24 Apr 2009



001735172A

3413091



Ident No. S8838086Z



Date of issue

14-10-2003

Address

APT BLK 664 WOODLANDS RING ROAD
#10-196
SINGAPORE 730664

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2 Motor Car < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 1500kg 24 Apr 2009

NP 428A



Licence No: S8838086Z

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

1. Index Mark and Registration Number of Vehicles
 SJF8926B

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

unwjt/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Authorised Signatory
 EQ Insurance Company Limited