

NATIONAL Assessment Centre Services (wef 1 Jan 05) MMA 118057235

Date In: 215/18 14:53	Job description	Date & Time Completed	Done by
Ref No: MA1EQZ18007985164	SAS e-filing		
Veh No: SKU 6499S	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/9/18 11:45	i-Motor Claim Form		
<input checked="" type="radio"/> 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: SDA 8825 G	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	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	

Cal 1:

Cal 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	02/05/2018 14:53
Date Of Accident	29/04/2018 11:45
Exact Location Of Accident	ADAM RD TWDS ADAM DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6498S
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE HIRE
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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	MUHAMAD SHAH BIN REGARD
NRIC No	S7015750J
Date Of Birth	21/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90263294
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 19 UPPER BOON KENG RD #04-1210
Postcode 380019
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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: : 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 SDA8825G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHUA KEE LOCK
NRIC/Passport Number S1507108G
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.
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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 signing 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 Ministry, 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 agent (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 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;
 - (ii) to regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for compliance with requirements under any regulations, laws or court orders.

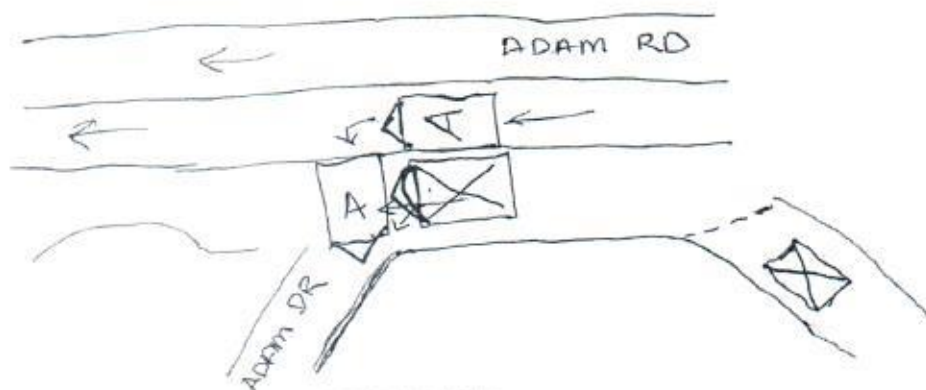


Policyholder
(Date & Time)

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

ON 29/04/18 AT 1145AM AFTER PICKING UP PASSENGERS FROM BUKIT TIMAH SHOPPING CENTRE TO PROCEED TO DESTINATION, WHILE STOPPING TO TURN LEFT TOWARD ADAM RD. AFTER TURNING LEFT TO ~~PROCEED~~ LEFT LANE TO PROCEED, SUDDENLY A VEHICLE FROM MY RIGHT LANE DRIVE IN SHARP LEFT TO MY LANE WITHOUT SIGNALING LEFT. I ADAM BRAKE AND HIT A VEHICLE LEFT SIDE BACK. A CAR (SDA 8825G) SAY THAT IT ~~WAS~~ GOING TO ADAM DR.

A CAR - SDA 8825G

X CAR - SKU6498S

EXPLANATION



Shih

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

Date of Accident : 29-04-2018 Time : 1145am

Location Of Accident : ADAM RD

Country/State of Loss : _____

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 : MUHAMAD SHAH B. REGARD

Date Of Birth : 21-05-1970 Driving Date Pass : _____

Driver ID : ST015750J Occupation : Indoor / Outdoor

H/P Phone No : 90263294 Alternative Phone No : _____

Address : BIK 19, UPPER BOON KENG, #04-1210, SPORE 380019

Email Address : _____ 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 : SKU64985

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) : 3 pax

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 VEHICLESVehicle Registration No : SDA 8825 GVehicle Make/Model/Colour : NISSAN X-TRAILName of Driver : CHUA KEE LOCK Driver's NRIC : S1507108G

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 : _____

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhamad Shah Bin Regard
NRIC/FIN S7015750J has reported to the Police a non-injury traffic accident
which occurred at Adam Road Towards Adam Drive

on 29/04/2018 at 1145 am/pm involving the following vehicles:

SDA 8825G – Chua Lee Lok, S1507108G
SKU6498s – complainant

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Edmund Ong

Date: 29/04/2018 Time: 1312hrs

S/D Ref: 76

Police Post/Unit: Sengkang NPC

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

Version as of 15 Jan 2002

Shah

CONFIDENTIAL



Signature: *[Signature]*

SN 095

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

License Number: **S7015750J**

Name: **MUHAMAD SHAH BIN REGARD**

Birth Date: **21 May 1970**

Issue Date: **26 Jan 2004**

Barcode: **001097848F**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7015750J**

Portrait photo of a man.

Name: **MUHAMAD SHAH BIN REGARD**

Race: **MALAY**

Date of Birth: **21-05-1970**

Country of Birth: **SINGAPORE**

Sex: **M**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jul 1990

Barcode: **License No. S7015750J**

Barcode

License No. **S7015750J**

Portrait photo of a man.

APR CLK 19 UPPER BOON KENG ROAD #04-1210

SINGAPORE SCOUTS

15/08/2013

No: **0910447**

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
SKU649852. Name of Policyholder
ROSET LIMOUSINE SERVICES PTE. LTD.3. Effective Date of the Commencement of Insurance for the purpose of the Act
01/11/20174. Date of Expiry of Insurance
31/10/20185. 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