

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA118057894

Date In: 2/5/18-18:13	Job description	Date & Time Completed	Done by
Ref No: NA/EQZ 1808030/24	SAS e-filing		
Veh No: SKX9834U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/4/18-18:00	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: Unknown	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
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	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	for 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao 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	02/05/2018 18:13
Date Of Accident	28/04/2018 18:00
Exact Location Of Accident	BUANGKOK EAST DR BEFORE JUNC SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9834U
Insured/Policyholder	
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	CAMRY 2.0 AUTO ABS AIRBAG
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

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	POH KAH WEE (FU JIAWEI)
NRIC No	S8034550Z
Date Of Birth	29/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92305986
Fax Number	
Contact Number	OFFICE-92305986
Email Address	NOEMAIL

Address	BLK 371 WOODLANDS AVENUE 1 #11-819
Postcode	730371
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180428/2168.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name POH KAH WEE (FU JIAWEI)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKX9834U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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 willful 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:

Kah Wee

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

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

SKETCH PLAN

Buangkok E Dr



A: 5KX9834 U

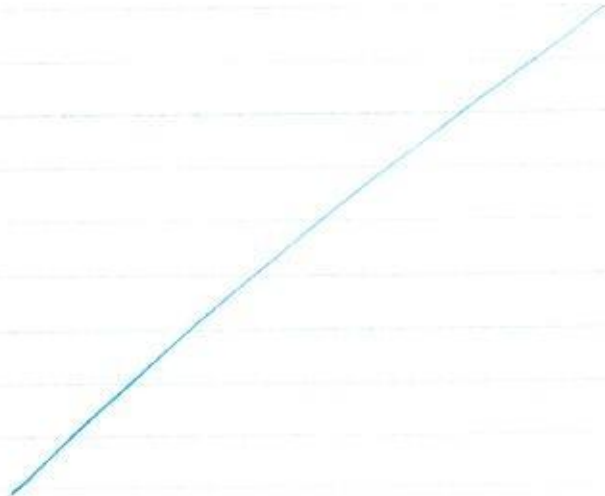
B: Unknown

C: Unknown

D: Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180428/2168.



DECLARATION



Kah Wee

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

Date of Accident : 28/4/18 Time : 18:00

Location Of Accident : Buangkok East Dr before Junc Senglang E Dr

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 : EQT Fleet Policy : **Yes / No**

Type Of Coverage : **Comprehensive / Third Party** Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : Poh Kah Lee (Kui Jia Wei)

Date Of Birth : 29/10/1980 Driving Date Pass : 11/8/2008

Driver ID : 580345502 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** - Hiree

Driver's Own Vehicle Reg No : _____ Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SKX 98340

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) : 2 - passenger (female)

Injured : **Yes / No**

Police Reported : **Yes / No**

Video Camera : **Yes / No**

Driver & passenger

DETAILS OF INJURED PERSON

Name : Poh Kah Wee

Injuries Sustained : Body

Were seat belts worn? : Yes / No

Approximate Age : _____

Injured person in which vehicle? : SIX 98340

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 : Unknown + unknown

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 : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____



SINGAPORE POLICE FORCE



T/20180428/2168

1 of 3

Report No. T/20180428/2168

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 22:10	Vide Report No.: F/20180428/0197	Station Diary No.: 115
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Informant's Particulars

Name of Informant: POH KAH WEE	Address: APT BLK 371 WOODLANDS AVENUE 1 #11-819 SINGAPORE 730371
ID Type / ID No.: NRIC NO / S8034550Z	Contact No.: Home/Office: Mobile: 92305986
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 37 Date of Birth: 29/10/1980	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: PRIVATE CAR DRIVER	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2018 18:00	Type of Location: Bridge
Location: Along Road 1 SENGKANG EAST DRIVE				
Buangkok Bridge				
Weather: Heavy rain	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX9834U	Car	TOYOTA	Camry	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180428/2168

2 of 3

Report No. T/20180428/2168

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	POH KAH WEE	ID No.	S8034550Z
Related Vehicle	NIL	Contact No.	92305986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/04/2018 at about 1800hrs - 1900hrs, I was driving along Buangkok Bridge towards Sengkang East Drive and it was raining heavily. I could not see clearly what was ahead of me and by the time I realized, the vehicle in front of me was already too close and I could not brake in time. I ran into the other vehicle's rear and my front bumper was badly damaged. Three other vehicles were involved in the accident however I did not take note of the car details as I was in shock at that point of time. My passenger was injured and was conveyed to the hospital. Traffic Police was at scene.



**SINGAPORE
POLICE FORCE**



T/20180428/2168

3 of 3

Report No. T/20180428/2168

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 FANG JING WEN, TERENCE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Signature Of Informant:

Date/Time:

28/04/2018 22:10

Classification Of Case:

Authentication Stamp



NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8034550Z**
 Name: **POH KAH WEE (FU JIAWEI)**
 Birth Date: **29 Oct 1980**
 Issue Date: **11 Aug 2008**

001637059J

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S8034550Z**


Name: **POH KAH WEE (FU JIAWEI)**
 傅加伟
 Race: **CHINESE**
 Date of birth: **29-10-1980** Sex: **M**
 Country of birth: **SINGAPORE**

S8034550Z

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

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

PASS DATE: **11 Aug 2008**
 Licence No: **S8034550Z**

NP 428A

REPUBLIC OF SINGAPORE



 SING ID: **S8034550Z**

Date of issue: **29-10-2010**
 Address: **APT 1 BLK 371 WOODLANDS AVENUE 1 #11-819 SINGAPORE 730371**

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
SKX9834U

2. Name of Policyholder
ROSET LIMOUSINE SERVICES PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act
29/03/2018

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

UNWNB/HO/B000070/Newstate Stenhouse (



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited