

# NATIONAL Assessment Centre Services

Ref: JAN05

MMA118070911

Date In: 1/6/18 09:06	Job description	Date & Time Completed	Done by
Ref No: MMA1EAZ18009907144	SAS e-filing		
Veh No: SJE 8230E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3115118 03:30	i-Motor Claim Form		
<input checked="" type="checkbox"/> 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: Lamp post	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	Amt (\$)	Amt (\$)
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		
	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 -		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 2 / 3:	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	01/06/2018 09:06
Date Of Accident	31/05/2018 03:30
Exact Location Of Accident	BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8230E
<b>Insured/Policyholder</b>	
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	WISH
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	CHONG BOON CHIEH EUGENE
NRIC No	S9027942D
Date Of Birth	14/08/1990
Occupation	INDOOR
Date Of Driving Pass	14/06/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605892
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 531 CHOA CHU KANG ST 51 #13-321
Postcode	680531
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	COLLIDED INTO PROPERTY
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	LAMPOST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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  
Date & Time:

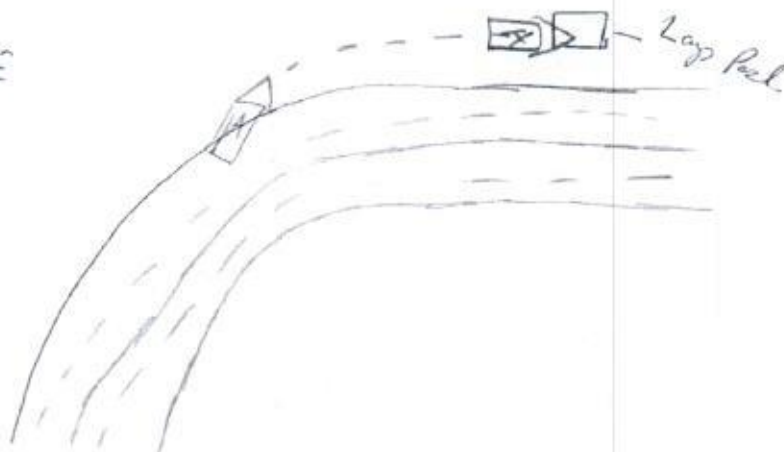
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 31/05/2018 10:55am

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

# SKETCH PLAN

A1: SJE 9230E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 31/05/2018 10.55am

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



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

Date of Accident : 31/05/2018 Time : 0330

Location Of Accident : BUKIT BATOK WEST AVE 8

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 : CHONG BOON CHEH EUGENE

Date Of Birth : 14/08/1990 Driving Date Pass : 14/06/2011

Driver ID : ~~0019724048~~ S9027942D Occupation : **Indoor** / Outdoor

H/P Phone No : 96605892 Alternative Phone No : \_\_\_\_\_

Address : BLK 531 CHOA CHU KANG ST 51 #13-321 SG 680531

Email Address : eugene\_chong90@hotmail.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 : SE 8230E

Manufacturer : TOYOTA Model : WISH

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) : 0

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 : \_\_\_\_\_ *Gov Property (lamp post).*

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 : \_\_\_\_\_





Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180531/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2018 06:32	Vide Report No.: J/20180531/0054	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: CHONG BOON CHIEH, EUGENE			Address: APT BLK 531 CHOA CHU KANG STREET 51 #13-321 SINGAPORE 680531		
ID Type / ID No.: NRIC NO / S9027942D			Contact No.: Home/Office: 96605892      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 14/08/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: ACCOUNTS EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/05/2018 03:30	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 8  BT BATOK WEST AVE 8 towards BT BATOK WEST AVE 3 LP 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE8230E	Car				Seriously Damaged	0



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

CONTINUATION OF REPORT

**Brief Details.**

On the above mentioned date and time, I was driving along Bukit Batok west ave 8 driving at about 60KM/h. When I was arriving at a bend, I noticed my side windows, windscreen and my glasses were fogged up thus I was unable to judge the bend and turn in time. I accidentally mount up the curb and I panicked and stepped onto the accelerator instead of the brakes causing me to hit the lamp post. After hitting the lamp post my vehicle managed to stop and I was able to exit the car and checked. Subsequently Traffic Police attended to me and instructed me to lodge a accident report.

I would like to state my vehicle does not have any vehicle camera. I would wish to inform this is my first time having an accident.



**SINGAPORE POLICE FORCE**

T/20180531/2021

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20180531/2021

**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:

J /

Sgt 2 OH DING FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2018 06:32

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9027942D



Name  
CHONG BOON CHIEH, EUGENE

莊文杰

Race  
CHINESE  
Date of birth  
14-08-1990 Sex  
M  
Country of birth  
SINGAPORE

S9027942D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9027942D

Name

CHONG BOON CHIEH, EUGENE

Birth Date 14 Aug 1990

Issue Date 14 Jun 2011



3760525

NRIC No S9027942D



Date of issue  
26-08-2005

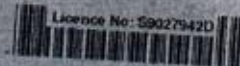
Address  
APT BLK 531 CHOA CHU KANG STREET 51  
#13-321  
SINGAPORE 680531

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 14 Jun 2011

NP 425A



Licence No: S9027942D

**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  
SJE8230E

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/H0/B000042/NESTATE STENHOUSE (



A Member of Citystate