

NATIONAL Assessment Centre Services			
Date In: 13/06/2018 11:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/ED/18010770/Y			
Veh No: SLK 8065K	E-mail (within 8hrs, AIC 2hrs):		
D.O.A: 12/06/2018 10:10	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: BGO 1241	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		Amt (\$) 1st Bill	Amt (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac 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: Idac Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 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	13/06/2018 11:47
Date Of Accident	12/06/2018 10:10
Exact Location Of Accident	JOHOR BAHRU TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3065K
Insured/Policyholder	
Name Of Registered Owner	G-CON FOUNDATION PTE LTD
Co Reg No	201421876C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93828006
Alternative Phone No	OFFICE-93828006

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD FL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPPHQ17-005538
Cover Note Number	

Driver

Name of Driver	CHOO LYE WENG
NRIC No	S2667172H
Date Of Birth	30/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93828006
Fax Number	
Contact Number	OTHERS-93828006
Email Address	NOEMAIL

Address	15 JLN SIERRA PERDANA 3/29 MASAI JOHOR
Postcode	81750
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BGD1241 (PRIVATE CAR)
Number of vehicles involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
Police Station Address	ROAD: JALAN TERBAU , POSTCODE: 80250 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 607-2237977 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 12/06/2018 AT ABOUT 10:00HAR I WAS DRIVE IN MY CAR SLC3065K FROM JOHOR BAHRU TOWARDS SINGAPORE AND AT THE MALAYSIA CAUSEWAY THE TRAFFIC WAS MOVING SLOW AND I STOP, SUDDENLY A CAR BDG1241 FROM THE REAR HIT MY CAR SLC3065K AND MAKE MY CAR MOVE FORWARD AND HIT A CAR JGH5643 WHICH WAS IN FRONT OF ME. THE DAMAGE TO MY CAR WAS SCRATCH ON MY FRONT BUMPER, MY REAR BUMPER, BONNET, RIGHT FENDER, RIGHT BRAKE LIGHT AND OTHERS WHICH I DID NOT NOTICE.

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	BGD1241
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZARUL HAFIFI
NRIC/Passport Number	911110015463
Contact Number	0177894557
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JGH5643

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)

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 Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:


13/06/2020

SKETCH PLAN

Johor Bahru Towards Singapore



(A) SLC 3065K

(B) BGD 1241

(C) JGH 5643

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Malaysia Traffic police report

No :- Trafik Johor Bahru (s) / 014 084 / 18.

AND Letter to Suruhanjaya

DECLARATION

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

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.:

Car 13/06/2018
Rahli unthabz



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J.BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)014084/18
Tarikh : 12/06/2018
Waktu : 2229 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R92851

Butir-butir Penerima Repot
Nama : HASRIN B ABD RAHMAN
Butir-butir Jurubahasa (Jika Ada)
Nama : —
No Pasport : —
Alamat : —

No Personel : R117756

Pangkat : KPL

No K/P (Baru) : —

No Polis/Tentera : —

Bahasa Asal : —

Butir-butir Pengadu
Nama : CHOO LYE WENG
No K/P (Baru) : 620730085633
No Sijil Beranak : —
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SEMDIRI

No Polis/Tentera : 6771840

No Pasport : —

Tarikh Lahir : 30/07/1962

Umur : 55 tahun 10 bulan

Warganegara : Malaysia

Alamat Tempat Tinggal : NO 15 JALAN SIERRA PERDANA 3/29 TAMAN SIERRA P 81750 MASAI JOHOR MALAYSIA

Alamat Ibu/Bapa : —

Alamat Pejabat : —

No Tel (Rumah) : —

No Tel (Pejabat) : —

No Tel (HP) : 0293828006

Emel : —

Pengadu Menyatakan:-

PADA 12/06/2018 JAM LEBIH KURANG 1000HRS SAYA MEMANDU M/KAR NO SLC3085K DARI JOHOR BAHRU HENDAK KE SINGAPURA SEMASA SAMPAI DI TAMBAK JOHOR MASA ITU PERGERAKAN LALULINTAS PERLAHAN SAYA TELAH BERHENTI TIBA-TIBA SEBUAH M/KAR NO BGD1241 DARI ARAH BELAKANG MELANGGAR M/KAR SAYA MENYEBABKAN SAYA TERLAJAK KE HADAPAN MELANGGAR M/KAR NO JGH5643 YANG BERADA DI HADAPAN KEROSAKAN M/KAR SAYA DI BAHAGIAN HADAPAN BUMPER CALAR MANAKALAN BAHAGIAN BELAKANG BUMPER BONET, MUDGURD KANAN, LAMPU BREK KANAN DAN LAIN-LAIN KEROSAKAN SAYA BELUM PASTI LAGI. SEKIAN LAPURAN SAYA.

Tandatangan Pengadu : _____

Tandatangan Jurubahasa (Jika ada) : _____

Tandatangan Penerima Repot : _____

ID Pencetak | Tarikh @ Masa Cetak :

R92851 | 12/06/2018 11:38:44 PM

SALINAN YANG DIKUATI SA

(Ketua Polis Daerah)
 Ibu Pejabat Polis Daerah
 Johor Bahru Selatan

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12/06/2018 (dd/mm/yy) Time of Accident: 10:10 (24-HR-FORMAT)

Vehicle No.: SLC3065K Vehicle Make & Model: _____

Exact location of Accident: _____

Policyholder's Name / IC No.: G-Con Foundation Pte Ltd / 201421876C

Driver's Name / IC No.: Chao Lye Weang / S2667172H (As Above) ☐

Driver's Contact No.: 93828006 Company Contact No: _____

Driver's Address: _____

Insurance Company: EQ Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: M'sia Johor Traffic Police

The Other Party(s) Details:

1. Driver's Name / IC No.: Zarul Hafizi / 911110 015463 Vehicle No.: 3G.D1241

Driver's Contact No.: 0177894557 Insurance Company (If any): Am General Ins Bhd

2. Driver's Name / IC No.: _____ Vehicle No.: 3GH5643

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

License Number: S2667172H

CHOO LYE WENG

Birth Date: 30 Jul 1962

Issue Date: 14 Feb 2008

Barcode: 001570315F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2667172H

Portrait photo of a man.

CHOO LYE WENG

朱來榮

Race: CHINESE

Date of birth: 30-07-1962

Country of birth: MALAYSIA

Sex: M

Small circular photo of a man.

2105808



NRIC No. S2667172H



Nationality
MALAYSIAN

Date of Issue
16-09-2010

15 JLN SIERRA PERDANA 3/20,
81750 MASAI JOHOR

NRIC No: S2667172H Date: 21/05/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

PASS DATE

Class 3 Motor Cars < 3000kg with < 2 passengers, exclusive of the driver, and other motor vehicles < 2500kg 14 Feb 2008

NP 428A

Licence No. S2667172H



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

**PRIVATE CAR
Third Party Only**

Certificate No. : DMPPHQ17-005538

1. Index Mark and Registration Number of Vehicles

SLC3065K

Form: MX2

Excess:

Employee

Non-Employee

S\$0.00 (Section 1 - Own Damage)

S\$0.00 (Section 1 - Own Damage)

2. Name of Policyholder

G-CON FOUNDATION PTE LTD (Not Driving)

3. Effective Date of the Commencement of Insurance for the purpose of the Act

26/10/2017

4. Date of Expiry of Insurance

25/10/2018

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*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.

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.

Hire Purchase :

A000422/Tan & Leong Insurance Agency Pte Ltd

Date of Issue : 20/10/2017 10:12

Authorised Signatory
EQ Insurance Company Limited