

# NATIONAL Assessment Centre Services: [ver 1 Jan 09] MNA 118081002.

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 23/6/18 13:19                                 | Job description                          | Date & Time Completed | Done by |
| Ref No: MNA EQZ 18011440/64                            | SAS e-filing                             |                       |         |
| Veh No: GBE 8447L                                      | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 22/6/18 09:45                                   | i-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="checkbox"/> 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: SLE 3706J.                                       | 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                   | Ant (\$)<br>1st Bill | Ant (\$)<br>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 2009) |                      |                      |
|                                 | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
| QC Checked by (Engr-In-Charge): | OD*   |                      |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$3       |                      |                      |
| Auditors' Comments :-           | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
| Dat. 1:                         | 9) N12: Idac Mobile 30                          |                      |                      |
| Dat. 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             | 23/06/2018 13:19        |
| Date Of Accident           | 22/06/2018 09:45        |
| Exact Location Of Accident | ALONG PAYA LEBAR SQUARE |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBF8447L                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | TOP SPACE INTERIOR PTE LTD |
| Co Reg No                   | -                          |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-81541347            |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | -                  |
| 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? | 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          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCPHQ18-001474          |
| Cover Note Number         | -                        |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LOW KOK KING          |
| NRIC No              | F8467835W             |
| Date Of Birth        | 27/09/1976            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 18/07/2011            |
| Driving Experience   | 6 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81541347  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |



|   |                        |
|---|------------------------|
| Address   | 10 UBI CRESCENT #02-04 |
| Postcode  | 408564                 |
| 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   | COLLISION - CHANGE/CROSS LANE |
| 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)   | 2                     |
| Passenger 1   |                       |
|   | NAME: : LEE GHEE KENG |
|   | GENDER: : MALE        |

#### 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         | SLE3706J    |
| 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.

  
TOP SPACE INTERIOR PTE LTD  
BIZ NO: 20156242W

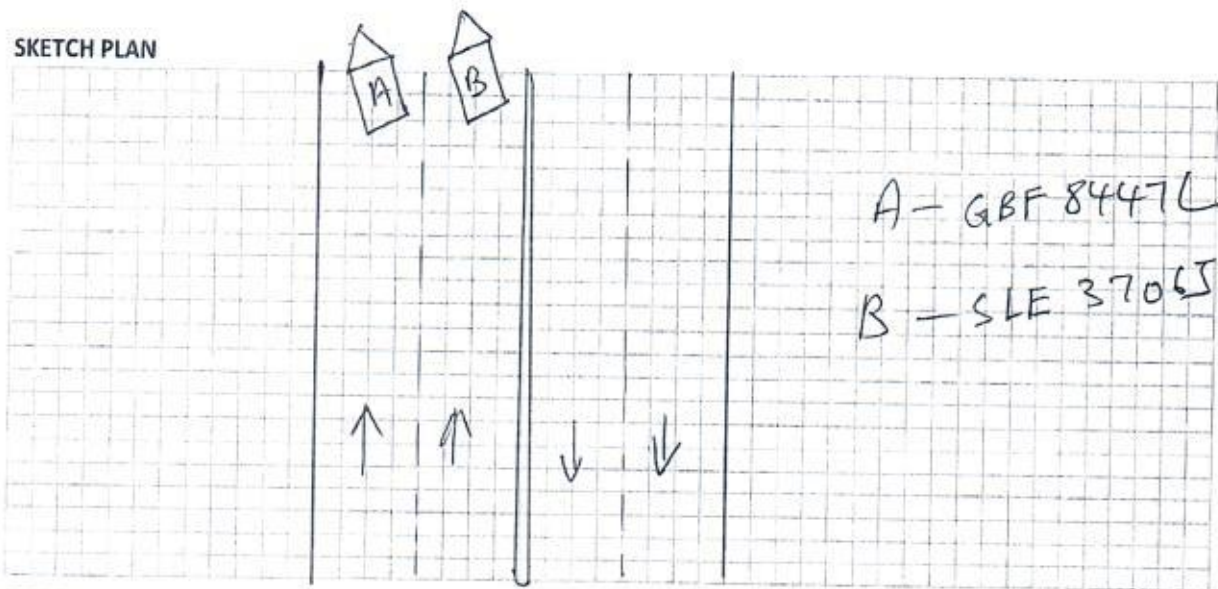
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22/6/18 at 9.45am, I was driving my vehicle A along Paya Lebar Square. Suddenly vehicle B cut into my lane and hit on my RH side rear portion.



DECLARATION  
I/We declare the foregoing particulars are true in every respect.  
TOP SPACE INTERIOR PTE LTD  
BIZ NO: 20156242W

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.:

Date of Accident : 22/6/18 Accident Time: 945am (24-HR-Format)  
 Accident Place : Along Paya Lebar Square  
 Vehicle No. (Car Plate No.) : GBF8447L Make/Model: Toyota  
 Insurance Company : EQ Policy No: DMCA1Q18-001474  
 Owner or Company Name /IC No. : Top Spine Interior Pte Ltd  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Low Kok King / F8467835W  
 DRIVER'S Date Of Birth : 27/9/1976 DRIVER'S License Pass Date 07/07/2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 10 Ubi Crescent #02-04 Ubi Technopark LA 5408564  
 DRIVER'S Contact No./ Alt No. : 1) 81541347 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 person  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

|                              |                              |
|------------------------------|------------------------------|
| Vehicle No: SLE3706J (A1G)   | Vehicle No: _____            |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

LEE GHEE KENG (M)



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**TOP SPACE INTERIOR PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**LOW KOK KING**  
Occupation:  
**CONSTRUCTION WORKER**

Work Permit No.: **5 34826540**  
Date of Application: **24-10-2016**  
Date of Issue: **15-11-2016**  
Date of Expiry: **14-11-2018**

 **L7385894**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **F8467835W**  
Name:  
**LOW KOK KING**

Birth Date: **27 Sep 1976**  
Issue Date: **07 Jul 2016**  
Valid Till: **17/07/2021**

 **002585570**

**VISIT PASS**  
Immigration Regulations

Name:  
**LOW KOK KING**



| Date of Birth     | Sex      | Nationality      |
|-------------------|----------|------------------|
| <b>27-09-1976</b> | <b>M</b> | <b>MALAYSIAN</b> |

| FIN              | Date of Issue     | Date of Expiry    |
|------------------|-------------------|-------------------|
| <b>F8467835W</b> | <b>15-11-2016</b> | <b>14-11-2018</b> |

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU




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

| Class           | Vehicle Description  | Effective Date     |
|-----------------|--|--------------------|
| <b>Class 3</b>  | Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | <b>16 Jul 2011</b> |
| <b>Class 3C</b> | Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver  | <b>07 Jul 2016</b> |

NP 428A

Licence No: **F8467835W**



**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 PRIVATE (SCH I )  
Comprehensive**

Certificate No.: DMCPHQ18-001474

Form: LCVP1

Excess:

Section 1

SGD500.00

YEID-AC

Additional SGD3,000.00

**1. Index Mark and Registration Number of Vehicles**

GBF8447L

**2. Name of Policyholder**

TOP SPACE INTERIOR 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**

28/03/2019

**5. Person or Classes of Persons entitled to drive\***

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\*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.

**MDIVINE INSURANCE AGENCY**

62 UBI ROAD 1

OXLEY BIZHUB 2 #06-05

SINGAPORE 408734

TEL: 6834 4432 FAX: 6834 4748



**6. Limitations as to use\***

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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

unwsbh/HO/A000211/MDivine Insurance Ag



A Member of Citystate