

# NATIONAL ASSESSMENT CENTRE SERVICES

Date In: 09/07/2018 11:15  
 Ref No: NA/EQT/18012422/K4  
 Veh No: SJT8723X  
 D.O.A: 08/07/2018 12:35

Job description	Date & Time Completed	Done by
SAS calling		
B-small (within 3hrs, A102 hrs)		
1-Motor Claim Form		
1-Motor W/O (within 100 hrs, 177 hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
All Report by Fax/Hand to Owner/Wksp		

OO / TP / Reporting Unit

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yell No: PEDESTRIAN, INC ( ) / Non-INC ( )  
 Owner / Driver ( )  
 Policy No ( ) Period ( ) Cover Type ( )  
 Confirmed by ( ) Date ( )  
 Insured/Driver Liability ( ) % (Note: BIL SUMI (YO): NI 0-20%, PI 21-79%, PI 80-100%)  
 Year of Registration ( ) Warranty: YES ( ) / NO ( )  
 Excess ( \$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( ) Work-In Customer: Customers information strictly Confidential & strictly NO role of repeller.  
 ( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co ( )

Removals: ( ) ( )  
 1) Apply for Transition Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury:

Date/Time	Action

Submitted/Received hrs	Invoice Preparation Checklist
Driver/Owner:	1) All Incident Reporting (330)
Policy No:	2) OA/Damage Assessment (3100) INC (W)
Assigned Person:	3) TP/Towing Fee (3100)
	4) PT/Follow-Through Survey (3100)
	5) PT/Follow-Through Survey (Resurvey) (3100)
	6) TR/Nullification (3100)
	7) NI/Inc OA + SMRT Survey (3100)
	8) NTUC Additional Survey (3100)
	9) NI/Courtesy Car / Tpl Allowance (3100)
	10) NI/Repair Coordination (3100)
	11) NI/Post Repair Inspection (3100)
	12) NI/By Collision/Owner Coordination (3100)
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## 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	09/07/2018 11:15
Date Of Accident	08/07/2018 12:35
Exact Location Of Accident	BISHAN STREET 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8723X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96477221
Alternative Phone No	OFFICE-96477221

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MAHONEY BIN AB KADIR
NRIC No	S9331600B
Date Of Birth	28/08/1993
Occupation	INDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96477221
Fax Number	
Contact Number	OTHERS-96477221
Email Address	NOEMAIL

Address	BLK 314B PUNGGOL WAY #02-625
Postcode	822314
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 PEDESTRIAN
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?	NO
Was any other material or property damaged?	NO
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180708/2039

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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.

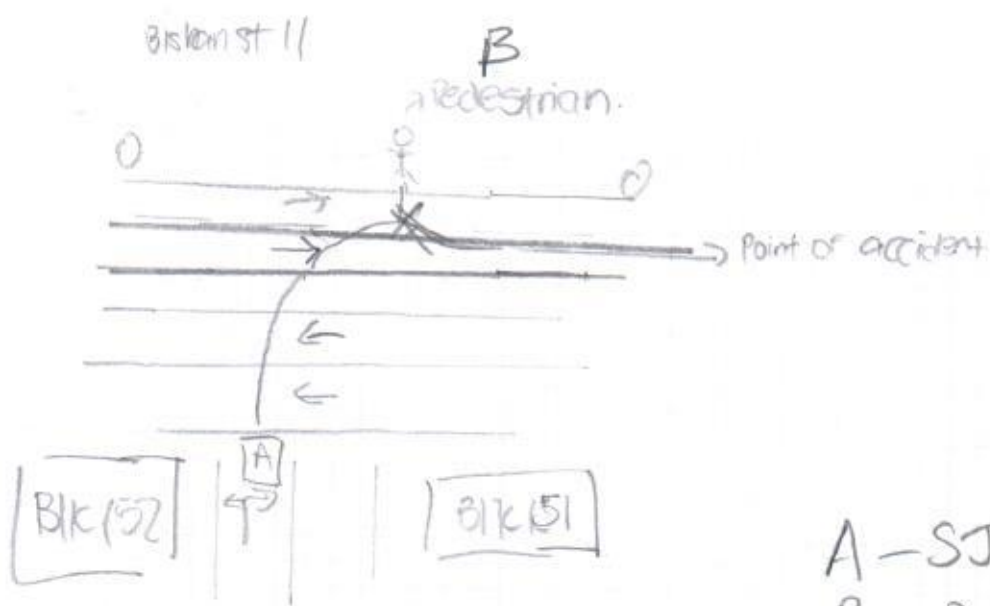


Policyholder's  
Date & Time:

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

  
9/7/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A - SJT8723X  
B - Pedestrian

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20180708/2039

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.:

9/7/2018



Origin:  
P  
5 Kio Street 31 SINGAPORE

Tel: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 14:41		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: MAHONEY BIN AB KADIR			Address: APT BLK 314B PUNGGOL WAY #02-625 SINGAPORE 822314		
ID Type / ID No.: NRIC NO / S9331600B			Contact No.: Home/Office: Mobile: 96477221		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 28/08/1993	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2018 12:35	Type of Location: T-Junction
Location: Along Road 1 BISHAN STREET 11				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT8723X	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used



**SINGAPORE  
POLICE FORCE**



T/20180708/2039

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20180708/2039

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	MAHONEY BIN AB KADIR		ID No.	S9331600B
Related Vehicle	SJT8723X (Car)		Contact No.	96477221
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 08/07/2018 at about 1230hrs, while my rented vehicle (TRIDE CAR) registration plate number SJT8723X exited the carpark gantry of Blk 152 Bishan Street 11. I wanted to make a right turn to Bishan Street 11 towards Braddell road. As the junction at the point of time was cleared, hence I proceed to make a right turn.

Suddenly, an Indian male suddenly appeared on the left side of the vehicle and collided onto my vehicle's front left side. I got out from my vehicle immediately and called for ambulance as I observed that the indian male was bleeding from the rear of the head.

Ambulance was at scene and the male indian was conveyed to the hospital conscious however I have no idea which hospital he admitted to. Traffic Police came to scene shortly and I was issued a case card reference E/20180708/0115 and was advised to lodged a traffic accident.

There is no built in camera in my vehicle and I did not suffer any injury. I did not have the particular of the indian male.



**SINGAPORE  
POLICE FORCE**



T/20180708/2039

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

3 of 3

Report No. T/20180708/2039

**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 2 TAY YU ZHI

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:

08/07/2018 14:41

Classification Of Case:

Authentication Stamp  
NP168



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9331600B**

Name: **MAHONEY BIN AB KADIR**

Birth Date: **28 Aug 1993**

Issue Date: **22 Apr 2013**

002173349H




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9331600B**

Name: **MAHONEY BIN AB KADIR**



Race: **MALAY**

Date of birth: **28-08-1993**

Sex: **M**

Country of birth: **SINGAPORE**

S9331600B

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**


Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	22 Apr 2013
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	19 Jan 2015

S / No: 9000227086

59331600B

NP 426A

Licence No: S9331600B



4299296

NRIC No: **S9331600B**

Date of issue: **29-10-2008**

APT BLK 314B PUNGGOL WAY #02-625  
SINGAPORE 822314

NRIC No: S9331600B Date: 03/02/2018




**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**

SJT8723X

**2. Name of Policyholder**

ROSET LIMOUSINE SERVICES PTE. LTD.

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

22/06/2018

**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

EQ Insurance-MARS Motor  
Accident Help Center

**6311 3211**

Authorised Signatory  
EQ Insurance Company Limited