

NATIONAL Assessment Centre Services [ver 1 Jan 2015]			
Date In: 10/07/2018 15:23	Job description	Date & Time Completed	Done by:
Ref No: NA/EQT18012537/k4	SAS e-filing		
Veh No: SJN 1370H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/2018 19:40	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLF 3953G	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) N1: Idau 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 (N'n INC) against INC \$20		
	9) N12: Idau Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	10/07/2018 15:23
Date Of Accident	09/07/2018 19:40
Exact Location Of Accident	BLK 505 ANG MO KIO (CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1370H
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Insured/Policyholder

Name Of Registered Owner	ROHANA BINTE ABDULLAH
NRIC No	S1546554I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84963005
Alternative Phone No	OTHERS-84963005

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-000821
Cover Note Number	

Driver

Name of Driver	JUNISHA BINTE RAZALI
NRIC No	S9031325H
Date Of Birth	29/08/1990
Occupation	INDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84963005
Fax Number	
Contact Number	OTHERS-84963005
Email Address	NOEMAIL

Address	BLK 101A PUNGGOL FIELD #05-490
Postcode	821101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE 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	SLF3953G
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

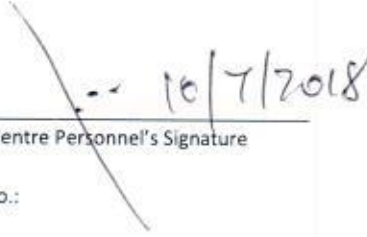
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.:

SKETCH PLAN

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

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.:

streetdirectory.com

HDB Cheng San Crest, 505 Ang Mo Kio Avenue 8 560505

Location of Company

HDB Cheng San Crest
505 Ang Mo Kio Avenue 8
(S)560505

Map Directions

Map

Building Directory

What's Nearby

Get Tips

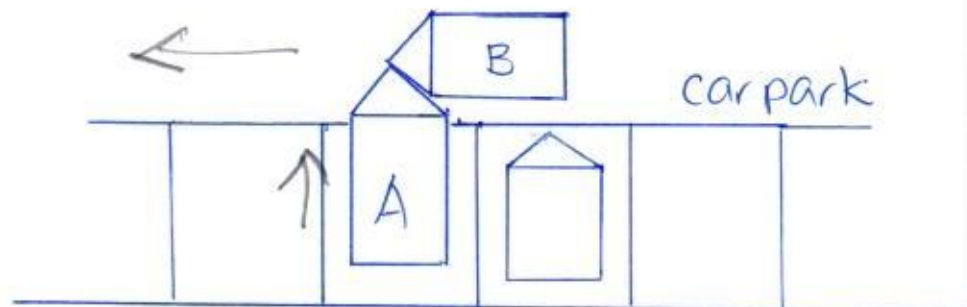
Getting Here

5 Things You Shouldnt Do If Hes Cheating On You

Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

A - SJN 1370H
B - SLF 3953G

Accident site



BLK 505 Ang Mo Kio

Accident Statement

On 09th July 2018, at around 1940 Hrs, I was driving my vehicle (SJN1370H) out from a carpark lot of Blk 505 Ang Mo Kio. My vehicle have collided with another vehicle (SLF3953G) as there was a van blocking my view when I moving out from the lot.



Name: Junisha Binte Razali
NRIC S9031325H

ACCIDENT STATEMENT

Reported on 10/7/2018
@ 1305 HRS.

ACCIDENT DATE: 9/7/2018 (DD/MM/YYYY). TIME: 19.40 (HH:MM)

LOCATION: BLK 505 Ang Mo Kio (Carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 1370H
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 84963005
c) ADDRESS: BLK 101A Dunggol Field #05-490.
S (821101)

* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ☒ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLF3953G MODEL:
b) DRIVER'S NAME: CONTACT:
c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

- c) VEHICLE NUMBER: MODEL:
d) DRIVER'S NAME: CONTACT:
e) NRIC/FIN/PASSPORT:

Driver - mother
daughter
driver.

Email =

Fax = Billy@carway.com.sg ✓

Carway

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1546554I



Name



ROHANA BINTE ABDULLAH

Race

MALAY

Date of Birth

27-09-1962

Sex

F

Country of Birth

SINGAPORE

S1546554I

1118341



NRIC No S1546554I

Blood Group

A+

Date of issue

16-07-1993

APT BLK 101A PUNGGOL FIELD #05-490
SINGAPORE 821101

NRIC No: S1546554I

Date: 31-10-2001

No: 4067319

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

PASSPORT



REPUBLIC OF SINGAPORE

Type	Country Code	Passport No
PA	SGP	E4219330C
Name		



JUNISHA BINTE RAZALI

Sex	Nationality	
F	SINGAPORE	CITIZEN
Date of birth	Place of birth	
29 AUG 1990	SINGAPORE	
Date of issue	Date of expiry	
05 NOV 2013	04 MAR 2019	
Modifications	Authority	
SEE PAGE 2	MINISTRY OF HOME AFFAIRS	
National ID No		
S9031325H		

PASGPJUNISHA<BINTE<RAZALI<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
E4219330C2SGP9008294F1903049S9031325H<<<<<64

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9031325H**
Name: **JUNISHA BINTE RAZALI**

Birth Date: 29 Aug 1990
Issue Date: 22 Jan 2010

001823898G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

is 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

PASS DATE: 22 Jan 2010

R 428A

Licence No: S9031325H



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

S1546554J

eqinsurance
*You're Got a Friend***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
Comprehensive**

Certificate No.: DMPPHQ18-000821

1. Index Mark and Registration Number of Vehicles
SJN1370H

2. Name of Policyholder
ROHANA BINTE ABDULLAH

3. Effective Date of the Commencement of Insurance for the purpose of the Act
04/02/2018

4. Date of Expiry of Insurance
03/02/2019

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.

Form: MX2
Excess:
Named Driver SGD500.00
Unnamed Drivers SGD1,000.00
YEID Additional SGD3,000.00

MDIVINE INSURANCE AGENCY
62 UBI ROAD 1
OXLEY BIZHUB 2 #06-05
SINGAPORE 408734
TEL: 6834 4432 FAX: 6834 4748

*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*

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.

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.