

NATIONAL Assessment Centre Services [wef 1 Jan 05] MMA 11811 5588.

Date In: 619118 13:58	Job description	Date & Time Completed	Done by
Ref No: NA/EAZ18016285/h4.	SAS e-filing		
Veh No: SKU 6670K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1717/18 06:00.	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: Vch No: SHD 6801A. 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 (\$)	Ant (\$)
			in Bill	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			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against UNC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QI*			
	*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			
	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	06/09/2018 13:58
Date Of Accident	17/07/2018 06:00
Exact Location Of Accident	CHANGI T1 DROP OFF POINT (DEPARTURE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6670K
Insured/Policyholder	
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	COROLLA ALTIS
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	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	CHEE MIN FOO
NRIC No	S0034489C
Date Of Birth	08/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88228644
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 140 BEDOK NORTH ST 2 #04-200
Postcode	460140
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	COLLISION - HEAD TO REAR
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN 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	SHD6801A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



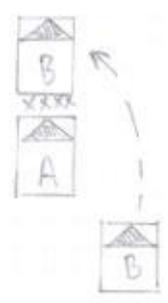
Policyholder's Name:
Date & Time:

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

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

SKETCH PLAN

Change TI Departure
Drop off point



A = SKU 6670K
B = SHD 6801A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



Policy No. _____
Date & Time: _____

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

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

ON THE 16TH JULY 2018 ABOUT 6AM I WAS GOING UP THE SLOPE OF DEPARTURE T1 TO DROP MY PASSENGER AT THE DOOR, ON THE WAY UP THE SLOPE, A WHITE MERCEDES TAXI SPEED PASS ME VERY CLOSE TO ME AND I SHOUTED AT HIM. THEN HE WENT ON TO THE DEPARTURE DOOR TO DROP HIS PASSENGER. I WAS ALSO APPROACHING ANOTHER DOOR AND SLOW DOWN TO LET MY PASSENGER DROP OFF. SUDDENLY THE WHITE TAXI SWERZED INTO MY PATH AND BRAKE. AS MY CAR WAS SLOW IT HIT THE BUMPER OF THE TAXI. HE CAME DOWN AND SCOLDED ME. HE USED HIS CAMERA TO TAKE MY LICENSE PLATE NUMBER. I ALSO CAME DOWN AND USE MY CAMERA TO TAKE A PHOTOGRAPH OF HIS BUMPER TO SEE THE EXTENT OF THE DAMAGE. I NOTICED THERE WAS A FEW BLACK SCRATCHES ON HIS BUMPER, THERE WAS NO DENT OR DAMAGE ON HIS BUMPER. THEN I LOOK AT MY BUMPER AND SAW THAT WAS NO SCRATCHES AND DENT ON MY BUMPER.THE BLACK SCRATCHES ON HIS BUMPER MUST BE ORIGINALLY THERE PROBABLY CAUSED BY OTHER INCIDENTS. HE DROVE HIS TAXI AWAY WITHOUT EXCHANGING PARTICULARS WITH ME AND I ALSO FORGET TO TAKE HIS LICENSE PLATE NUMBER. AS I DO NOT HAVE HIS PARTICILAR AND LICENSE PLATE NUMBER AND THERE WERE NOT INJURY TO PERSONS AND DAMAGES TO BOTH CAR, I DID'T NOT REPORT THE INCIDENT. THINKING THAT HE WAS ALSO NOT REPORT THE ACCIDENT. HOWEVER, HE REPORTED THE ACCIDENT PROBABLY TO GET FREE FRESH PAINT ON HIS BUMPER AT OUR EXPENSE. PLEASE FIND ATTACHED THE PHOTOGRAGH OF HIS WHITE COLOR BUMPER AND ALSO THE PHOTOGRAGH OF MY SILVER COLOR FRONT BUMPER.

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 7 / 18) (DD/MM/YYYY), TIME: (06 : 00) (HH:MM)

LOCATION: Chang: Terminal 2 drop off point (departure)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 6670K
- b) INSURANCE COMPANY: Roset
- 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: Kommercial
- 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: Roset (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 817 81301183
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chee Men Poo. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 88228694
- c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 6801A. MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
(5)

1111
FFMM

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

wating photo

email =

fax =

VIDEO = No.

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0034489C



Name
 CHEE MIN FOO

Race
 祁明虎
 CHINESE

Date of Birth
 08-01-1950

Sex
 M

Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

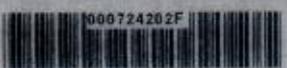
Licence Number: S0034489C

Name
 CHEE MIN FOO

Birth Date: 08 Jan 1950

Issue Date: 07 Aug 2003

000724202F



1432548



NRIC No. S0034489C



Blood Group
 A+

Date of Issue
 16-11-1993

APT BLK 140 BEDOK NORTH STREET 2 #04-200
 SINGAPORE 460140
 NRIC No: S0034489C Date: 15-01-2005 (R) No: 5101947

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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Sep 1979

NP 428A

Licence No. S0034489C



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

SKU6670K

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/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Your Ref : SKU6670K
Our ref : DM18HO01844/JW
Date : 21 August 2018

ROSET LIMOUSINE PTE. LTD.
NO. 53 UBI AVE 1 PAYA UBI INDUSTRIAL PARK
#03-47
Singapore 408934

Dear Sir

2nd REMINDER

ALLEGED ACCIDENT ON 17TH JULY 2018 AT ABOUT 0555hrs, ALONG CHANGI TERMINAL 1 DEPARTURE HALL INVOLVING SHD6801A AND SKU6670K

Chee Min Foo (A Uris)

We refer to the above matter and wish to inform that we have received the pre repair survey from M/s ComfortDelro Engineering Pte Ltd on behalf of the owner/driver of SHA6801A.

We note that this accident has not been reported to us, probably because you do not intend to claim under your own policy for damage to your vehicle. However, for the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our EQ Authorized Workshops conveniently located throughout Singapore to report the accident. Alternatively, you may wish to call our 24-hour accident hotline at 6333 2222 to file the accident report.

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our EQ Authorized Workshops/Reporting Centres with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the abovementioned claim.

If you need any clarification, please do not hesitate to contact the undersigned and quoting our above claim reference number and we shall be pleased to assist you.

Yours faithfully

Justin Wong
Justin Wong
Claims Department

DID: 6496 9115 / Fax: 6223 4190 / Email: justin.wong@eqnsurance.com.sg

cc: Newstate Stenhouse (S) Pte Ltd (Roset Limo) (by email only to: shwuhuey@newstate.com.sg)

EQ Insurance Company Limited
1 Maxwell Road #17-01 Tower Block MNC Complex Singapore 069110
Tel: (65) 6223 9433 Fax: (65) 6224 3900 www.eqnsurance.com.sg
Reg no: 1978 00490-N

 A Member of Citystate

