

# NATIONAL Assessment Centre Services

Form 1 Jan 2005

MMA 118123467

Date In: 24/19/18 12:02	Job description	Date & Time Completed	Done by
Ref No: NA1E2718017313164	SAS e-filing		
Veh No: YP 8974L	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 9/9/18 21:10	i-Motor Claim Form		
OD / TP: <u>Reporting</u> 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: SKG 6642R	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	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	24/09/2018 12:02
Date Of Accident	09/09/2018 21:10
Exact Location Of Accident	SLE TWDS BKE B4 WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8874L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BRILLANT STARS ENTERTAINMENT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818914

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003057
Cover Note Number	-

### Driver

Name of Driver	MOHAMMAD BIN ABDUL RAHIM
NRIC No	S1801670B
Date Of Birth	18/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97818914
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 785A WOODLANDS RISE #05-124
Postcode	731785
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX - EMPLOYEE
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	UNKNOWN
Road Surface	UNKNOWN

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SKG6642R
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

Unable to Provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature  
Date & Time:

Signature

On behalf of Brilliant Star

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

Signature

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

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 9 / 9 / 18 ) (DD/MM/YYYY), TIME: ( 21 : 10 ) (HH:MM)

LOCATION: SLG tuds BKE b4 woodlands Ave 12

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 8874L  
b) INSURANCE COMPANY: EQZ  
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: working  
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: Brillant Stars Entertainment (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9781 8914  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Mohammad Bin Abdul Rahim (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9781 8914  
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: ex Employee

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: SKG 6642R 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: \_\_\_\_\_

Stamp & police Report

Email = trevortransport@outlook.com

fax =

video =



# SINGAPORE POLICE FORCE



J/20180924/7022

1 of 2

## POLICE REPORT (NP299)

Report No. J/20180924/7022

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 24/09/2018 11:48	Vide Report No.	Station Diary No.
Name Of Informant TAY SIONG SENG	Address APT BLK 936 HOUGANG STREET 92 #02-61 SINGAPORE 530936	
ID Type / ID No. NRIC NO / S1181597I	Contact No. Home/Office: Mobile: 94595330	
Nationality SINGAPORE CITIZEN	Email Address alfred@appliedgroup.com.sg	
Occupation DIRECTOR	Sex Male	Age 61
Institution/School Name	Date of Birth 28/11/1956	Race Chinese
Date/Time Of Incident 09/09/2018 21:10	Location Of Incident SELETAR EXPRESSWAY	

### Brief details.

Amend the Police report. : F/20180924/7012

I make the accident report behalf of my company, i working as a General Manager, Applied Logistics Pte Ltd (201216625N) Registered Address : No 27 Penjuru Lane, #05-02, Singapore 609 195.

We make the accident report for the Vehicle # : YP8874L, indecent date on 9th September 2018 @9.12pm Along Sle Towards Bke Before Woodlands Avenue 12, involved our driver Mr. Mohammad Bin Abdul Rahim (S1801670B), Blk. 785A Woodlands Rise, #05-124, Singapore 731 785, without information

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20180924/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180924/7022

he has resigned, and we did aware about this incident after received letter from Traffic Police, then we make this report, this report make for Insurance purpose.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

24/09/2018 11:48

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9325134B



Name

TEOH WEN QI

張雯琪

Race

CHINESE

Date of birth

21-07-1993

Sex

M

Country/Place of birth  
SINGAPORE



5491405



NRIC No. S9325134B



Date of issue


15-06-2015

Address

APT BLK 30 TEBAN GARDENS ROAD  
#05-205  
SINGAPORE 600030



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1801670B




Name  
MOHAMMAD BIN ABDUL RAHIM

Race  
MALAY


Date of birth  
18-11-1987

Sex  
M


Country/Place of birth  
SINGAPORE



5584474



NRIC No: S1801670B



Date of issue  
07-04-2016

APT BLK 785A WOODLANDS RISE #05-124  
SINGAPORE 731765  
NRIC No: S1801670B Date: 28/09/2017

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S18016708**

Name: **MOHAMMAD BIN ABDUL RAZAK**

Birth Date: **18 Nov 1967**

Issue Date: **14 Dec 2010**



002502748C

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

		EFFECTIVE DATE
Class 2B	Motorcycles $\leq 200$ cc	21 Oct 1985
Class 3	Motor cars with unladen weight $\leq 3000$ kg with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500$ kg	18 May 2001
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg	20 Oct 2010
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250$ kg	



Licence No: **S18016708**

NP 428A



**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.: DMCPhQ18-003057

Form: LCVP1

1. Index Mark and Registration Number of Vehicles  
YP8874L

Excess:  
Section 1 SGD750.00  
YEID-AC Additional SGD3,000.00

2. Name of Policyholder  
BRILLANT STARS ENTERTAINMENT

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
21/05/2018

4. Date of Expiry of Insurance  
20/05/2019

**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.

**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

I-ACARROY/H0/A000423/Car Insurance Agency



A Member of Citystate





**SINGAPORE  
POLICE FORCE**

Our Ref : TP/IP/51731/2018  
Date : 17 September 2018

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6418  
Fax +65 6547 6259  
www.police.gov.sg

**Applied Logistics Pte Ltd**  
27 Penjuru Lane  
#05-02  
Singapore 609195

**URGENT**

Dear Sir / Madam

**ALLEGED ACCIDENT INVOLVING SKG6642R AND YP8874L ALONG SLE TOWARDS BKE  
BEFORE WOODLANDS AVENUE 12 ON 9 SEPTEMBER 2018 AT 9.12 PM**

Our investigations showed that you are the registered owner / driver of YP8874L, which is alleged to have been involved in a Hit & Run accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre<sup>1</sup> (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email [Mohamed Sufian SUDIN@spf.gov.sg](mailto:Mohamed.Sufian.SUDIN@spf.gov.sg). If the file size is too big, you can make arrangements with the IO at his/her office number 65476367 for a convenient method of retrieval.

Yours faithfully,

**TAN CHEE SING (DSP)**  
**CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

**Particulars of the driver of YP8874L on 9 September 2018 at 9.12 pm :-**

Name: MOHAMMAD BIN ABDUL RAHIM	NRIC / FIN / PP No. S1801670B	Address: BLK 785A WOODLANDS RISE #05-124 C (731785)
Contact No :		

I affirm that the information I gave above is true and correct.

Karrick 68630727  
Name / Contact No of Registered owner

Shy

Signature of Registered vehicle owner



15/09/18  
Date

\*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

<sup>1</sup> For the purpose of lodging this report, please select 'Yes' for 'Was anyone injured?' under 'Step 2: Accident Info', even if you are not injured because another involved party was injured. For similar reason, please select 'Slight' for 'Degree of Injury' under 'Step 4: Person Involved'.