

# NATIONAL Assessment Centre Services

Date In: 04/10/2018 13:53	Job description	Date & Time Completed	Done by
Ref No: NBA/EQ18018124/14	SAS e-filing		
Veh No: GBA 5427R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/10/2018 08:30	I-Motor Claim Form		
OD / TP: 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: SLU4739Z	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%. P: 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	Unit (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpf Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
Cat. 1:			
Cat. 2 / 3:			



## 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 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. 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	04/10/2018 13:53
Date Of Accident	01/10/2018 08:30
Exact Location Of Accident	JUNC OF UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5427R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KNIGHT KUSTOMS
Co Reg No	-
Email Address	MATTHWAITES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98247339
Alternative Phone No	OFFICE-98247339

### Vehicle Particulars

Manufacturer	RENAULT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-001163
Cover Note Number	

### Driver

Name of Driver	THWAITES MATHEW TRISTAN
Passport No/FIN	G3385065X
Date Of Birth	07/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98247339
Fax Number	
Contact Number	OTHERS-98247339
Email Address	MATTHWAITES@GMAIL.COM

Address	KNIGHT KUSTOMS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	SLU4739Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JING YANG ( LIN JINGYANG )
NRIC/Passport Number	S9011943E
Contact Number	97966258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



### SKETCH PLAN

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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.

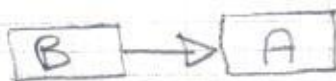
Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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

# SKETCH PLAN

UPPER EAST COAST RD



STOPPED AT RED LIGHT

A - GBA5427R

B - SLU4739Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING VEHICLE "A" & WAS STOPPED AT a red light on upper east Coast Road. When vehicle "B" crashed into the Back End of my stopped vehicle "A". There is damage to the Two (2) back doors panels, inside trim and closing brackets & Bumper.

## 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.:

6/10/2018



(Bukit Merah) \* Reported on 4/10/2018 @ 1240 HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: 01/10/2018 (DD/MM/YYYY), TIME: 08.30 AM (HH:MM)  
LOCATION: Junc of Upper East Coast Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 5427 R  
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: S7060412D CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98247339  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/4/1997

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

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU4739Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: LIM JING YANG (LIN JING YANG)  
c) NRIC/FIN/PASSPORT: S9011943E CONTACT: 97966258

### 9. THIRD PARTY VEHICLE

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

5/10/2018 @ 1628 HRS  
Driver call idac  
to send the sketch  
he will Fax the  
sketch plan  
on 6/10/2018

EMAIL = matthwaites@gmail.com

VIDEO = matthwaites@gmail.com

EQ  
Waiting for certificate?

OWNER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7060412D



Name

BRENT PHILLIP ANGUS



Race

CAUCASIAN

Date of birth

08-01-1970

Sex

M

Country of birth

NEW ZEALAND





This document contains 45 paper pages and is valid up to a maximum of 10 years.  
E 45 ngā whārangi o tēnei tuhinga. E 45 atu ki te 10 tau tōna whai mana.

NEW ZEALAND / AOTEAROA



DIA WL G



Σ

Date of expiry / Rămânând  
25 AUG 2026.

[illegible]



Driver

**Driver Licence**  
New South Wales, Australia

Mathew Tristan THWAITES

Card Number  
2 038 196 828

UNIT 3  
110 SYDNEY RD  
MANLY NSW 2096

Licence No.  
**12781859**  
Licence Class  
**C**



Date of Birth  
**07 FEB 1981**

Expiry Date  
**15 AUG 2021**

55 368 018

Licence Fee \$178.00



While licence is valid, you may drive vehicles of the classes below subject to conditions listed

Class [C=Vehicle seating up to 12 adults to 4.5 tonnes GVM Tractor implement

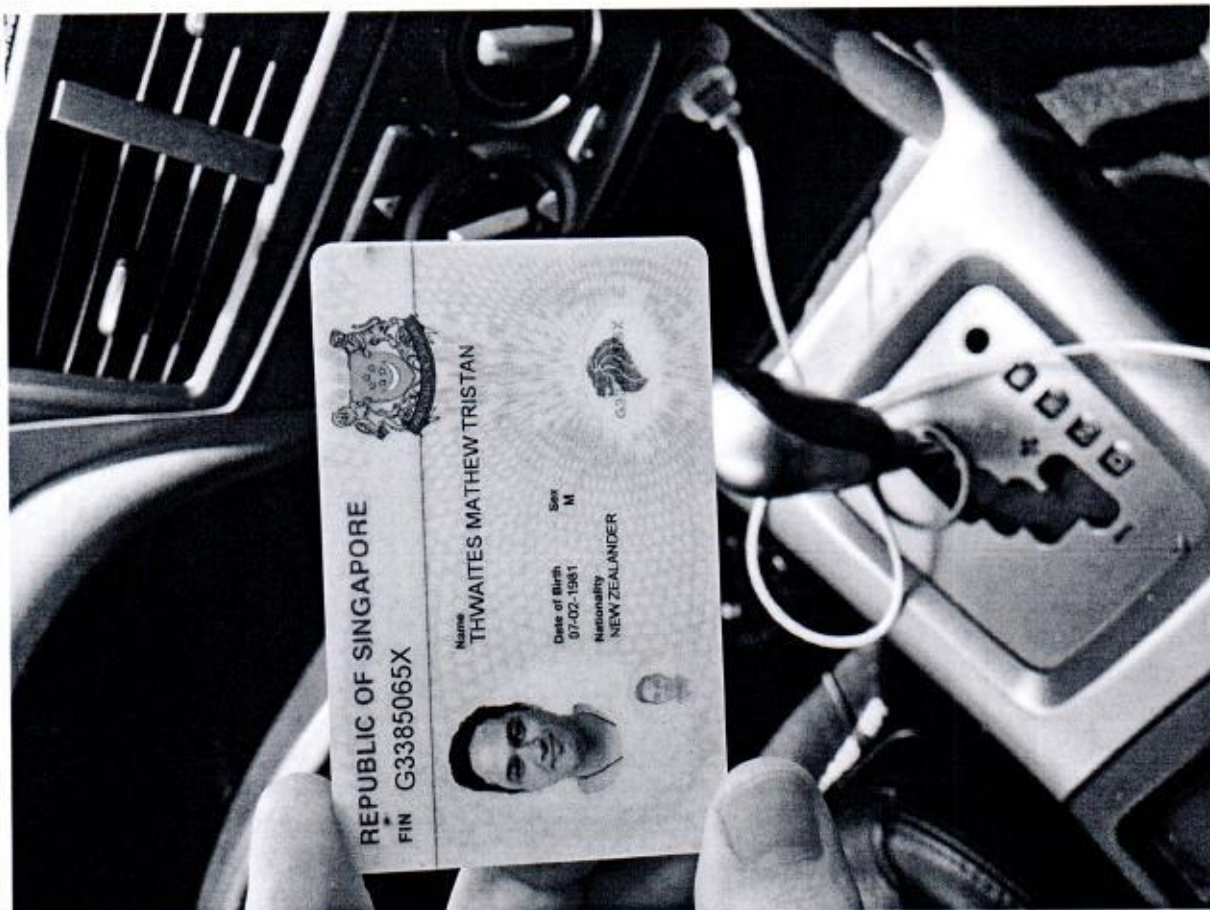
Conds

**Attach official change of address label here**

Change of address must be advised within 14 days  
online at [www.myRTA.com](http://www.myRTA.com) or by calling 13 22 13

Issued by Roads and Maritime Services, Locked Bag 928 North Sydney NSW 2059

Driver





Driver



OWNER

9039621



NRIC No. S7060412D



Nationality

NEW ZEALANDER

Date of issue

01-06-2009

4G BEDOK AVENUE  
SINGAPORE 469903

NRIC No: S7060412D

Date: 14/12/2015 (R)



(EQI)

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF TI  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (R  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)**

**Third Party Fire & Theft**

**Certificate No. : DMCPHQ18-001163**

Form: LCVP1

Excess:

Section 1:

YEID:

Add

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

GBA5427R

**2. Name of Policyholder**

KNIGHT KUSTOMS

**Effective Date of the Commencement of Insurance for the purpose of the Act**  
03/03/2018

**Date of Expiry of Insurance**  
02/03/2019

**Person or Classes of persons entitled to drive\***

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

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or n  
Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reas  
enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that  
registered under the Road Traffic Act has not been cancelled at the time of accident loss or dai

**Limitation as to use\***

) Use in connection with the Insured's business.

) Use for the carriage of passengers (other than for hire or reward) in connection with the Insu

) Use for social domestic and pleasure purposes.

**THE POLICY DOES NOT COVER:**

Use for hire or reward or for racing pace-making reliability trial or speed testing.

Use whilst drawing a greater number of trailers in all than is permitted by Law.

Use for the carriage of passengers for hire or reward.

Liability arising from or in connection with the carriage of hazardous materials, high explos  
or gases including LPG in cylinders.

tions rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Cor  
chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be inc

HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordanc  
Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Ro  
sia) or and Amendment, Act or Acts passed in substitution thereof.

urchase :

**ABWIN PTE LTD**

8 KAKI BUKIT ROAD 2  
RUBY WAREHOUSE COMPLEX  
#01-33 SINGAPORE 417841

A000342/Abwin Pte Ltd

Date of Issue : 01/03/2018 16:41

#01-33 SINGAPORE 417841 (ADMIN OFFICE) Auth