

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

19 JAN 2005 14:08

Date In: 30/10/2004 17:22	Job description	Date & Time Completed	Done by
Ref No: NBA/EQ 18019766/V	SAS e-filing		
Veh No: GBC 4035M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/10/2004 15:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJN 8578E	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 repaler.
() 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 Breakdown	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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: Idao 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 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	30/10/2018 17:22
Date Of Accident	29/10/2018 15:20
Exact Location Of Accident	ALONG PASIR RIS GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4435M
Insured/Policyholder	
Name Of Registered Owner	EAGLE EQUIPMENT SUPPLIES & SERVICES PTE LTD
Co Reg No	200700610D
Email Address	MAGGIE@PREMAT.COM.SG
Mobile Phone No	(LOCAL) +65-90074995
Alternative Phone No	OFFICE-66511329

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCPHQ18-006915
Cover Note Number	

Driver

Name of Driver	LOH KIAH LIANG
NRIC No	S1379901F
Date Of Birth	07/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90074995
Fax Number	
Contact Number	OFFICE-66511329
EEmail Address	MAGGIE@PREMAT.COM.SG

Address	BLK 531 BUKIT BATOK STREET 51 #06-138
Postcode	650531
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181030/2095

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	SJN8578E
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SABRIL OSAN
NRIC/Passport Number	
Contact Number	84682820
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOH KIAH LIANG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBC4435M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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;

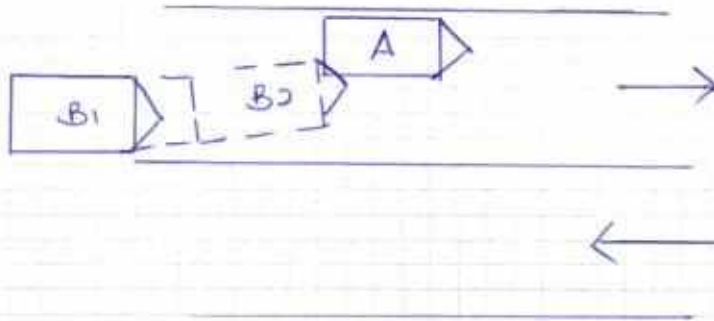

Police Officer's Signature
Date & Time: _____


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


Reporting Centre's Signature
Name: Zohel
Date: 2018
Res: Res L. Ward

SKETCH PLAN

PASIR RIA GREEN ROAD



Vehicle A:
GBCA435M

Vehicle B:
BJN 8578E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20181030/2018

Damages: Rear Door, Rear Fender, Rear Bumper, Rear Tyre L/R
Front Tyre LH, Rear Inner Panels.

DECLARATION

(We declare the foregoing particulars are true in every respect)


Date & Time: 


Date & Time:


Date & Time: 20/10/2018
Road: 101/103



SINGAPORE POLICE FORCE



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No. T/20181030/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 15:12	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: LOH KIAH LIANG			Address: APT BLK 531 BUKIT BATOK STREET 51 #06-138 SINGAPORE 650531		
ID Type / ID No.: NRIC NO / S1379901F			Contact No.: Home/Office: Mobile: 90074995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 07/09/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2018 15:20	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 3 ALONG PASIR RIS GREEN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4435M	Van	NISSAN	NV200	White	Seriously Damaged	0
SJN8578E	Car	MITSUBISHI		Blue	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20181030/2095

CONTINUATION OF REPORT

Driver			
Name	LOH KIAH LIANG	ID No.	S1379901F
Related Vehicle	GBC4435M (Van)	Contact No.	90074995
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2018	Date Discharge	29/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time and location. I parked my van, V1) GBC4435M at the roadside to clean up the back of my van, suddenly I felt something collided onto V1 that caused me to suffer a fall at the back of the van and my head was knock onto something causing it to bleed. I discovered that a car, V2) SJN8578E collided onto the rear right side of V1 and cause V1 to hit the kerb at the roadside. V1 rear door, rear fender, rear bumper, rear left and right tyre, left front tyre and rear inner panels were damaged. Police and ambulance then came to scene. Paramedic made a check on me however at that moment I am still feeling ok thus I do not require to be conveyed. Traffic police than interviewed me and informed me that subsequently If I went to see a doctor and get 3 days or more MC I need to lodge a traffic accident report.

On the same day at about 1600hrs when I arrived home, I felt pain at my head and back area thus I proceeded to Ng Teng Fong General Hospital and was given 3 days of MC.

V1 does not have in car camera installed.



**SINGAPORE
POLICE FORCE**



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20181030/2095

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:

J /

Sgt 2 TAN HUAY HOCK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

SN 16

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

30/10/2018 15:12

Classification Of Case:

VEHICLE NO:

GBC 4H357D

MAKE & MODEL:

Nissan NU200

DATE OF ACCIDENT	29 / Oct / 2018		
TIME OF ACCIDENT	320 AM / PM		
LOCATION OF ACCIDENT	Pasar Ris Green		
Exact Purpose use during accident	Office hire.		
NAME OF OWNER	EAGLE EQUIPMENT SUPPLIES & SERVICES Pte Ltd		
TELP NO	6651 1329		
NRIC	2007 006100		
CLAIM TYPE	OD /	THIRD PARTY /	Reporting Only
PRIVATE HIRE	YES / NO?		
INSURANCE CO.	IQ INSURANCE		
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCPHQ 18-006915		
NAME OF DRIVER	As above / If No: JOH KIAN LIANG		
NRIC	81379901F		Any passengers: 0
DATE OF BIRTH	07 / 09 / 1959		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	05 / Oct / 1981		
GENDER	Male / Female		
CONTAC NO.	90074995 Office:		Home: maggie@premad.com.sg
ADDRESS	BLK 531 Bukit Satok st 51 #06-138 8650531		
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No: -		
RELATIONSHIP	Employee / If No: /		
WEATHER CONDITION	Clear / Raining / Other :		
ROAD SURFACE	Dry / Wet / Other :		
ANY INJURIES	No / If yes : Who? JOH KIAN LIANG		
CONTAC NO.	90074995		
POLICE REPORT	No / If yes : Where?		
VEHICLE B NO.	3JN 8578E		Any Passenger : 1
NAME	Sabri Osman.		
CONTAC NO.	84682820		
VEHICLE C NO.	Any Passenger :		
VEHICLE D NO.	Any Passenger :		
VEHICLE E NO.	Any Passenger :		
VEHICLE F NO.	Any Passenger :		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		
PARTICULAR WORKSHOP			
TELP NO			
CONTACT PERSON			
FAX NO.			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1379901F**

Name: **LOH KIAH LIANG**

Birth Date: **07 Sep 1959**

Issue Date: **05 Nov 2003**



 000979077H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1379901F**



Name
LOH KIAH LIANG



盧家樑

Race
CHINESE

Date of birth
07-09-1959

Sex
M

Country/Place of birth
SINGAPORE





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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

05 Oct 1981

NP 428A



Licence No: S1379901F

5567870



NRIC No. S1379901F



Date of issue

29-02-2016

Address

APT BLK 531 BUKIT BATOK STREET 51
#06-138
SINGAPORE 650531

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)****Third Party Fire & Theft****Certificate No. : DMCPHQ18-006915****1. Index Mark and Registration Number of Vehicles**

GBC4435M

Form: LCVP1

Excess:

Section 1:

YEID:

Additional

S\$0.00

S\$3,000.00 All Claims

2. Name of Policyholder

EAGLE EQUIPMENT SUPPLIES & SERVICES PTE LTD

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

10/10/2018

4. Date of Expiry of Insurance

09/10/2019

5. 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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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.

Hire Purchase :

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 10/10/2018 11:14

Authorised Signatory
EQ Insurance Company Limited