

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MWA 11P152470

Date In: 24/11/18 15:38	Job description	Date & Time Completed	Done by
Ref No: MA/EGZ 18021271/h4.	SAS e-filing		
Veh No: GBF 919 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/18 16:45.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: YN 957 U.	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 repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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

Client's Particulars:	Invoice Preparation Checklist	Am (\$)	Am (\$)
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		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel. 1:	For claiming status INC Only (wof 10 Jan 2003)		
Tel. 2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non 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 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	24/11/2018 15:38
Date Of Accident	23/11/2018 16:45
Exact Location Of Accident	WEST COAST HWY TWDS CITY AFTER PANDAN LOOP FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF919U
Insured/Policyholder	
Name Of Registered Owner	MARETEK SINGAPORE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81257772

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003873
Cover Note Number	-

Driver

Name of Driver	CHUA KOK PENG (CAI GUOPING)
NRIC No	S7129991J
Date Of Birth	30/08/1971
Occupation	INDOOR
Date Of Driving Pass	09/07/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91455385
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 337A TAH CHING RD #09-47
Postcode	611337
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	
	NAME: : UNKNOWN
	GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN957U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAMINATHAN YOKESWARAN
NRIC/Passport Number	
Contact Number	82852366
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHUA KOK PENG (CAI GUOPING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF919U
Were seat belts worn?	YES
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.



Reporting Centre Personnel's Signature
Date & Time:

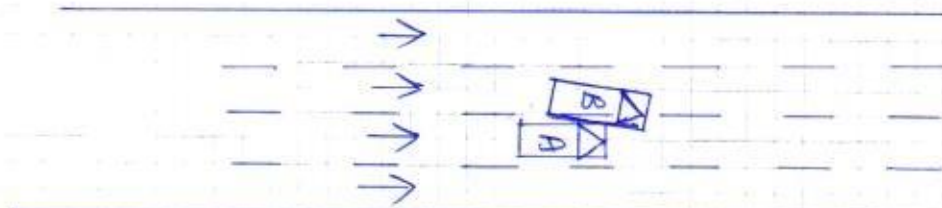
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) GBF 919U.

(B) YN 957U.



West Coast Highway towards City after Pandan Loop Flyover.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/11/18 at @ 1644 hrs, I was travelling in my vehicle (GBF 919U) along West Coast Highway towards City after Pandan Loop Flyover on the second lane from the right travelling straight. Suddenly, a lorry (YN 957U) on my left cut into my lane and collided onto the left side of my vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	GBF 919 U	Model / Make	TOYOTA DYNA
Date of Accident	23 / 11 / 18		
Time of Accident	1644 HRS		
Location of Accident	West Coast Highway towards City after Pandan Loop Flyover		
Exact purpose use during accident	Commercial Used		
Name of Owner	Maretek Singapore Pte Ltd		
Telephone No.	H/P: 8125 1172	Home:	Office:
NRIC	200817825 R		
Address	No 7, Soon Lee Street #04-17 (S) 627608		
Claim type	OD	<u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	EQ Insurance		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	PMCPHQ 18 - 003873		
Name of Driver	As Above If No, CHUA KOK PENG		
NRIC	87129991J	Any Passengers: 01 (F)	
Date of birth	30/08 / 1971		
Occupation	Outdoor	/ <u>Indoor</u>	
Driving License Pass Date	09/07 / 2008		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9145 5385	Home:	Office:
Address	BLK 337A TAN CHING ROAD #09-47 (S) 611337		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	<u>Employee</u> If no, state		
Weather condition	Clear	<u>Raining</u> Other	
Road Surface	Dry	<u>Wet</u> Other	
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	CHUA KOK PENG (H/P: 9145 5385)		
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	YN 957 U	Any Passengers:	N.A.
Name of Driver	Saminathan Yokeswaran	Contact No.:	8285 2366
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A.
Accident Portion	Left Side		
Camera Recorder	<u>Yes</u> / No		
Email Address	service@maretek.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes <u>No</u>
PARTICULAR WORKSHOP	Twencar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S7129991J**

Name: **CHUA KOK PENG (CAI GUOPING)**

Birth Date: **30 Aug 1971**

Issue Date: **08 Aug 2017**

002711688C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7129991J

Name: **CHUA KOK PENG (CAI GUOPING)**

蔡國平

Race: **CHINESE**

Date of birth: **30-08-1971** Sex: **M**

Country of birth: **SINGAPORE**





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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: **09 Jul 2008**

NP 428A

Licence No: **S7129991J**



4490082

S7129991J

REG No: **S7129991J**

Date of issue: **02-11-2009**

Address: **APT BLK 337A TAH CHING ROAD #09-47 SINGAPORE 611337**




EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 8433 | 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. : DMCPHQ18-003873

1. Index Mark and Registration Number of Vehicles

GBF919U

2. Name of Policyholder

MARETEK SINGAPORE PTE LTD

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

24/06/2018

4. Date of Expiry of Insurance

23/06/2019

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 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 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 : UNITED OVERSEAS BANK LIMITED

Form: LCVPI

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

EQ Insurance-MARS Motor
Accident Help Center

6311 3211



A000298/Tong Hin Insurance Agency Pte Ltd
Date of Issue : 20/06/2018 14:13

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ17-003269

Transaction ref 20160722090431330401

The owner and vehicle particulars for Vehicle No. GBF919U as at 22 Jul 2016 are as follows:

1.	Name	: MARETEK SINGAPORE PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200817825R
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GBF919U
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 24 Jun 2016
8.	Original Registration Date	: 24 Jun 2016
9.	First Registration Date	: 24 Jun 2016
10.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: With Hood
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: TOYOTA DYNA 150 MANUAL
17.	Year of Manufacture	: 2016
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: JTFAT35Y80K206528
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 1KD2620798
24.	Engine Capacity(cc)/Power Rating(kW)	: 2,982.0
25.	Unladen Weight(kg)	: 1800
26.	Maximum Laden Weight(kg)	: 3500
27.	Open Market Value	: \$24,944.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 1042798687
33.	COE No.	: 2016070105000364C
34.	COE Expiry Date	: 23 Jun 2026
35.	COE Category	: C - Goods Vehicle & Bus
36.	Quota Premium/Prevailing Quota Premium	: \$48,002.00
37.	Actual Quota Premium/PQP Paid	: \$48,002.00
38.	Actual ARF Paid	: \$1,248.00
39.	CO2 Emission(g/km)	: 257.00
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: 23 Jun 2036
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 24 Jun 2016
46.	Road Tax End Date	: 23 Dec 2016
47.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.