

# NATIONAL Assessment Centre Services

(Ref: 234705)

Date In: 15/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/EQI19000872/13	SAS e-filing		
Veh No: GBC21910	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 14/01/19 0810	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: ( M GARAGE Tel: Fax: )

TP Particulars: Veh No: FBC695E 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

NA1900472 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments:- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2 / 3: 8) NTUC Additional Services:-

9) N12: Idac Mobile

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	15/01/2019 09:38
Date Of Accident	14/11/2018 08:10
Exact Location Of Accident	WOODLANDS DR 70 BESIDE CARPARK ENTRANCE BLK 709A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC2191D
Insured/Policyholder	
Name Of Registered Owner	EXPRESS LEAD PTE.LTD.
Co Reg No	201325405E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCPHQ18-003568
Cover Note Number	
Driver	
Name of Driver	LEE JIAN JIE
NRIC No	S9728065G
Date Of Birth	24/08/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98301911
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 717A WOODLANDS DRIVE 70 #09-04
Postcode	731717
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181114/2029

#### 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	FBC695E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

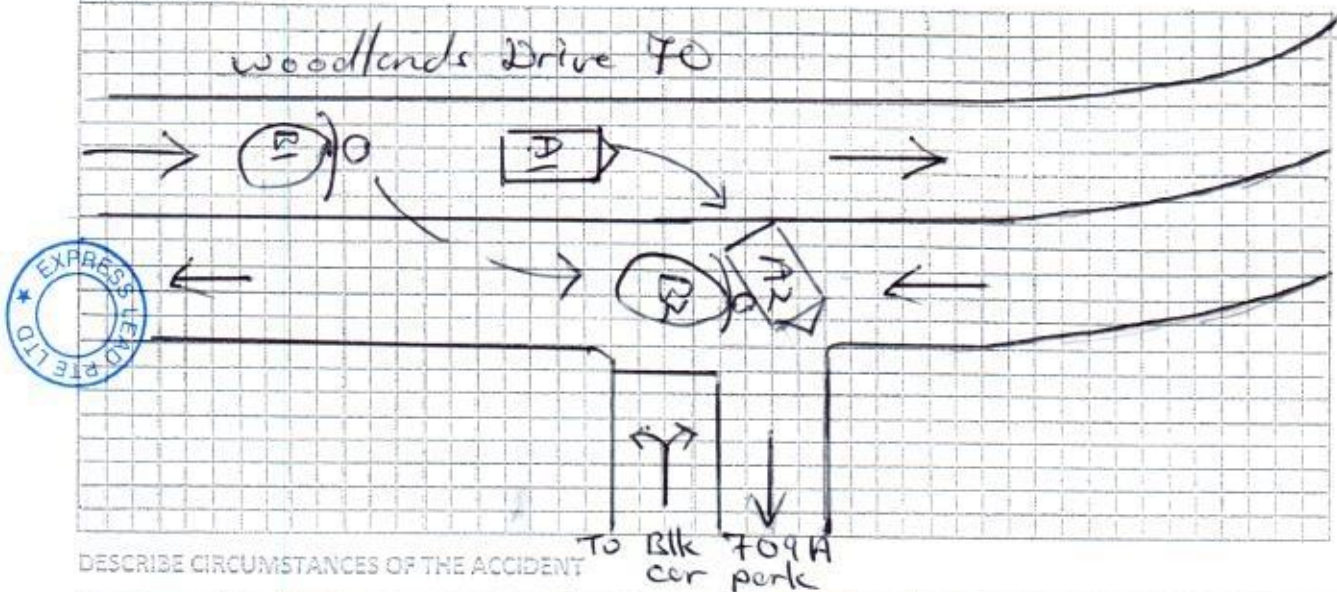


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occur on 14/11/2018 at about 0810 hrs at along woodlands Drive 70 beside carpark entrance of Blk 709 A.

On the even date at about 1030 hrs, Police Report was made due to Traffic Police and ambulance was at scene.

Attached: (Refer to Police Report no: T/20181114/2029).

Making this report and submitting a 3<sup>rd</sup> Party claim was because my own Insurance EQ informed us that a claim had made against us and was told to make a report.

(A) GBC 2191 D

(B) FBC 695 E

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:





# SINGAPORE POLICE FORCE



T/20181114/2029

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20181114/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 10:30		Vide Report No.: J/20181114/0076		Station Diary No.: 40	
<b>Informant's Particulars</b>					
Name of Informant: LEE JIAN JIE			Address: APT BLK 717A WOODLANDS DRIVE 70 #09-04 SINGAPORE 731717		
ID Type / ID No.: NRIC NO / S9728065G			Contact No.: Home/Office: Mobile: 98301911		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 24/08/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LOGISTICS DELIVERY			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:10	Type of Location:
Location: Along Road 1 WOODLANDS DRIVE 70  JUNCTION OF CARPARK ENTRANCE/EXIT OF BLOCK 709A, L/P 3				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC695E	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Black	Slightly Damaged	1
GBC2191D	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	0

## Details of Person Involved

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



Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	LEE JIAN JIE	ID No.	S9728065G
Related Vehicle	GBC2191D (Lorry)	Contact No.	98301911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am the driver of vehicle registration no. GBC2191D.

On 14/11/2018 at about 0808hrs, my vehicle was travelling straight along Woodlands Drive 70 (towards Woodlands Ave 7). Vehicle FBC695E was travelling behind my vehicle some distance away.

I signalled right, checked my mirrors and blind spot as I wanted to make a right turn into Blk 709A. I was travelling at about 15km/h at the time. I did not see any vehicle when I checked my mirrors and blind spot and opposite direction was also clear. Hence, I made the right turn into said carpark.

While turning right, the front of vehicle FBC695E collided with the right side driver door of my vehicle.

As a result of the impact, the right side driver seat door of my vehicle was dented and scratched.

I stopped my vehicle to check on rider and pillion of vehicle FBC695E. As they appeared injured, I called for ambulance. I was not injured.

Traffic Police and ambulance was at scene. I do not have any in-vehicle camera installed.





**SINGAPORE  
POLICE FORCE**



T/20181114/2029

3 of 3

Report No. T/20181114/2029

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**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/

SN 130

Sgt 2 LEONG JIA SHENG, KENNETH

SGT KENNETH  
LEONG

Signature Of Interpreter:

Not applicable

**Singapore Police Force**

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/11/2018 10:30

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/11/2018 Time: 0810 (hh:mm) 24 hr format

Location Woodlands Dr 70 beside carpark entrance of Blk 709A

Vehicle Number GBC 2191D

Insured Name Express lead Pte Ltd

NRIC / FIN UEN: 201325405E Contact Number

Make MITSUBISHI Model FORTIS 1.5 RDEA

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting

Insurance Company EQ

Type of Policy ( / ) Comprehensive ( ) Third Party Fire &amp; Theft ( ) TP Only

Policy Number DMC PHQ 18 - 003568

Name of Driver Lee Jian Jie ( ) Same as Insured

NRIC / FIN S97280656 Contact Number 9830 1911

Date of Birth 24/08/1997

Driving Pass Date 21 Jun - 2016

Occupation ( / ) Indoor ( ) Outdoor

Gender ( / ) Male ( ) Female

Email Address - ( ) NO EMAIL

Address of Driver Blk 717A Woodlands Drive 70 #09-04

S(73177)

Was driver an employee of the Insured's Company? ( / ) Yes ( ) No

If No, Relationship of the Driver with the Insured Employee

( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling

Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No

If Yes, Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

Weather Conditions ( ) Clear ( / ) Raining ( ) Others

Road Surface ( ) Dry ( / ) Wet ( ) Others

Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No

Was anybody injured in the accident? ( ) Yes ( / ) No

If yes, injured detail -

Was there any video captured by Car Camera? ( ) Yes ( / ) No

Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report

DETAILS OF 3<sup>rd</sup> party Name / Nric Contact

Veh B FBC 695E

Veh C

Veh D

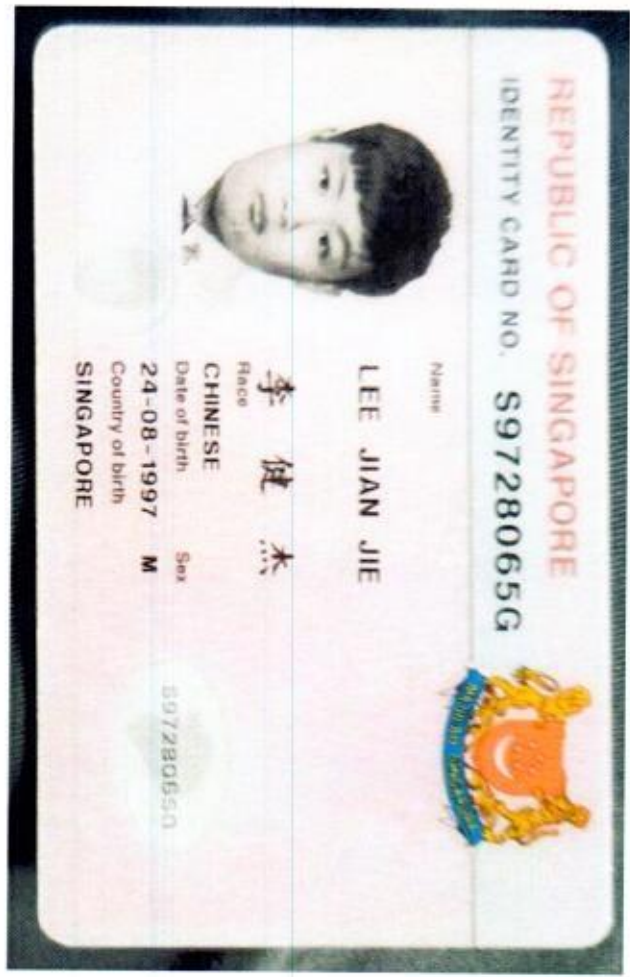
Veh E

Veh F



DRIVER

GBC 2191D



DRIVER  
GBC2191D

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Name: LEE JIAN JIE  
Licence Number: S 9728065G  
Birth Date: 24 Aug 1997  
Issue Date: 21 Jun 2016

002580529F



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

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

EFFECTIVE DATE: 21 Jun 2016

Licence No: S9728065G

NP 428A



**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. : DMCPhQ18-003568**

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

GBC2191D

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

**2. Name of Policyholder**

EXPRESS LEAD PTE. LTD.

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

08/06/2018

**4. Date of Expiry of Insurance**

07/06/2019

**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 : Goldbell Financial Services Pte Ltd

**ABWIN PTE LTD**

8 KAKI BUKIT ROAD 2

RUBY WAREHOUSE COMPLEX

01-33 SINGAPORE 417841

A000342/Abwin Pte Ltd 6842 3322 FAX: 6842 3301 (ADMIN OFFICE)

Date of Issue : 08/06/2018 14:25



Authorised Signatory

EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.