

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA19 008060**

Date In: <b>17/11/19 - 16:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/202190068874</b>	SAS e-filing		
Veh No: <b>ABC44924</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>16/11/19 - 16:30</b>	i-Motor Claim Form		
OD <b>TP</b> 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: **JHC39190** 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		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 2 / 3:	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 (Non INC) against INC \$20			
	9) N12: Idac 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	17/01/2019 16:20
Date Of Accident	16/01/2019 16:30
Exact Location Of Accident	BURN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4492Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEU INDUSTRIES PTE LTD
Co Reg No	200806430C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90626007
Alternative Phone No	OFFICE-90626007

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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	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	DMCPHQ18-003058
Cover Note Number	

### Driver

Name of Driver	HU ZHIYOU
Passport No/FIN	G3060729K
Date Of Birth	10/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98597216
Fax Number	
Contact Number	OFFICE-98597216
EMail Address	NOEMAIL

Address BLK 19 JOO SENG ROAD  
 #11-116  
 Postcode 360019  
 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 CLEAR  
 Road Surface DRY

**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? 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: : LIM KAYPHENG TERENCE  
 GENDER: : MALE

**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**

REFER TO 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 SHC3919U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	HU ZHIYOU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC4492Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

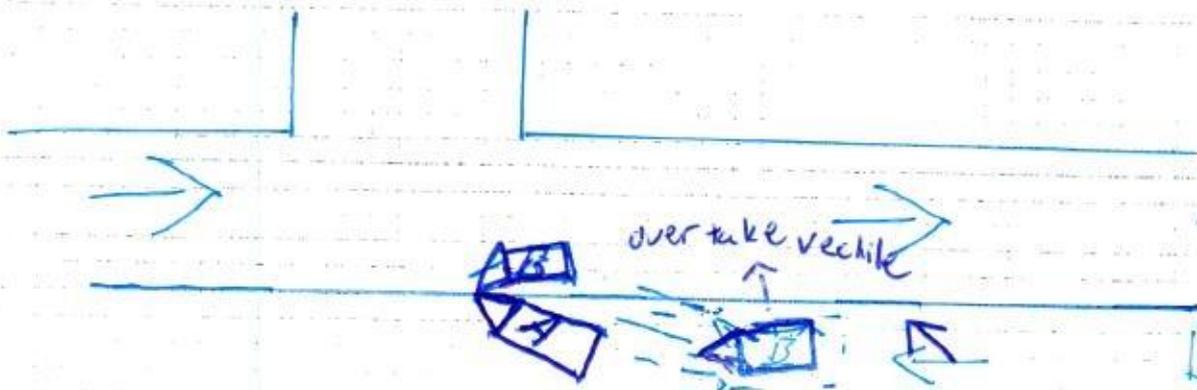


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A & B L 44927

B SHC 3919M

Burn. Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Burn Road and I slow down to turn right suddenly a car behind me which are not allow to overtake and he overtake me and collided onto my right front portion and cause my vehicle badly damage

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.:

Date of Accident : 16/01/2019 Accident Time: 1630 (24-HR-Format)

Accident Place : Bura Road

Vehicle No. (Car Plate No.) : GBC4492Y Make/Model: Nissan Cabstar 3.0

Insurance Company : EQ Insurance Policy No: DMCPHQ18-003058

Owner or Company Name /IC No. : NEU INDUSTRIES PTE LTD (2008064300)

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 90626007 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Hu zhiyu, G3060729K

DRIVER'S Date Of Birth : 10/6/1978 DRIVER'S License Pass Date 20/11/2014

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : Block 19 Joo Seng Road #11-116 Spore 360019

DRIVER'S Contact No./ Alt No. : (1) 98597216 (2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_ sales@mia.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02 passengers LIM KAT PHENG TERENCE

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): 01 driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SNC3919U</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

2 person

\* NEW - Passenger's name & gender:

Driver  
GBC 4492Y

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**NEU INDUSTRIES PTE. LTD.**

Sector: **SERVICE**

Name:  
**HU ZHIYOU**  
Occupation:  
**DRIVER**

Work Permit No:  
**0 7622773-**

Date of Application:  
**17-10-2017**

Date of Issue:  
**08-11-2017**

Date of Expiry:  
**18-10-2019**

**L8459833**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G3060729K**  
Name:  
**HU ZHIYOU**

Birth Date: **10 Jun 1978**  
Issue Date: **20 Nov 2014**  
Valid Till: **19 Nov 2019**

**002368317K**



**VISIT PASS**  
Immigration Regulations

Name:  
**HU ZHIYOU**

Date of Birth: **10-06-1978** Sex: **M** Nationality: **CHINESE**

FIN: **G3060729K** Date of Issue: **08-11-2017** Date of Expiry: **18-10-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

Class	Vehicle Description	Effective Date
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Nov 2014

**NP 428A**

Licence No: **G3060729K**



**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.: **DMCPHQ18-003058**

Form: **LCVP1**

Excess:

Section 1 **SGD500.00**

YEID-AC **Additional SGD3,000.00**

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

GBC4492Y

**2. Name of Policyholder**

NEU INDUSTRIES PTE LTD

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

21/05/2018

**4. Date of Expiry of Insurance**

17/06/2019

**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 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.