

# NATIONAL Assessment Centre Services

Date In: 18/03/19	Job description	Date & Time Completed	Done by
Ref No: NA19004836/13	SAS e-filing		
Veh No: GBH3080H	E-mail (within 8hrs, A/C 2hrs)		
DOA: 16/03/19 1530	i-Motor Claim Form		
OD: TP 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: ( )	MASSIVE	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: 546096Y	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 ( ) / Towel-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

NA19004836	Invoice Preparation Checklist		Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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 :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile			
	10) N11: TP (N-n INC) against INC			
	11) 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	18/03/2019 11:41
Date Of Accident	16/03/2019 15:30
Exact Location Of Accident	SHENTON WAY TWDS KEPPEL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3080H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEW STYLE ENTERPRISE
Co Reg No	52994448X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97649651
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
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
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002136
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH DHEH
NRIC No	S1323794H
Date Of Birth	11/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97649651
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 270 BANGKIT ROAD
	#06-06
Postcode	670270
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 - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : LIU JIN SHAN
	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

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	SG6096Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	PENG LEE
NRIC/Passport Number	G2633612R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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 insurers) 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 compliance with requirements under any regulations, laws or court orders.

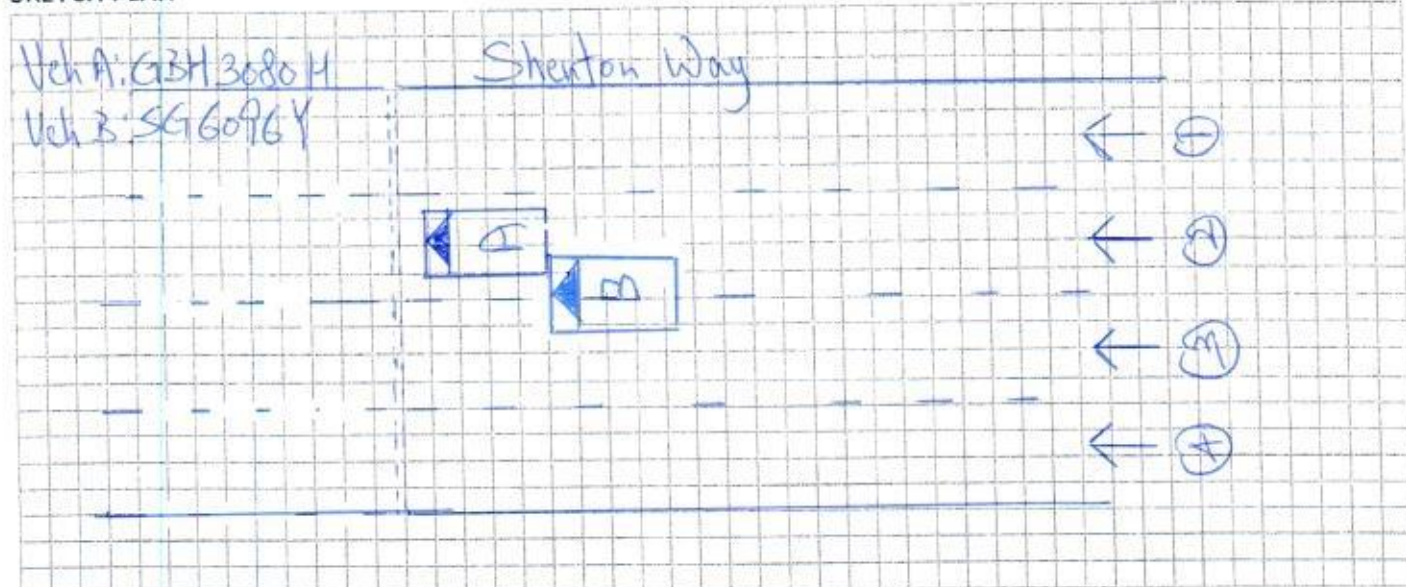
**NEW STYLE ENTERPRISE**  
21 Toh Guan Road East  
#04-13 Toh Guan Centre  
Singapore 608609  
Reg No: 52994448X  
Tel: 6316 2292 Fax: 6316 2207

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

On 16/3/2019 @ ord 1530hrs, I was travelling along Shenton Way towards Keppel Rd. I stopped at the traffic light due to red light. While waiting for the light to turn green suddenly I felt an impact from the rear of my van. I got out and realised that a SG Bus (SG6096Y) had collided into my van rear portion.

Passenger: Mr Liu Jin Shan

### NEW STYLE ENTERPRISE

21 Toh Guan Road East

DECLARATION 13 Toh Guan Centre

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

Reg No: 52994448X

Tel: 6316 2292 Fax: 6316 2207

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 03 / 2019 (DD/MM/YYYY), TIME: 15 30 (HH:MM)

LOCATION: Shenton Way towards Keppel Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 3080H  
 b) INSURANCE COMPANY: EQ  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Prius  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: New Style Enterprise Email address: \_\_\_\_\_  
 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2994448X CONTACT: \_\_\_\_\_  
 c) ADDRESS: 21 Toh Guan Road East #04-13  
Toh Guan Centre S(608609)

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

## 3. DRIVER

- a) NAME: Goh Jhen Email address: \_\_\_\_\_  
 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1323794H CONTACT: 99649651  
 c) ADDRESS: 311 270 Bangkit Rd #06-06 S

\* d) DATE OF BIRTH: 11 / 09 / 1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05 / 02 / 1979

Car Camera (Yes/No) NO

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

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) NO

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

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

No. of passenger incl driver 02  
 Name Lin Jin Shan Gender Male

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG6096Y MODEL: SG BUS  
 b) DRIVER'S NAME: Hill Peng Hee  
 c) NRIC/FIN/PASSPORT: G-2633612R CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1323794H**

Name: **GOH DHEH**

Birth Date: **11 Sep 1958**  
Issue Date: **23 Nov 2016**

002631916H




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1323794H**

Name: **GOH DHEH**

吴烈

Race: **CHINESE**

Date of Birth: **11-09-1958** Sex: **M**

Country of Birth: **SINGAPORE**






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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	05 Feb 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	23 Apr 1980

NP 428A

Licence No: S1323794H



0450211

Barcode

NRIC No: **S1323794H**



Blood Group: **A+** Date of issue: **24-07-1994**

Address: **APT BLK 270 BANGKIT ROAD  
#06-06  
SINGAPORE 2367**



**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

**COMMERCIAL VEHICLE PRIVATE (SCH I )  
ENDORSEMENT**

Page 1 of 1

Agency	A000296	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ18-002136
Account	A000296	Issued on	17/04/2018 in Singapore	Endorsement No.	HOM182219/1
Client	0142660	Acceptance Date	17/04/2018		
		Effective Date	17/04/2018		

Period of Insurance from 11/04/2018 to 10/04/2019 , both dates inclusive

Insured's Name NEW STYLE ENTERPRISE  
Address BLK/HOUSE NO. 21 #04-13  
TOH GUAN ROAD EAST  
SINGAPORE 608609

Premium	Basic Annual Premium	SGD1,330.52		
	Total Annual Premium	SGD1,330.52	Premium Due	SGD0.00
			Total Due	SGD0.00

With effect from 17/04/2018, it is hereby noted and agreed that the Insured's address is amended to read as:-

BLK/HOUSE NO.21 #04-13  
TOH GUAN ROAD EAST  
SINGAPORE 608609

Subject otherwise to the terms, conditions and exceptions of the Policy.

Risk No. 001 COMMERCIAL VEHICLE PRIVATE (SCH I )

1. Registration GBH3080H

Sum Insured: Market Value at the time of loss

SGD0.00

For EQ Insurance Company Limited

Authorised Signature

