

NATIONAL Assessment Centre Services. (ver 1 Jan'03) MWA 119036026

Date In: 18/3/19 16:49	Job description	Date & Time Completed	Done by
Ref No: NA/ EQZ 19004886164	SAS e-filing		
Veh No: GOF 3868 M.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/3/19 16:20.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SLB 6955.C.	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 repairer.

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

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

Remarks: (INC hotline: 67886616)	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

NA1901944

Client's Particulars:	Invoice/Refundation Checklist	Am't (\$)	Add'l (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For retaining against INC Only (ver 10 Jan 2003)		
Ref 2/3:	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 Coordination \$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	18/03/2019 16:49
Date Of Accident	16/03/2019 16:20
Exact Location Of Accident	CTE /SLE BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3868M
Insured/Policyholder	
Name Of Registered Owner	SIANG KHOON PLUMBING & RENOVATION
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96879496
Alternative Phone No	OFFICE-96879496
Vehicle Particulars	
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
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006660
Cover Note Number	-
Driver	
Name of Driver	ONG KIAN KUAN
NRIC No	S6984297F
Date Of Birth	12/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96879496
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 135 BEDOK NORTH ST 2 #07-119
Postcode	460135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : 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

PLEASE REFER TO 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	SLB6955C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

祥坤水喉工程
SIANG KHON PLUMBING & RENOVATION
377 Balestier Road, Singapore 329781
9835 2247 (Lm) / 9733 2246 (Eng)
Tel/Fax: 9781 8785

Policyholder's Signature
Date & Time:

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

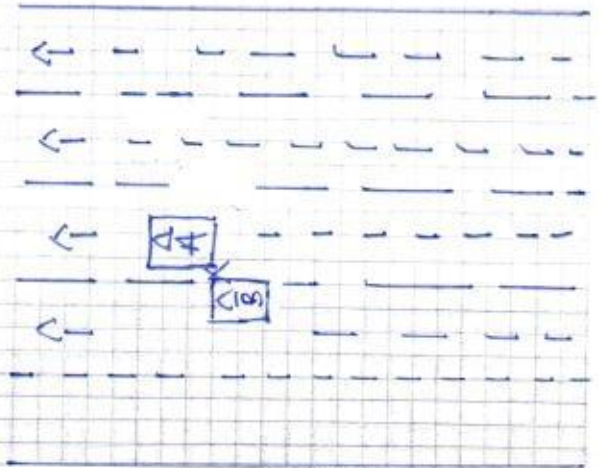
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE/SLE Before Moulmein Exit

Veh A: GBP 3868M

Veh B: SLB 6955C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time. I Veh A GBP 3868M was driving straight on CTE towards SLE when i suddenly felt an impact coming from my vehicle left rear portion. I stop and alighted to check and realised that Veh B SLB 6955C have failed to stop in time and collided into my vehicle left rear portion.

DECLARATION

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

祥坤水喉工程

SIANG KHON PLUMBING & RENOVATION

377 Balestier Road Singapore 328791

9835 2217 (WhatsApp) 3-44094

Policyholder's Signature: 18/05

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GBF 3868M

MAKE & MODEL Toyota Hiace

DATE OF ACCIDENT	16 / 03 / 2019
TIME OF ACCIDENT	16.20 AM <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	CTE ISLE Before moulmein Exit
Vehicle Purpose use during accident	
NAME OF OWNER	Siang Khoo Plumbing & Renovation
TEL NO	9687 9496
VIN	52958479D
CLAIM TYPE	OD <input checked="" type="checkbox"/> THIRD PARTY / Reporting Only
PRIVATE HIRE	YES <input checked="" type="checkbox"/> NO
INSURANCE CO.	EQ insurance
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCPAQ18-006660
NAME OF DRIVER	As above / If No: Ong Kian Kuan
NRIC	S6984297F Any passengers: 01
DATE OF BIRTH	12 / 03 / 1969
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / Indoor
DATE OF DRIVING PASS	11 / 10 / 2012
GENDER	<input checked="" type="checkbox"/> Male / Female
CONTACT NO.	9687 9496 Office: Home:
ADDRESS	Blk 135 Bedok North St 2 #07-119 S(460135)
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: Owner.
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SLB 6955C Any Passenger: 01
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	waiting photo by today.
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
ARTICULAR WORKSHOP	Rico
LP NO	Sme Motor Pte Ltd
CONTACT PERSON	1 Kaki buldt ave 6 #02-15
TEL NO	Autobay @ kaki buldt
	Singapore 417883
	Telp: 67476106 (6 lines)
	Fax: 67447368

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number **S6984297F**
Name
ONG KIAN KUAN

Birth Date **12 Mar 1969**
Valid Date **11 Oct 2012**

 0021134400

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6984297F

 Name
ONG KIAN KUAN



王健坤
Race
CHINESE

 Date of birth
12-03-1969 Sex
M

Country/Place of birth
MALAYSIA



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, including of the driver, and other motor vehicles \leq 3000kg

NP 428A



5624946



56884297F



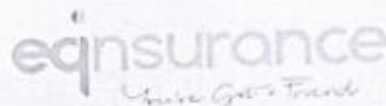
Date of issue

20-07-2016

Address

APT BLK 135 BEDOK NORTH STREET 2
#07-119
SINGAPORE 480135

EQ Insurance Company Limited
8 Maxwell Road, #13-02 Tower Block, MND Complex, Singapore 060110
Tel: 65 6223 9433 | Fax: 65 6224 3003 | 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 1) Comprehensive

Certificate No.: DMCPHQ18-006660

Form: LCVF1

Excess:

Section 1:

YEID-AC Additional

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBF3968M

2. Name of Policyholder

SIANG KHOON PLUMBING & RENOVATION

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 - (M2300) Authorized 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: MALAYAN BANKING BERHAD

A000423/Car Insurance Agency Pte Ltd

Date of Issue: 27/09/2018 16:25

Authorized Signatory
EQ Insurance Company Limited

Exp No.: DMCPHQ17-005284

A Member of Citystate