

# NATIONAL Assessment Centre Services

Date In: 26/03/19	Jcb description	Date & Time Completed	Done by
Ref No: NA/EQ219005341/13	SAS e-filing		
Veh No: GBD2639A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/03/19 2100	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: (	Tel:	Fax:
TP Particulars:	Veh No: LINKDOWN	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 (\$)
		1st 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		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2 / 3:	*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 \$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	26/03/2019 09:20
Date Of Accident	21/03/2019 21:00
Exact Location Of Accident	LOR 23 GEYLANG LOT NO 26
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2639A
Insured/Policyholder	
Name Of Registered Owner	TAITONG GLASS SERVICES
Co Reg No	52983056J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90283382
Alternative Phone No	OFFICE-67495618
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-005631
Cover Note Number	
Driver	
Name of Driver	LUO ZHIHONG
Passport No/FIN	G6083069Q
Date Of Birth	28/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82670781
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	372C GEYLANG ROAD
Postcode	389383
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	COLLIDED INTO PARKED VEHICLE
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	3
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , 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/20190323/2091

#### 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	
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

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: 11:50

22-3-19



  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 11:50

22-3-19

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

A - GBD2639A

B - UNKNOWN

C - UNKNOWN (MOTORCYCLE)

LOR 23 GEYLANG



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: T/20190522/2091

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 1150

22-3-19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1150

22-3-19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/03/19





# SINGAPORE POLICE FORCE



T/20190323/2091

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20190323/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
23/03/2019 13:48

Vide Report No.:

Station Diary No.:  
42

**Informant's Particulars**

Name of Informant:  
LEE WENG KHEONG

Address:  
4C ROBEY CRESCENT SINGAPORE 546262

ID Type / ID No.:  
NRIC NO / S1188354J

Contact No.:  
Home/Office: Mobile: 90283382

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 62 14/09/1956

Type of Informant:  
Vehicle Owner

Race:  
Chinese

Language: Institution / School Name:

Occupation:  
SELF EMPLOYED

Driving Licence Information:  
Class: Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/03/2019 21:00	Type of Location: Straight Road
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Location:  
Along Road 1  
LORONG 23 GEYLANG

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
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Type of Collision: Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: No
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**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2639A	Lorry				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190323/2091

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20190323/2091

**CONTINUATION OF REPORT**

**Brief Details.**

On 21/03/2019 at about 9pm, my driver Luo Zhi Hong (G6083069Q) parked my company (Taitong Glass Services) lorry GBD2639A along Lorong 23 Geylang, lot number 26 and left after securing it.

On 22/03/2019 at about 8am, Zhi hong returned to retrieve the lorry and discovered that the lorry was shifted from its original position and a note with a police report number was on it G/20190321/0196 with the telephone number 65476214. The note also infd that my vehicle was involved in a road traffic accident and was told to contact the investigation officer (IO). My driver was approached by a passer-by (Hp: 98769867) and was informed that he witness the accident and that the driver drove away.

My lorry rear right has some scratches and dents. The steps leading to the middle passenger door were damaged as well.

I managed to contact the IO and was instructed to lodge a police report.





**SINGAPORE  
POLICE FORCE**



T/20190323/2091

Police Station Of Origin;  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20190323/2091

**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:  
G /  
Sgt 2 NG KA WAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/03/2019 13:48

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEB LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: 21/03/2019 (DD/MM/YYYY), TIME: 21:00 (HH:MM)

LOCATION: GEYLANG LOR 23 Parking lot 26

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD2639A  
b) INSURANCE COMPANY: ECI Insurance Company Ltd  
c) POLICY NUMBER: DMCPH18-005631  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Dyna 3.0M (Metal Body)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TAITONG GLASS SERVICES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52983056J CONTACT: 90283382 / 67495618  
c) ADDRESS: 30 KAKI BUKIT RD 3 #05-11  
EMPIRE TECHWOCENTER S-417819

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

## DRIVER

- a) NAME: LUO ZHIHONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 072463536 CONTACT: 82670781  
c) ADDRESS: 372C GEYLANG ROAD  
5389383

\*d) DATE OF BIRTH: 28/04/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

22/03/19  
waiting for  
the police  
report. ✓  
125/03/19

Email =

fax =

VIDEO =



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




Employer  
**TAITONG GLASS SERVICES**


PH NO (82670781)

Name  
**LUO ZHIHONG**

Work Permit No.  
**0 72463536**

Sector:  
**MANUFACTURING**



 **K0170963**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G6083069Q**

Name  
**LUO ZHIHONG**

Birth Date: **28 Apr 1976**

Issue Date: **14 Apr 2014**

Valid Till: **13 Apr 2019**



**VISIT PASS**  
Immigration Regulations

07-03-2018

Name  
**LUO ZHIHONG**

FIN  
**G6083069Q**

Date of Birth  
**28-04-1976**

Sex  
**M**

Nationality  
**CHINESE**



Download SGWorkPass App to check status

**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 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg**

**EFFECTIVE DATE**  
**03 Nov 2008**

 Licence No: **G6083069Q**

**NP 428A**

EQ Insurance Company Limited  
Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
Tel 65 6223 9433 | fax 65 6224 2903 | www.eqinsurance.com.sg  
reg no. 1878-00450-14



**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. : **DMCPHQ18-005631**

Form LCVP1  
Excess:  
Section 1: \$3500.00  
YEID-AC Additional: \$33,000.00

1. Index Mark and Registration Number of Vehicles  
GBD2639A

2. Name of Policyholder  
TAITONG GLASS SERVICES

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
27/08/2018

4. Date of Expiry of Insurance  
26/08/2019

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 : Abwin Pte Ltd

**ABWIN PTE LTD**  
8 Kaki Bukit Road 2 #01-33  
Ruby Warehouse Complex  
Singapore 417841

A000342/Abwin Pte Ltd Tel : 6842 3332 Fax : 6743 6750  
Date of Issue : 17/08/2018 15:00

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : **DMCPHQ17-004524**

A Member of Citystate