

NATIONAL Assessment Centre Services

Date In 02/12/19	Job description	Date & Time Completed	Done by
Ref No NA/EQI19021228/13	SAS e-filing		
Veh No SLF9768K	E-mail (within 8hrs. APC 2hrs)		
DOA 01/12/19 1500	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: YN7581Z	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

	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT : 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:-		
	OP*		
	*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	02/12/2019 12:57
Date Of Accident	01/12/2019 15:00
Exact Location Of Accident	CLIVE STREET NEAR INDIA HERITAGE CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9768K
Insured/Policyholder	
Name Of Registered Owner	SERANGOON AIR TRAVEL PTE LTD
Co Reg No	199802068H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98395023

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORK

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-005987
Cover Note Number	

Driver

Name of Driver	JAILATHI HAJA MAIDEEN ZAKIR HUSSAIN
NRIC No	S2669920G
Date Of Birth	11/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98395023
Fax Number	
Contact Number	
EMail Address	HUSSAIN@SERANGOONAIR.COM

Address	BLK 681 RACE COURSE RD #08-301
Postcode	210681
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	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: : FAIZ 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

AT ABT 15:00HRS I'M PICKING UP MY PASSENGER AT CLIVE STREET NEAR INDIA HERITAGE CENTRE. VEH(B) BEARING REG NO YN7581Z WANTED TO PARK HIS VEH INFRT OF MY VEH BUT MISJUDGE AND HIS VEH HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

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	YN7581Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VIKNESWARAN S/O CHANDRASENAN
NRIC/Passport Number	
Contact Number	98717491
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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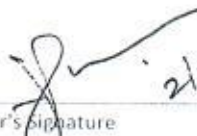
8. Consent under the Personal Data Protection Act (PDPA)

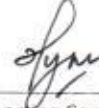
I understand, acknowledge, agree and consent that:

- (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.

*

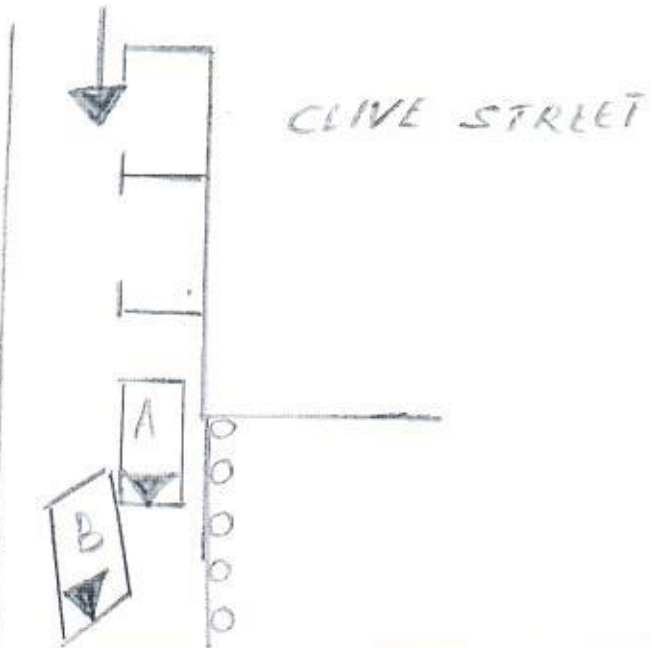
Policyholder's Signature
Date & Time:

 2/12/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 02/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SLF9768K
B - YN17581Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at 3pm I am ^{Picking up} ~~and picking up~~ my passenger Great Fiaz at Little India Arcade. at that time mitsubshi Fuso mini lorry want to park in front of my car. so he never notice the blind spot and he hit my car and parked. while I was not in the car. but was on the road. my guest Fiaz was in the car. ~~so he called out~~.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2019) (DD/MM/YYYY), TIME: (3:00) (HH:MM)

LOCATION: CLIVE STREET. Near India Heritage Centre.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF9768K
b) INSURANCE COMPANY: EQ INSURANCE
c) POLICY NUMBER: DMPPHAR-006220
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VELLFIRE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: Serangan Air Travel Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199020684 CONTACT: 98395023 / 8157785
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jailathi Haja maideen Jawar Hussain (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2699204 CONTACT: 98395023
c) ADDRESS: Blk 681 #68-301 Race Course Road Singapore - 210681

*d) DATE OF BIRTH: (11/10/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 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) Clear

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: - NO -

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN7581Z MODEL: MITSU FUSO
b) DRIVER'S NAME: VIKNESWARAN S/O CHANDRASENAN
c) NRIC/FIN/PASSPORT: CONTACT: 98717491

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(2)1

male

FAIZ

passenger

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

01/12/19
waiting for
company
stamp

Email =
fax =
video =

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**PRIVATE CAR
Comprehensive Premier****Certificate No. : DMPPHQ19-005987****1. Index Mark and Registration Number of Vehicles**

SLF9768K

2. Name of Policyholder

Serangoon Air Travel Pte Ltd

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

16/09/2019

4. Date of Expiry of Insurance

15/09/2020

5. Person or Classes of persons entitled to drive*

- (a) The Policyholder
(b) Any other person who is driving on the Policyholder's order or with his permission
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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
(b) use for racing, pace-making, reliability trials or speed testing
(c) use for the carriage of goods (other than samples) in connection with any trade or business
(d) use for any purpose in connection with the Motor Trade

Comprehensive Plan - Any Workshop

Form: MX2

Excess:

Employees: S\$1,000.00

Non-employee: S\$1,500.00

YEID Additional: S\$3,000.00

EQI Motor Accident
Hotline**6311 3211**

*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 : UNITED OVERSEAS BANK LIMITED

A000274/Andrew Paul Legacy
Date of Issue : 09/09/2019 14:28Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ18-006220**

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



PRIVATE CAR SCHEDULE

Page 1 of 10

Agency	A000274	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ18-006220
Account	A000274	Issued on	04/09/2018 in Singapore	Replacing Policy no.	DMPPHQ17-004676
Client	0132044	Acceptance Date	04/09/2018		

Period of Insurance from 16/09/2018 to 15/09/2019 , both dates inclusive

Insured's Name Serangoon Air Travel Pte Ltd
Address 48 Serangoon Road
 #01-69 Little India Arcade
 Singapore 217959

Business/Occupn Travel Agent
Hire Purchase UNITED OVERSEAS BANK LIMITED

Premium	Basic Annual Premium	SGD1,304.31		
	Premier Plan	SGD260.86		
	3 Named Drivers	SGD100.00		
	Premium after NCD	SGD1,665.17	Premium Due	SGD1,665.17
			Premium GST	SGD116.56
			Total Due	SGD1,781.73

Risk No. 001	PRIVATE CAR			
1. Registration	SLF9768K	Make/Model	TOYOTA VELLFIRE 2.5 MPV 2493cc	
Type of Cover	Comprehensive	No. of seats	7	Body Type MPV
Engine No.	2ARH723855	Capacity cc	2493	Yr of Manuf/Regn 2016/2016
Chassis No.	AGH300064412			NCB% 20.00
				Certificate Ref. MX2

Sum Insured: Market Value at the time of loss	SGD0.00
Employees	SGD1,000.00
Non-employees	SGD1,500.00
YEID	SGD3,000.00
Named Drivers	Jailathi Hajamaideen Zakir Hussain Basheer Ahamed Sasiya Banu
	Rajendiran Venkatesan

PRIVATE CAR COMPREHENSIVE (COMPANY REGISTERED) - PREMIER PLAN (Ver.6)

For information on Motor Claims Framework (MCF), please visit GIA websites
(www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
Exclusions as printed herein and/or attached hereto:-

EMPLOYEE EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
Certificate of Insurance. You will have to pay the Excess for every claim made
against us for own damage claims to your vehicle under Section 1.

Continued on page 2

