

# NATIONAL Assessment Centre Services.

(ver 1 Jan 03) **MNA419 166359**

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In: <b>18/1/19 - 11.13</b>   | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NBA/E 03140222A/14</b> | SAS e-filing                             |                       |         |
| Veh No: <b>F0N5696L</b>           | E-mail (3 days, AIC 2 hrs)               |                       |         |
| DOA: <b>16/1/19 - 08:30</b>       | 1-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> Reporting Only      | 1-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                   | 1-Photo Uploaded                         |                       |         |
|                                   | Assessment/Survey Report                 |                       |         |
| TP Insurer:                       | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                 |
|--|--|-----------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:            |
| TP Particulars:                          | 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 ( )                       |                 |

|   |  |
|---|--|
| ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair. |  |
| ( ) Total Loss Cost: to e-mail Insurer URGENTLY.  |  |
| Drive-In ( ) / Towed-In ( )   | Invoice: YES ( ) / NO ( ) ; Towing Co: ( ) |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( )   |  |
| 2) QC Check / Post Repair Inspection ( )  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )   |  |

|                         |
|-------------------------|
| Injury: _____           |
| Date of Incident: _____ |
| Location: _____         |
| Weather: _____          |
| Time of Day: _____      |
| Witnesses: _____        |
| Police Report: _____    |
| Insurance Claim: _____  |

|                  |  |             |
|------------------|--|-------------|
| Driver/Owner:    | 1) AR: Accident Reporting (\$30)             |             |
| Contact No:      | 2) DA: Damage Assessment (\$100) INC (\$10)  |             |
| Damaged Portion: | 3) TP: Towing Fee \$10/\$45                  |             |
|                  | 4) PT: Follow-Through Survey \$120           |             |
|                  | 5) PT: Follow-Through Survey (Resurvey) \$30 |             |
|                  | 6) TR: Re-inspection \$75                    |             |
|                  | 7) NI: 1000 DA + SMRT Survey \$160           |             |
|                  | 8) NIUC Additional Services:                 |             |
|                  | ON:  |             |
|                  | *NS: Courtesy Car / Tpt Allowance \$35       |             |
|                  | *NG: Repair Co-ordination \$10               |             |
|                  | *N2: Post Repair Inspection \$25             |             |
|                  | *ND: DV / Collect Excess Coordination \$35   |             |
|                  | TP (Nil) : TP (Nil INC) against INC \$10     |             |
|                  | 9) NI2: 1000 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             | 18/12/2019 11:13                |
| Date Of Accident           | 16/12/2019 08:30                |
| Exact Location Of Accident | BRADDELL RD TWDS LORNIE FLYOVER |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBN5696L             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHEN TIEN LOONG      |
| NRIC No                     | S2691531G            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-83445009 |
| Alternative Phone No        | OFFICE-83445009      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | HONDA         |
| Model  | CB190X MANUAL |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE   |
| 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   | MOTORCYCLE    |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMMPHQ19-001251          |
| Cover Note Number         |                          |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHEN TIEN LOONG       |
| NRIC No              | S2691531G             |
| Date Of Birth        | 29/05/1964            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 26/05/1997            |
| Driving Experience   | 22 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-83445009  |
| Fax Number           |                       |
| Contact Number       | OFFICE-83445009       |
| EMail Address        | NOEMAIL               |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 347 UBI AVENUE 1<br>#06-1023 |
| Postcode  | 400347                           |
| 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 | -<br>-<br>-                      |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                      |

#### 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?   | YES |
| Was any injured conveyed to hospital by ambulance?  | YES |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/7031.

#### 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 | SFM763S     |
| Vehicle Make/Model/Colour   | LEXUS ES250 |
| 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)

### DETAILS OF INJURED PERSON 1

Name CHEN TIEN LOONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBN5696L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



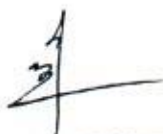
## SKETCH PLAN

### 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:



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



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

The diagram illustrates a sequence of four rectangles on a grid. The rectangles are labeled as follows:

- A1**: The bottom-most rectangle.
- B1**: The rectangle immediately above A1.
- A2**: The rectangle immediately above B1.
- B2**: The rectangle immediately above A2.

A dashed line connects the top-right corner of rectangle B2 to the top-left corner of rectangle A2, suggesting a horizontal shift or a specific geometric relationship between these two rectangles.

Refer to police Report

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

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:



Date of Accident : 16/12/19 Accident Time: 0830 (24-HR-Format)  
Accident Place : Braddell Road towards Cornie  
Vehicle Reg. No. (Car Plate No.) : FBN 5696L  
Vehicle Make/Model : Honda  
Insurance Company : Equinurance Policy No. :  
Owner or Company Name / IC No. : Chen Tien Ioung S2691531G  
Owner or Company Contact No. : 8344 5009 Owner's Hp : Company Tel :  
DRIVER'S Name / IC No. : Chen Tien Ioung S2691531G  
DRIVER'S Date Of Birth : 29/05/1964 DRIVER'S License Pass Date :  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others :  
DRIVER'S Address : B/k 347 Ubi Ave 1 #06-1023 400347  
DRIVER'S Contact No. / Alt No. : 1) 2) :  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin @ mycar . 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): 01 \* injured MC 5 days  
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SFM 763 S  
Vehicle Make/Model: LEXUS LS250  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20191216/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191216/7031

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>16/12/2019 18:32 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>CHEN TIEN LOONG      |            |                              | Address:<br>APT BLK 347 UBI AVENUE 1 #06-1023 SINGAPORE 400347 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S2691531G   |            |                              | Contact No.:<br>Home/Office:                                   |                    | Mobile: 83445009           |
| Nationality:<br>MALAYSIAN                  |            |                              | Email:<br>admin@mycar.sg                                       |                    |                            |
| Sex:<br>Male                               | Age:<br>55 | Date of Birth:<br>29/05/1964 | Type of Informant:<br>Rider                                    |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>TILING                      |            |                              | Driving Licence Information:<br>Class:                         |                    | Date of Expiry:            |

**General Information of the Accident**

|   |                                 |                                    |   |   |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>16/12/2019 08:30 | Type of Location:<br>Straight Road      |
| Location:<br><br>BRADDELL ROAD  |                                 |                                    |   |   |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:<br>50 Km/h            |
| Traffic Flow:<br>One Way  |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model             | Color  | Condition            | No of Passenger |
|-------------|------------|-------|-------------------|--------|----------------------|-----------------|
| FBN5696L    | Motorcycle | HONDA | CB190X+MA<br>NUAL | Black  | Seriously<br>Damaged | 0               |
| SFM763S     | Car        | LEXUS | Es250             | Silver | Slightly<br>Damaged  | 1               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company         | Insurance No        | Effective  | Expiry Date |
|-------------|---------------------------|---------------------|------------|-------------|
| FBN5696L    | EQ INSURANCE COMPANY LTD. | DMMPHQ19-<br>001251 | 02/11/2019 | 01/11/2020  |





**SINGAPORE  
POLICE FORCE**



T/20191216/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191216/7031

**CONTINUATION OF REPORT**

|                                   |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| <b>Details of Person Involved</b> |                        |  |                                   |
| Any Pedestrian Involved: No       |                        |  |                                   |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                   |
| <b>Rider</b>                      |                        |  |                                   |
| Name                              | CHEN TIEN LOONG        | ID No.                                 | S2691531G                         |
| Related Vehicle                   | FBN5696L (Motorcycle)  | Contact No.                            | 83445009                          |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 16/12/2019             | Date Discharge                         | 16/12/2019                        |
| No. of Days granted Medical Leave | 05                     | Degree of Injury                       | Serious                           |

**Brief Details.**

On the stated time and date I was travelling on braddell road towards lornie on my vehicle bearing carplate number FBN5696L, while I was travelling straight, there was a vehicle bearing carplate number SFM763S travelling ahead of me. He signalled left and switch lane shortly after, but when I continued to travel straight he did an abrupt turn back to my lane. He collided onto the side of my bike which caused me to fell on the floor. I consulted a doctor which I was then awarded a 5 days mc.



**SINGAPORE  
POLICE FORCE**



T/20191216/7031

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191216/7031

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/12/2019 18:32

Classification Of Case:



**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

**MOTORCYCLE-PTE USE  
Comprehensive**

**Certificate No. : DMMPHQ19-001251**

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

FBN5696L

Form: MY1

Excess:

Named Driver:

S\$300.00

**2. Name of Policyholder**

CHEN TIEN LOONG

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

02/11/2019

**4. Date of Expiry of Insurance**

01/11/2020

**5. Person or Classes of persons entitled to drive\***

Restricted to Named Drivers Only

1) The Policyholder / Insured

2) Person's whose Name is specified in the Policy.

EQI Motor Accident  
Hotline

**6311 3211**



\* 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\***

**LIMITATIONS AS TO USE**

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

**THE POLICY DOES NOT COVER**

(1) Use for hire or reward

(2) Use for racing pace-making reliability trial or speed-testing  
trade or business

(4) Use for any purpose in connection with the Motor Trade

\*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.

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 : Mah Pte Ltd

A000338/Ban Hock Hin Co. Pte Ltd  
Date of Issue : 25/10/2019 17:38

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMMPHQ18-000906

A Member of Citystate