

Date In: 23/11/20 14:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/EAZ 20001410144	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLB 8475H	I-Motor Claim Form		
DDA: 23/11/20 06:50	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
QIP: <input checked="" type="radio"/> Reporting Only	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: SLV 9032R	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 6789 6616)	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	Am (S) / V (S) / A (S) / B (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: 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	
Ref: 1	For claiming against INC Only (w/c 10 Jan 2009)	
Ref: 2	6) TR: Re-Inspection \$75	
Ref: 3	7) NI: Idas DA + SMRT Survey \$160	
Ref: 4	8) NTUC Additional Services:	
Ref: 5	QIP:	
Ref: 6	*N5: Courtesy Car / Tpt Allowance \$5	
Ref: 7	*N6: Repair Co-ordination \$10	
Ref: 8	*N7: Post Repair Inspection \$25	
Ref: 9	*N8: DV / Collect Excess Coordination \$5	
Ref: 10	TP (N11): TP (Non INC) against INC \$20	
Ref: 11	9) N12: Idas Mobile \$30	
Ref: 12	Invoice dated	Fee Charged
Ref: 13	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	23/01/2020 14:14
Date Of Accident	23/01/2020 06:50
Exact Location Of Accident	ENTERING CTE AT THE SLIP RD TWDS AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8475H
Insured/Policyholder	
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81288789
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ19-000090
Cover Note Number	

Driver

Name of Driver	MOHAMED HAKIIM BIN ISMAIL
NRIC No	SXXX612H
Date Of Birth	11/09/1992
Occupation	INDOOR
Date Of Driving Pass	17/10/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86613502
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 665 HOUGANG AVE 4 #02-359
Postcode	530665
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200123/2040

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9032R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96235655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA6503R
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)

DETAILS OF INJURED PERSON 1

Name MOHAMED HAKIIM BIN ISMAIL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB8475H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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 willful 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:



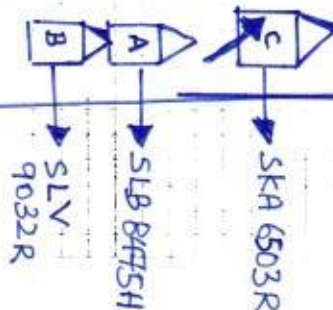
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SLB 8475 H

Veh B: SLV 9032 R

Veh C: SKA 6503 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report NO - T/20200123/2040

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.:

Date of Accident : 23 JAN 20 Accident Time: 0650 (24-HR-Format)
Accident Place : Entering CTE at Slip Road toward A-M-K Ave 3
Vehicle Reg. No. (Car Plate No.) : SLB 8475 H
Vehicle Make/Model : Honda Rx 1.5 A
Insurance Company : EQ Insurance Policy No. DMCFHQ19-00090
Owner or Company Name / IC No. : Dream Car Leasing Pte Ltd
Owner or Company Contact No. : 81288789 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : MOHAMED HAKIM BIN ISMAIL
DRIVER'S Date Of Birth : 11 SEP 1992 DRIVER'S License Pass Date : 17 OCT 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 665 HOUGANG AVE 4 #02-359 S(630665)
DRIVER'S Contact No / Alt No. : 1) 86613502 2) 66332475
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : hakim1992@gmail.com
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) : (1) Anybody injured in the accident Yes / No
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)

(B)
Vehicle Reg. No: SLV 9032 R
Vehicle Make/Model: MERC
Name Driver: Michael
IC No. Driver: _____
Driver's Contact & Add: 96235655

(C)
Vehicle Reg. No: SKA 6503 R
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200123/2040

1 of 3

Report No. T/20200123/2040

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2020 11:21	Vide Report No.:	Station Diary No.: 70
Informant's Particulars		
Name of Informant: MOHAMED HAKIIM BIN ISMAIL	Address: APT BLK 665 HOUGANG AVENUE 4 #02-359 SINGAPORE 530665	
ID Type / ID No.: NRIC NO / S9232612H	Contact No.: Home/Office:	Mobile: 86613502
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 27	Date of Birth: 11/09/1992
Type of Informant: Driver		
Race: Malay	Language: English	Institution / School Name:
Occupation: MANUFACTURING TECHNICIAN	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2020 06:50	Type of Location: Bend
Location: Along Road 1 ANG MO KIO AVENUE 3 CENTRAL EXPRESSWAY SLIP ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA6503R	Car	BMW		Black		0
SLB8475H	Car	MITSUBISHI	LANCER	Grey		0
SLV9032R	Car	MERCEDES BENZ		Blue		0



**SINGAPORE
POLICE FORCE**



T/20200123/2040

2 of 3

Report No. T/20200123/2040

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED HAKIIM BIN ISMAIL	ID No.	S9232612H
Related Vehicle	SLB8475H (Car)	Contact No.	86613502
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/01/2020	Date Discharge	23/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MICHAEL	ID No.	NIL
Related Vehicle	SLV9032R (Car)	Contact No.	96235655
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/01/2020 at about 6.50am, I was driving my rental vehicle (SLB8475H) along Ang Mo Kio Ave 3 into CTE (City). I was on the right lane of the slip road and the traffic was slow moving. Out of a sudden, one blue colour Mercedes (SLV9032R) collided onto the rear portion of my car. The impact caused my car to surge forward and collided onto the rear on black BMW (SKA6503R).

At that point of time, both parties did not suffer any injuries that require any immediate medical attention. Hence, we drove off after exchanging our contact details. After the accident, I felt unwell and sought medical attention at Mount Alvernia Hospital and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20200123/2040

3 of 3

Report No. T/20200123/2040

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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:

F /

Sgt 2 YAP WEI YANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2020 11:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

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.

**COMMERCIAL VEHICLE FLEET
Comprehensive**Certificate No.: **DMCFHQ19-000090**

1. Index Mark and Registration Number of Vehicles
SLB8475H

2. Name of Policyholder
DREAM CAR LEASING PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act
20/09/2019

4. Date of Expiry of Insurance
19/09/2020

5. Person or Classes of Persons entitled to drive*
Any person who is Authorised to drive on the Insured's order or with their permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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. Limitations as to use*
LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is used

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

*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.

Form: LCVH

Excess:

All Claims	SGD2,000.00
YEIDR (All Claims)	SGD4,000.00
YIDR (All Claims)	SGD4,000.00

EQI Motor Accident
Hotline**6311 3211**

ORIGINAL

HP: As Per Schedule / Endorsement
misjb/HO/B000042/NEWSTATE STENHOUSE (

**A Member of Citystate**

Authorised Signatory
EQ Insurance Company Limited