

NATIONAL Assessment Centre Services. Page 1 Jan 2009 MMA 120028952.

Date In: 6/3/20 09:18	Job description	Date & Time Completed	Done by
Ref No: MALEAZ 20003667164	SAS e-filing		
Veh No: SKW 2825Y	E-mail (within 2hrs, A/C 2hrs)		
ICIA: 5/3/20 15:45	I-Motor Claim Form		
<input checked="" type="checkbox"/> IP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks		

Profound Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

IP Particulars: Vch No: ALE 301 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 repolrer.

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

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

Remarks: (INC 1100 Inc 670 6616)

Remarks	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	Action

Claimant's Particulars	Invoice Itemization	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2009)		
Ref 2:	6) TR: Re-Inspection \$75		
Ref 3:	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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: Idan 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	06/03/2020 09:18
Date Of Accident	05/03/2020 15:45
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2825Y
Insured/Policyholder	
Name Of Registered Owner	GOH PUAY KHIM
NRIC No	SXXXX387F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90621130
Alternative Phone No	OFFICE-90621130

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-002185
Cover Note Number	

Driver

Name of Driver	GOH PUAY KHIM
NRIC No	SXXXX387F
Date Of Birth	06/09/1965
Occupation	INDOOR
Date Of Driving Pass	26/07/1983
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90621130
Fax Number	
Contact Number	OFFICE-90621130
EMail Address	NOEMAIL

Address	BLK 741 PASIR RIS ST 71 #08-47
Postcode	510741
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	ALE301 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200305/2107

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	ALE301
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

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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.:

SKETCH PLAN

A - 8KW 28254

B - ALE 301

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report no. T/20200305/2107

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Accident Report Information

Accident Date	05.03.2020	Accident Time	3:45 pm.
Location Of Accident	PIE to Thomson Town to Tonpoung Chyi		
Vehicle Registration No	8KW 2825 Y		

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Guh Puay Khim		
NRIC No/ ROC No	S1690387 F		
Mobile Phone No	90621130	Email Address	jiohguh@hotmail.com

VEHICLE INFORMATION

Manufacturer/ Model	Mazda 5		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE COMMERCIAL USE HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	Own Damage Third Party Reporting Only
Vehicle Category	PRIVATE VEHICLE COMMERCIAL VEHICLE MOTORCYCLE	TAXI BUS MOTOR TRADE	TANKER PRIVATE HIRER GOVERNMENT

INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	EA Ins.	Fleet Policy	Yes / No
Policy Number	DMPPHQ19-002185	Type Of Coverage	Comprehensive Third Party Only Third Party Fire or Theft
Cover Note Number			

DRIVER IDENTIFICATION

Driver Name	Guh Puay Khim	Driver NRIC	S1690387 F
Date Of Birth	06.09.1965	Occupation	Indoor / Outdoor
Driving Date Pass	26.07.1983	Gender	Male / Female
Mobile Phone No	90621130	Email Address	
Address	B1E 741 Pahr K13 ST 71 #02-47 8 Postcode 570741		
Relationship	Employee Owner	Relative Friend	Children Sibling Hirer Parent Other :

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident	Hired to Rer		
Weather Condition	Clear / Raining / Others:	Road Surface	Dry / Wet / Others:

OTHER INFORMATION			
Injured	<u>No / Yes</u>	Was there any other vehicle or property damaged?	<u>No / Yes</u>
Was any injured conveyed to hospital by ambulance?	<u>No / Yes</u>	Was any foreign vehicle involved in this accident?	<u>No / Yes</u>
Foreign Vehicle Registration Number	ALE 301	Foreign Vehicle Category	motorcycle.
Police Report	<u>No / Yes</u>		
Number of Passengers (Including Driver)	1		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		
DETAILS OF OTHER VEHICLE 1			
Vehicle Registration No	ALE 301		
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF OTHER VEHICLE 2			
Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF OTHER VEHICLE 3			
Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF WITNESS			
Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



SINGAPORE POLICE FORCE



T/20200305/2107

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20200305/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2020 18:49		Vide Report No.:		Station Diary No.: 103	
Informant's Particulars					
Name of Informant: GOH PUAY KHIM			Address: APT BLK 741 PASIR RIS STREET 71 #08-47 SINGAPORE 510741		
ID Type / ID No.: NRIC NO / S1690387F			Contact No.: Home/Office: Mobile: 90621130		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 06/09/1965	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Manager		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/03/2020 15:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (Thomson) towards Changi				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
ALE301 (Not Accurate)	Motorcycle				Slightly Damaged	0
SKW2825Y	Car	MAZDA	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200305/2107

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20200305/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2825Y	EQ INSURANCE COMPANY LTD.	DMPPHQ19-002185	23/04/2019	22/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISSAC	ID No.	NIL
Related Vehicle	ALE301 (Motorcycle)	Contact No.	96755333
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
Driver			
Name	GOH PUAY KHIM	ID No.	S1690387F
Related Vehicle	SKW2825Y (Car)	Contact No.	90621130
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 05/03/2020 at about 3.45pm, I was driving on the 2nd lane of PIE(Thomson) towards Changi. During that point of time, the traffic was heavy and it was drizzling. When the vehicle in front of me stop, I came to a stop as well. Out of a sudden, I felt an impact from the rear of my vehicle. As such, I alighted to make a check. I then noticed that there was a Malaysian motorcycle that had collided into me.

No one was injured during that point of time and we managed to exchange particulars.

There is no police or ambulance as well.



**SINGAPORE
POLICE FORCE**



T/20200305/2107

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20200305/2107

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 JOEL NATHANIEL ZAI JUNJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/03/2020 18:49

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

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

Certificate No. : DMPPHQ19-002185

1. Index Mark and Registration Number of Vehicles

SKW2825Y

2. Name of Policyholder

GOH PUAY KHIM

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

23/04/2019

4. Date of Expiry of Insurance

22/04/2020

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.

* 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

*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

A000296/Pro-link Insurance Agency
Date of Issue : 22/03/2019 08:21


Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ18-001817

EQI Motor Accident
Hotline
6311 3211

