

NATIONAL Assessment Centre Services: (Unit 1 Jan 2022) **50822910007**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with/without shift, ATW shift)		
1-Motor Claim Form		
1-Motor W/O (with/without shift, TP 4th)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Ref: **23/09/2022 10:16**
 P No: **NBM/ED/220093701**
 Ch No: **14 966**
 O.A: **19/09/2022 15:45**
 D: **T3 / Reporting Only**
 P Insurer:

Offered Wksp / INC Ass'n Wksp / QW: ()
 P Particulars: Yeh No: **FBV 2140X** 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: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check/ Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()
 Date/Time: ()

1022621

Driver/Owner: ()
 Contact No: ()
 Damaged Portion: ()
 C Checked by (Engr-In-Charge): ()

Item	Amount
1) AP: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee	
4) FT: Follow-Through Survey	
5) FT: Follow-Through Survey (Post survey)	
6) TR: Re-inspection	
7) NI: No DA + SMRT Survey	
8) NT: Additional Services	
9) NI: No line mobile	

Invoice dated: ()
 Invoice dated: ()
 Fee Charged: ()
 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 Actual 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 Submission	23/09/2022 10:56 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 15:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN966T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRINCE TOWING SERVICES
Company Reg No	5XXXX980E
Email Address	jwg.claims@yahoo.com
Mobile Phone No	(Phone) +65-92227993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr87aue4aa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCOHQ22-000197

DRIVER

Name of Driver	LIM HOCK SOON
NRIC No	SXXXX778B
Date Of Birth	17/08/1979
Occupation	Outdoor

Date Of Driving Pass	06/06/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92227993
Alt. Phone Number	-
Email Address	jwg.claims@yahoo.com
Address	BLK 998B BUANGKOK CRESCENT #14-743
Address complement	-
Postcode	532998
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220921/7052

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBU2144X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM HOCK SOON
Gender	Male
Phone No	(Phone) +65-92227993
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	YN966T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



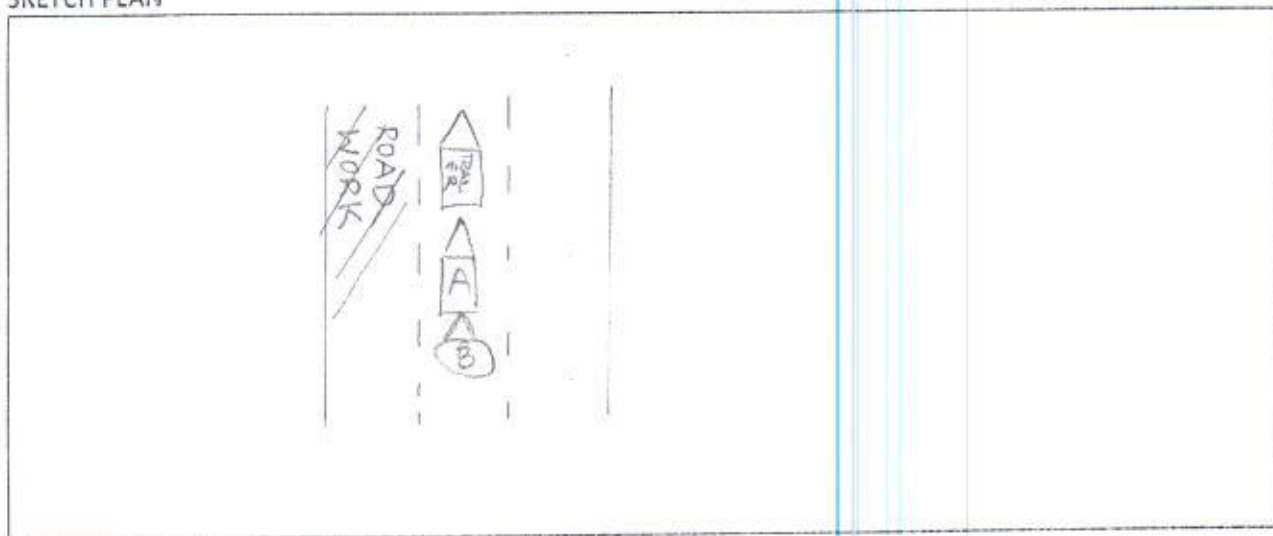


Policyholder's Signature
Date & Time:

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


23/09/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 19/09/2022 Time: 1545 Location: Ayer Rajah Expressway
My Vehicle A: YN 966T Vehicle B: FBU2144X Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. T/2022 0921/7052.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :


Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the following 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.: _____



**SINGAPORE
POLICE FORCE**



T/20220921/7052

1 of 4

Report No. T/20220921/7052

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2022 22:31	Vide Report No.: J/20220919/0096	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM HOCK SOON		Address: 998B BUANGKOK CRESCENT #14-743 SINGAPORE 532998	
ID Type / ID No.: NRIC NO / S7924778B		Contact No.: Home/Office: Mobile: 92227993	
Nationality: SINGAPORE CITIZEN		Email: prinetowing.services@gmail.com	
Sex: Male	Age: 43	Date of Birth: 17/08/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self Employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2022 15:45	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
YN966T	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220921/7052

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

2 of 4

Report No. T/20220921/7052

CONTINUATION OF REPORT

Driver			
Name	LIM HOCK SOON	ID No.	S7924778B
Related Vehicle	YN966T (Lorry)	Contact No.	92227993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	62	Degree of	Serious

Brief Details.

On the stated date and time, I was driving YN966T along AYE(City).

I was travelling along the middle of 3 lanes and was gradually coming to a stop at Benoi Flyover as there was congestion due to road works along lane 3.

Moments after coming to a complete stop, I felt an impact from the rear of my vehicle.

Upon alighting, I realised that FBU2114X had collided into my vehicle's rear and the rider was lying on the floor injured.

I immediately called for ambulance and checked on the rider.

The fallen bike and rider were now laying on the left side of the middle lane near the broken white line separating lanes 3 and 2.

The bag of the rider was in the middle of lane 2, about a couple of car lengths behind my tow truck.

After checking that there were no oncoming traffic I walked towards the rider's bag, wanting to pick it up for him.

Before picking up the bag, I noticed SLP3222E travelling along lane 2. At that point in time, SLP3222E was 2-3 lamp posts away from where I was standing.

As such, I felt it was safe to pick up the bag since SLP3222E was still a great distance away from me.

When I picked up said bag, I was suddenly hit by a massive impact, resulting in me flying a few metres.

I landed hard on the ground beside the fallen rider and was in a lot of pain.

My left eye, forehead area and left arm immediately felt very painful.

I was lying on the ground in pain and could not get up on my own.



**SINGAPORE
POLICE FORCE**



T/20220921/7052

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

3 of 4

Report No. T/20220921/7052

CONTINUATION OF REPORT

I thought my left eye was blind until I lifted a patch of skin, which was dangling in front of my left eye, and realised that my scalp was falling off.

I was also bleeding profusely from my head.

The bone of my left arm had also pierced through the skin.

Paramedics came and attended to me. It was then that I realised that I had been hit by SLP3222E before SLP3222E hit the rear right portion of my tow truck.

SLP3222E was now badly damaged and was stationary along lane 1.

Subsequently, I was conveyed to National University Hospital.

I was treated for an open fracture of my left arm, which required surgery, as well as injuries to my head, scalp, face, eyes, hands and both legs.

I was warded and was discharged on 20/09/22 with 62 days HL from 19/09/22 to 19/11/22.

After being discharged, I also started feeling aches in my neck, shoulders, lower back and bilateral inner thigh areas.

I will be following up with both my family doctor and the specialists.



**SINGAPORE
POLICE FORCE**



T/20220921/7052

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

4 of 4

Report No. T/20220921/7052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMED FEROZ BIN HUSSIEH
Contact No.: 65476206

NP168

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

Date/Time:
21/09/2022 22:31

Classification Of Case:

Date of Accident : 19/09/2022 Accident Time: 1545 (24-HR-FORMAT)
 Accident Place : Ayer Rajah Expressway
 Vehicle Reg. No (Car plate No.) : YN 966T Vehicle Make/Model: 1924
 Insurance Company : EQ Policy No. DMCOH Q 22-000197
 Name of Registered Owner : Company / Individual Prince Towing Services
 ID of Registered Owner : Co Reg No: 53405980E Owner's NRIC No: _____
 : Co Contact No: _____ Owner's Contact No: 9222 7993
 DRIVER'S Name : Lim Hock Soon DRIVER'S NRIC No: S7924778B
 DRIVER'S Date of Birth : 17/08/1979 DRIVER'S License Pass Date 06 Jun 2017
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 998B BuangKok Crescent #14-743 (S) 532998
 DRIVER'S Contact No./ Alt No. : 1) 9222 7993 2) _____
 DRIVER'S Occupation : INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)
 Email Address : Ing.claims@yahoo.com
 Weather & Road Surface : CLEAR & DRY DRAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver) : 1 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Lim Hock Soon
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>FBU 2144X</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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 OTHERS (SCH VI)

Third Party, Fire & Theft

Certificate No. : DMC0HQ22-000197

1. Index Mark and Registration Number of Vehicles

YN966T

2. Name of Policyholder

PRINCE TOWING SERVICES

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

04/08/2022

4. Date of Expiry of Insurance

03/08/2023

5. Person or Classes of persons entitled to drive*

* Provided that the person driving is permitted in accordance with the licensing or other 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 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 : Tatco Credit Pte Ltd

A000298/Tong Hin Insurance Agency Pte Ltd
Date of Issue : 27/07/2022 14:35

Exp No. : DMC0HQ21-000216

Form: MZ802

Excess:

All Claims: S\$1,500.00

ExcessTPWR-AllClaims: S\$1,500.00

YEID-AC Additional: S\$3,000.00

EQI Motor Accident
Hotline

6311 3211



Authorised Signatory
EQ Insurance Company Limited