

NATIONAL Assessment Centre Services

(part 1 of 2)

200923200008

Date In: 13/07/2023 17:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/20230013704	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GLE 1885A	1-Motor Claim Form		
D.O.A: 11/07/2023 20:55	1-Motor W/O (within 24hrs, 24 hrs)		
OS (TP) Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Veh No: SUG 2986A INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) (Note: Hst Status (WO): N: 0-30%, F: 21-72%, P: 30-100%)		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repeller.

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

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

Remarks: KING Towing: 0788-0016

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Action:

Invoice Preparation Checklist	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$56)
3) TP: Towing Fee	\$10545
4) PT: Follow-Through Survey	\$150
5) PT: Follow-Through Survey (Barter)	\$50
Transportation (within 120 Miles, Over 120 Miles)	
6) TR: Deductible	\$75
7) NI: New DA + SMPT Survey	\$140
8) NTUC Additional Fee	
OT:	
*NI: Courtesy Car / Tel Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$1
*NI: TP (Non-INC) applies INC	\$20
FIN: (15% Mvmt)	10
12/3	

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	13/02/2023 17:00 (SGT)
Reported by	Driver
Date of Accident	11/02/2023 20:55 (SGT)
Exact Location of Accident	Hai Sing Rd, Singapore
Additional Location Information	(NEAR HOUGANG COMMUNITY CLUB)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1835A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE HANNAN STREET @ 60 CHANGI PTE. LTD.
Company Reg No	2XXXXX389H
Email Address	eshaaqil@gmail.com
Mobile Phone No	(Phone) +65-88818993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-000448

DRIVER

Name of Driver	MUHAMMAD 'AQIL ASYRAF RISKANDAR
NRIC No	SXXXX883A
Date Of Birth	31/10/1999
Occupation	Outdoor

Date Of Driving Pass	31/10/1999
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88171043
Alt. Phone Number	-
Email Address	eshaaqil@gmail.com
Address	BLK 25 HOUGANG AVENUE 3 #04-442
Address complement	-
Postcode	530025
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	ELLYSHA
Gender	Female

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/20230212/2073

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	SNG8986A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	ELLYSHA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1835A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

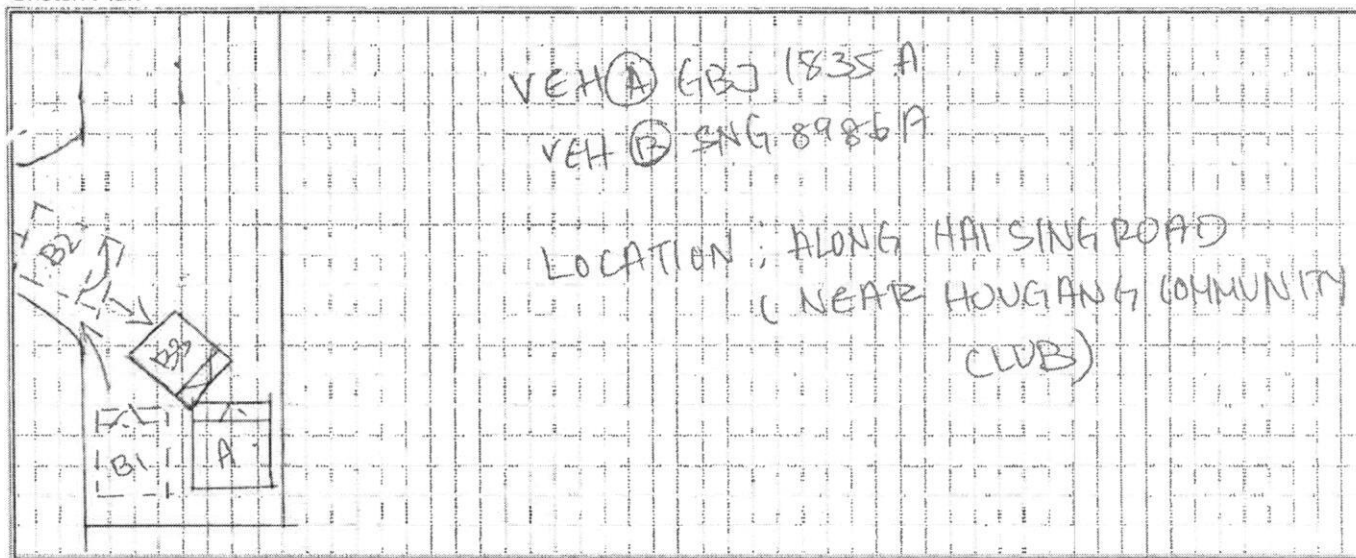


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT NO T/20230212/2073

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230212/2073

1 of 3

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

Report No. T/20230212/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2023 23:12		Vide Report No.:		Station Diary No.: 116	
Informant's Particulars					
Name of Informant: MUHAMMAD 'AQIL ASYRAF RISKANDAR			Address: APT BLK 25 HOUGANG AVENUE 3 #04-442 SINGAPORE 530025		
ID Type / ID No.: NRIC NO / S9935883A			Contact No.: Home/Office: Mobile: 88171043		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 31/10/1999	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2023 21:00	Type of Location: Straight Road
Location: HAI SING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1835A	Van				Slightly Damaged	1
SNG8986A	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230212/2073

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

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Report No. T/20230212/2073

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD 'AQIL ASYRAF RISKANDAR	ID No.	S9935883A
Related Vehicle	GBJ1835A (Van)	Contact No.	88171043
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	ELLYSHA	ID No.	T0225720Z
Related Vehicle	GBJ1835A (Van)	Contact No.	NIL
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	Slight

Brief Details.

On 11/02/2023 at about 2055hrs, I parked my van - one black Toyota Hiace bearing the registration plate number GBJ1835A along Hai Sing Road (Near to Hougang Community Club) to go to the restroom.

On the same day at about 2100hrs, I came back to my car. When I was in my car, on white Tesla bearing the registration plate number SNG8986A which was trying to park into her house. As she was doing so her car hit the front left region of my van. Afterwhich, the driver reversed and moved forward again and almost hit my van for the second time.

I then got out of my van to make a check and discovered that there my front left bumper was scratched and cracked. The female driver (no particulars available) then spoke to me to tell me to claim from insurance. She then took pictures of the damage and continued to park her car.

There is a dashcam in my van which recorded footage of the incident. I am not sure what is the damage to the car and whether there is any dashcam in the car. No Police or ambulance came to scene.

My passenger namely Ellysha (NRIC: T0225720Z) was in the car at the time and feeling pain on her lower back region but have not gotten herself checked.



**SINGAPORE
POLICE FORCE**



T/20230212/2073

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

3 of 3

Report No. T/20230212/2073

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 3 MOHAMAD ZULHIZWAN AQMA BIN MOHD ZULKEFLEE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant:
Date/Time: 12/02/2023 23:12
Classification Of Case:

NP168

ACCIDENT STATEMENT

Date of accident: 11/02/2023 Time: 2055HR
 Location of accident: ALONG HAISING ROAD (NEAR HOUGANG COMMUNITY CLUB)

Vehicle Number: GBJ 183SA

Insurer: EQ

Policy No: DMCPH023-000448

Name: THE HAINAN STREET @ 60 CHANGI PTE LTD

Email: ESHAAQIL@GMAIL.COM

Name: MUHAMMAD AQIL ASYRAF RISKANDAR

Email: ESHAAQIL@GMAIL.COM

Occupation: Indoor / Outdoor

Address: 25 HOUGANG AVE 3, #04-442

Driving pass date: 17/09/2021

Relationship with Policyholder: EMPLOYEE G

Weather conditions: Clear / Raining

Police report: Yes / No

Prosecution Letter: Yes / No

Passenger (incl. Driver): 02

Please provide ALL passengers details:-

Passenger 1		Passenger 2	
Name:	<u>ELLYSHA</u>		
Gender:	<u>Male / Female</u>		<u>Male / Female</u>

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1		Witness 2	
Name:			
Contact no.:			

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>ELLYSHA</u>	<u>GBJ 183SA</u>	<u>Yes / No</u>	<u>Yes / No</u>
		<u>Yes / No</u>	<u>Yes / No</u>

Vehicle B	Vehicle C
Vehicle no.: <u>⑧ SNG 8986A</u>	
Driver name:	
NRIC/ FIN no.:	
Contact no.:	
Insurance Co.:	
Remarks:	

(Make/Model, Passenger, property info & etc)

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: GARAGE 13 PTE LTD

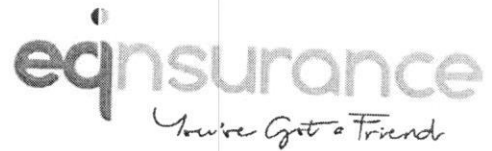
Policyholder/
driver

Signature:



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 PRIVATE (SCH I)
Comprehensive Classic****Certificate No. : DMCPHQ23-000448**

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

1. Index Mark and Registration Number of Vehicles

GBJ1835A

2. Name of Policyholder

THE HAINAN STREET @ 60 CHANGI PTE. LTD.

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

01/02/2023

4. Date of Expiry of Insurance

31/01/2024

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(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*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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 : MoneyMax Leasing Pte Ltd

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 31/01/2023 15:56

Authorized Signatory
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.