

NATIONAL Assessment Centre Services

Date In 21/04/2023	Job description	Date & Time Completed	Done by
Ref No NA/EQ123004/66 /d4	SAS e-filing		
Veh No FBK 90314	E-mail (within 3hrs, Alt 2hrs)		
DOA 13/04/2023 17:25	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within 10D 2hrs, TP 4hrs)		
	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: PHB 9446	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	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	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$)	Amnt
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idau Mobile 30		
Encl 1:	Invoice dated	Fee Charged	
Encl 2/3:	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 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	21/04/2023 17:54 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SCOTTS ROAD & STEVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9031U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	2XXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	JUPITER 115 Z1
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	1832

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMMFHQ22-000008

DRIVER

Name of Driver	BUSTHONUL ABIDIN BIN ZAINAL
NRIC No	SXXXX091H

Date Of Driving Pass	26/06/2007
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87547317
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	APT BLK 416A FERNVALE LINK
Address complement	# 06-106
Postcode	791416
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	PHB9446
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230413/2111

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	PHB9446
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SEOW LEE AUN
Passport No/FIN	GXXXXX6932
Contact Number	(Phone) +65-84028432
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD5343B
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	BUSTHONUL ABIDIN BIN ZAINAL
Gender	Male
Phone No	(Phone) +65-87547317
Address	APT BLK 416A FERNVALE LINK
Address Complement	# 06-106
Post Code	791416
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	FBK9031U
Were seat belts worn?	-
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 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 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;

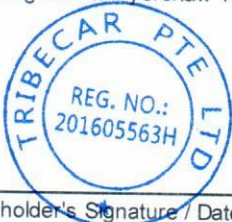
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

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

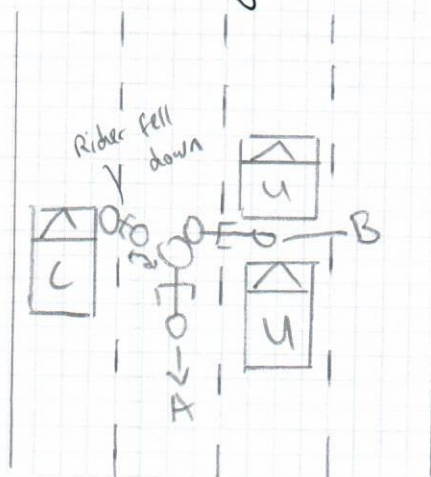


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



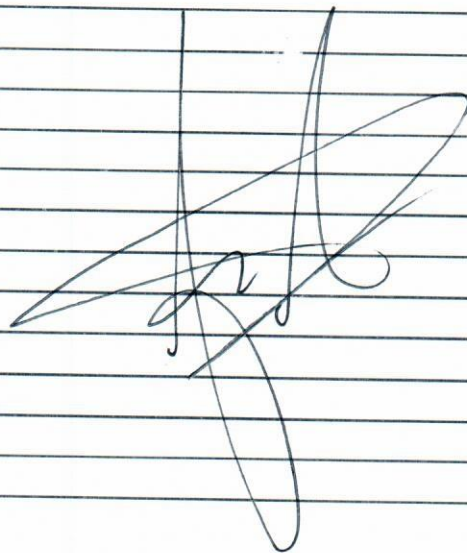
A: FBK 90314

B: PHB 9446

C: SKD 5343B

Describe Circumstances of the Accident

Refer to Police Report
T/20230413 / 2111



Declaration

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



SINGAPORE POLICE FORCE



T/20230413/2111

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20230413/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2023 19:47		Vide Report No.:		Station Diary No.: 127	
Informant's Particulars					
Name of Informant: BUSTHONUL ABIDIN BIN ZAINAL ARIFIN			Address: APT BLK 416A FERNVALE LINK #06-106 SINGAPORE 791416		
ID Type / ID No.: NRIC NO / S8614091H			Contact No.: Home/Office: Mobile: 87547317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 27/04/1986	Type of Informant: Rider		
Race: Indonesian			Language:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 17:25	Type of Location: Y-Junction
Location: SCOTTS ROAD				
Lamp Post Number: 32/2				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9031U	Motorcycle	YAMAHA	Jupiter	Blue	Slightly Damaged	0
PHB9446	Motorcycle				Slightly Damaged	0
SKD5343B	Car					0



**SINGAPORE
POLICE FORCE**



T/20230413/2111

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20230413/2111

CONTINUATION OF REPORT

Brief Details.

Happened on 13/04/2023 at around 1725hrs at the junction between Scotts Road and Stevens Road just after Thong Tech Building Bus stop. I was riding along Scotts Road on the second lane and there was heavy traffic around me, a bike suddenly came out in between the two cars, and I was not able to avoid it as it was too sudden. I hit the bike that came out suddenly and I let go of my bike and I fell to the side and my back body hit a vehicle on the front right-side bumper which was stationary on the 3rd lane due to the traffic light being red. I will have to contact Tribecar for the bike insurance details as it's a rental and I don't have the insurance details on hand with me. I am lodging this report for record and insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20230413/2111

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20230413/2111

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 1 NEO ZHI XUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

13/04/2023 19:47

Classification Of Case:

NP168

Date of Accident : 13/04/23 Accident Time: 1725 (24-HR-Format)
Accident Place : Scotts Road & Steven Road
Vehicle No. (Car Plate No.) : FBK 90314 Make/Model: Yamaha Jupiter
Insurance Company : NTUC EQI Policy No.: _____
Owner or Company Name/IC No. : ROSET LIMOUSINE SERVICES PTE LTD (200406722Z)
Owner or Company Contact No. : _____ Owner's Hp 6844 5225 Company Tel _____
DRIVER'S Name / IC No. : Busthonul Abidin Bin Zainal
DRIVER'S Date of Birth : 27/04/1986 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse/Parents/Children/Sibling/Employee/Others: HIRER
DRIVER'S Address : Blk 416A Fernvale Link #06-106 S(791416)
DRIVER'S Contact No./ Alt No. : 1) 8754 7317 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : KHIERTHII@ROSETLIMO.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
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
Any Injury (If YES, Pls state): Yes, Rider (Body Pain)

Other Party Driver's Particular (if any)

Vehicle. No: PHB 9446 (B)
Vehicle Make/Model: _____
Name Driver: Seow Lee Ann
IC No. Driver/Contact: 6401576932
84028432

Vehicle. No: SKD 5343B (C)
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*NEW – Passenger's Name & Gender:

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 FLEET
Third Party, Fire & Theft****Certificate No.: DMMFHQ22-000008**

Form: MYH-1

1. Index Mark and Registration Number of Vehicles
FBK9031UExcess:
All Claims**2. Engine No. and Chassis No.**
E3R5E059022 / MH3UE1120FJ057015**3. Name of Policyholder**
TRIBECAR PTE LTD**4. Effective Date of the Commencement of Insurance for the purpose of the Act**
18/08/2022**5. Date of Expiry of Insurance**
17/08/2023**6. Person or Classes of Persons entitled to drive***
Commercial MotorCycle. Any of the following :-
1) The Policyholder
2) Any person who is under the Policyholder &/or Hirer's employment and is driving on their order or with their permission.EQI Motor Accident
Hotline**6311 3211**

*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.

7. Limitations as to use*

(1) Use only for the Policyholder & /or Hirer's Business or profession

THE POLICY DOES NOT COVER

- (1) Use for racing pace - making reliability trial or speed-testing
- (2) 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.

Authorised Signatory
EQ Insurance Company Limited

