

# NATIONAL Assessment Centre Services (wef 1 Jan'08)

Date In: 20/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/EQ123006269/d4	SAS e-filing		
Veh No: XE 8480 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/05/2023 13:45	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 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: SBS 3889J	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:- (INC hotline: 6788 6616)	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

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add E
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	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 : Idac DA + SMRT Survey \$160		
Driver/Owner:	8) NTUC Additional Services:-		
	OD*		
Contact No:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Damaged Portion:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Auditors' Comments :-	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 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	20/06/2023 18:08 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 9 BUS INTERCHANGE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE8480J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YISHUN TOWING PTE LTD
Company Reg No	2XXXXX908W
Email Address	felicitan80@hotmail.com
Mobile Phone No	(Phone) +65-64588480
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	FY1EULA-MXS
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12913

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCOHQ23-000029

#### DRIVER

Name of Driver	SHANMUGAM BALAJI
Passport No/FIN	GXXXX609M
Date Of Birth	17/12/1985
Occupation	Outdoor

Date Of Driving Pass	24/09/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84579297
Alt. Phone Number	-
Email Address	human-resources@yishuntowing.com
Address	APT BLK 4015 ANG MO KIO IND PARK 1
Address complement	# 01-502
Postcode	569631
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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	SBS3889J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBS5198G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

# 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 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

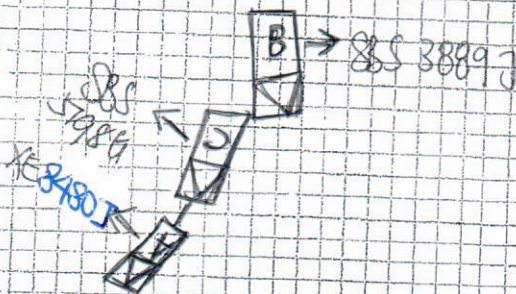
Witnessed by Reporting Centre Personnel

Sketch Plan Ang mo kio Avenue 9 Bus Interchange

A - XE 8480 J

B - SBS 3889 J

C - SBS 5198 G





Describe Circumstances of the Accident

My truck was on tow with a SBS bus (SBS 5798G), while reversing the bus on tow into a parking lot at Ang Mo Kio bus interchange, the bus on tow collided onto a park stationary bus SBS 3889J which is vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

*Chye*



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

20/06/2023

Witnessed by Reporting Centre Personnel



VEHICLE NO: XE 8480J

MAKE &amp; MODEL: HINO/FYIEULA-MXS AUTO / MANUAL

DATE OF ACCIDENT

19 / 05 / 2023

\*C.C.

TIME OF ACCIDENT

1:45

AM ☒ PM

LOCATION OF ACCIDENT

Ang Mo Kio Ave 9 Bus Interchange

VEHICLE PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Yishun Towing Pte Ltd

MAIL: felicitan80@hotmail.com

Office: 64588480

MOBILE:

NRIC

200106908W

CLAIM TYPE

OD / THIRD PARTY / ☒ REPORTING ONLY

LEET POLICY:

YES / ☒ NO?

INSURANCE CO.

China Tai Ping

TYPE OF COVERAGE

Comprehensive / ☒ Third Party / Third Party Fire & Theft

OLICY NO.

OMKOH023-000029

NAME OF DRIVER

AS ABOVE / IF NO: Shanmugam Balaji

NRIC

G7943609M

DATE OF BIRTH

17 / 12 / 1985

ANY PASSENGER

YES / ☒ NO

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

☒ Outdoor / Indoor

DATE OF DRIVING PASS

24 / 09 / 2012

ENDER

☒ Male / Female

CONTACT NO.

Mobile: 84579297 Office: 64588480 Home:

MAIL:

Human-resources@yishuntowing.com

ADDRESS

Blk 4015 Ang Mo Kio Ind Park 1 #01-502 S(569631)

DOES DRIVER OWN OTHER VEHICLES?

☒ NO / If yes: Reg No.

INSURER:

RELATIONSHIP

☒ Employee / If No.

WEATHER CONDITION

☒ Clear / Raining / Other:

ROAD SURFACE

☒ Dry / Wet / Other:

ANY INJURIES

☒ No / If yes: Who?

CONVEYED BY AMBULANCE

☒ No / If yes: Who?

POLICE REPORT

☒ No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

SBS 3889 J

Any Passenger: NL

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

\*\*WORKSHOP:

Have you been approach by unknown person soliciting (s) /

Offering accident claims assistance?

YES / NO



**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****Certificate No. : DMCOHQ23-000029****1. Index Mark and Registration Number of Vehicles**

XE8480J

**2. Name of Policyholder**

YISHUN TOWING PTE LTD

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

10/01/2023

**4. Date of Expiry of Insurance**

09/01/2024

**5. Person or Classes of persons entitled to drive\***

Special Type (MZ801) - Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

\* 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.

**THE POLICY DOES NOT COVER:**

- (1) Use for racing, pace- making, reliability trial or speed-testing
- (2) Use whilst drawing a greater number of trailers in all that 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 :

A000463/Sinins Agency Pte Ltd  
Date of Issue : 06/01/2023 16:39

Form: MZ801  
Excess:  
YEID-AC Additional: S\$3,000.00  
ExcessTPWR-AllClaims: S\$1,500.00  
TPPD by Crane: S\$20,000.00

EQI Motor Accident  
Hotline

**6311 3211**

Authorised Signatory  
EQ Insurance Company Limited

**Exp No. : DMCOHQ22-000038**