

Date In	23/12/17 11:28	Job description	Date & Time Completed	Done by
Ref No	NAI EQI 170 24323 / h4	SAS e-filing		
Veh No	G8F 2332 2	E-mail (within 8hrs, A/C 1st)		
D.O.A	14/12/17 10:45	i-Motor Claim Form		
OD (TP) Repairs Only		i-Motor W/O (within 8hrs, A/C 1st)		
		i-Photo Uploaded		
TP Insurer		Assessment Survey Report		
		Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SLJ 9338 Y	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40 \$40		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey-Resurvey \$120		
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$70		
	7) N1: Idao DA - SMRT Survey \$140		
	8) NTUC Additional Services		
	OP:		
	*N3: Courtesy Car / Tpt Allowance \$20		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV: Collision Bureau Coordination \$5		
	TP (N1) - TR (N8) - INC against INC \$10		
	9) N12: Idao Notice \$10		
	Invoice done	Fee charged	
	Invoice done	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 ability.
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 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	23/12/2017 11:28
Date Of Accident	14/12/2017 10:45
Exact Location Of Accident	479 RIVER VALLEY RD (GUARDHOUSE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2332Z
Insured/Policyholder	
Name Of Registered Owner	BUDDHA HILL PLUMBING & ELECTRICAL CONTRACTOR
Co Reg No	53076230K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98165520

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR1SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-003606
Cover Note Number	-

Driver

Name of Driver	NG BOON KEE
NRIC No	S1616016D
Date Of Birth	23/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98165520
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 446 PASIR RIS DR 6 #11-112
Postcode	510446
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : CHEW BOON LENG GENDER: : MALE
Passenger 2	NAME: : MAMUNSHA BABU USOP SARDER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	SLJ9338Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

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 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.

PLUMBING & ELECTRICAL CONTRACTOR

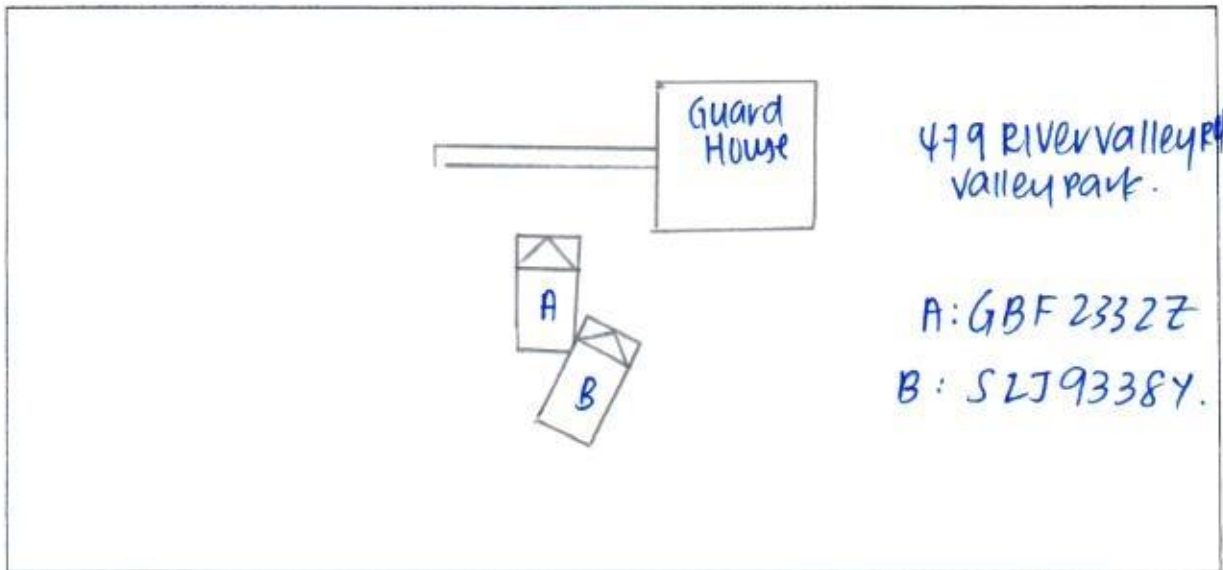
10, Anson Rd, International Plaza
#16-16 S'pore 079903
Pager: 96062409 H/p: 98165520

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking the traffic was from all sides, I started to reverse my vehicle near the guard house.

After reversing for more than 1 metre, I suddenly heard a honk from behind.

I immediately stopped my vehicle and become stationary.

Suddenly, I felt an impact from the rear, vehicle "B" was trying to overtake my vehicle and grazed across my vehicle's rear portion.

After the accident, I alighted and realised my car did not suffer any damage and vehicle "B" only suffered minor scratches.

DECLARATION

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

PLUMBING & ELECTRICAL CONTRACTOR

10, Anson Rd, International Plaza

#16-16 S'pore 079903

Pager: 98002700 Fax: 98165520

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.:

VEHICLE NO:	GBF2332Z		MAKE & MODEL:	Mitsubishi	
DATE OF ACCIDENT	14 / 12 / 2017				
TIME OF ACCIDENT	10:45			(AM/PM)	
LOCATION OF ACCIDENT	479 River Valley Rd (Guardhouse)				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Buddha Hill Plumbing & Electrical Contractor				
TEL NO					
NRIC	53076230K				
CLAIM TYPE	OD / THIRD PARTY / <u>REPORTING ONLY</u>				
INSURANCE CO	EQ				
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO.	DMCPH017-003606				
NAME OF DRIVER	As Above / (If No.) Ng Boon Kee				
NRIC	S1616016D Any Passengers: 02				
DATE OF BIRTH	23 / 11 / 1963 P1 Chew Boon Leng (M)				
OCCUPATION	<u>Outdoor</u> / Indoor P2 Mamunsha Bibu				
DATE OF DRIVING PASS	18 / 04 / 1985 Usop Sarder (M)				
GENDER	<u>Male</u> / Female				
CONTACT NO.	98165520 Office: Home:				
ADDRESS	Blk 446 Pasir Ris Dr 6 #11-112 S(510446)				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	<u>Employee</u> / If No:				
WEATHER CONDITION	<u>Clear</u> / Raining / Other:				
ROAD SURFACE	<u>Dry</u> / Wet / Other:				
ANY INJURIES	<u>No</u> / If yes: Who?				
CONTACT NO.					
POLICE REPORT	<u>No</u> / If yes: Where?				
VEHICLE B NO.	SLJ9338Y Any Passenger: NIL				
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.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1616016D



Name

NG BOON KEE



黄 纹 枝

Race

CHINESE

Date of Birth

23-11-1963

Sex

M

Country of Birth

SINGAPORE

1613286



NRIC No: S1616016D



Blood Group

O+

Date of issue

23-01-1994

APT BLK 446 PASIR RIS DRIVE 6 #11-112
SINGAPORE 510446

NRIC No: S1616016D

Date: 25-10-2001 No: 4004890

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S1616016D**

Name:

NG BOON KEE

Birth Date: **23 Nov 1963**

Issue Date: **04 Feb 2003**



BE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Aug 1982
Class 2A	Motorcycles between 201 cc and 400 cc	03 Aug 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jul 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	18 Apr 1985
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	21 May 1985

NP 428A



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**

Certificate No.: DMCPhQ17-003606

Form: LCVP1

Excess:

All Claims SGD1,500.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
GBF2332Z

2. Name of Policyholder
BUDDHA HILL PLUMBING & ELECTRICAL CONTRACTOR

3. Effective Date of the Commencement of Insurance for the purpose of the Act
15/08/2017

4. Date of Expiry of Insurance
14/08/2018

5. Person or Classes of Persons entitled to drive*
Goods carrying - (MZ300) Authorised Driver. 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 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.

6. Limitations 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.

Authorised Signatory
EQ Insurance Company Limited

