

# NATIONAL Assessment Centre Services.

[wef 1 Jan 05]

MMA 118004116

Date In: 9/1/18 11:50	Job description	Date & Time Completed	Done by
Ref No: NAI EAZ 18000493/h4	SAS e-filing		
Veh No: YN 7516 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/1/18 18:10	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:

SKQ 9299 B

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

Am't (\$)

Am't (\$)

Est Bill

Add Bill

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 + SMRI Survey \$160

8) NTUC Additional Services -

QD:

\*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: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Pat 1:

Pat 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 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	09/01/2018 11:50
Date Of Accident	08/01/2018 18:10
Exact Location Of Accident	BEFORE JUNC OF HOUGANG AVE 2 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7516M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY SERH SWEE
NRIC No	S1131721I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97208377
Alternative Phone No	OFFICE-97208377

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ17-001590
Cover Note Number	-

### Driver

Name of Driver	TAY SERH SWEE
NRIC No	S1131721I
Date Of Birth	15/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97208377
Fax Number	
Contact Number	OFFICE-97208377
Email Address	NOEMAIL

Address	BLK 695 HOUGANG ST 61 #09-78
Postcode	530695
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	AFTER RAINED
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)	1

#### 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

I WAS TRAVELLING ALONG HOUGANG AVE 2 WHILE APPROACHING JUNC OF HOUGANG AVE 8, I CHECK ON MY RIGHT SIDE MIRROR AND MAKE SURE THAT WAS NO ONCOMING VEH, THEN I FILTER INTO EXTREME RIGHT LANE TWDS HOUGANG AVE 8. WHILE FILTERING, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED A VEH COME FROM EXTREME RIGHT LANE AND WE BOTH VEH COME TO A COLLISION.

#### 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	SKQ9299B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUM CHIN FOONG
NRIC/Passport Number	S7838242B
Contact Number	92985491
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3



## 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:

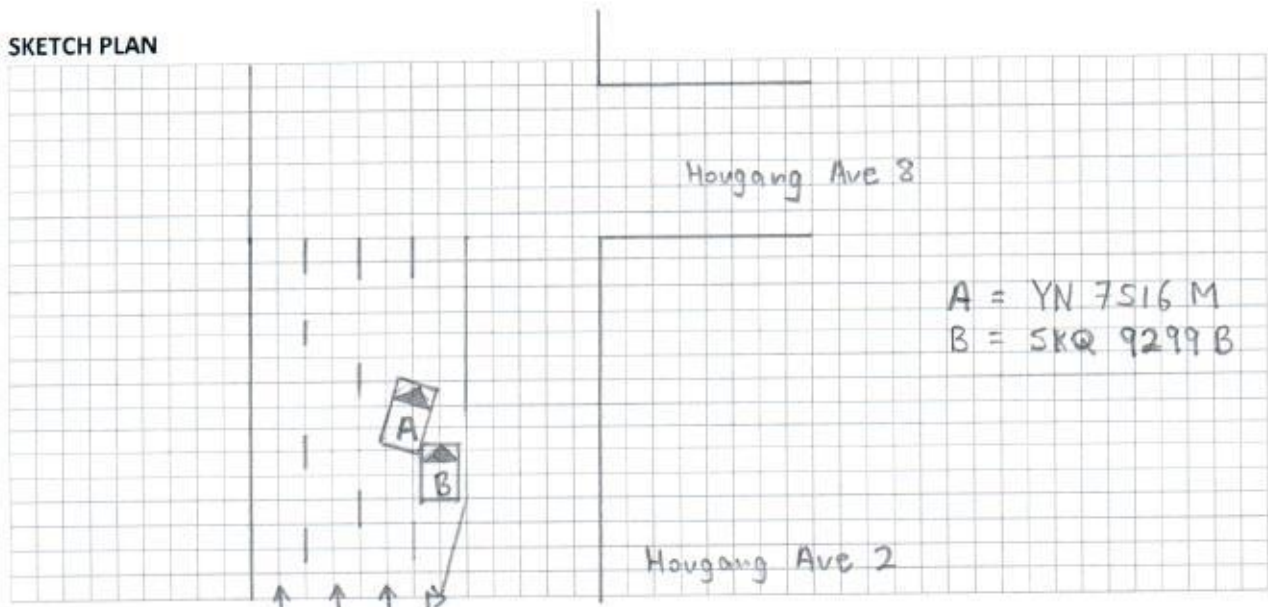
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

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

Please Refer to statement

## DECLARATION

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

AY

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Handwritten signature of Reporting Centre Personnel.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S11317211**

Name: **TAY SERH SWEE**

Birth Date: **15 Jun 1955**


Issue Date: **25 Feb 2003**

0002275457



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S11317211**




Name: **TAY SERH SWEE**

Race: **CHINESE**

Date of Birth: **15-06-1955** Sex: **M**


Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Mar 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Dec 1978

Licence No: **S11317211**



NP 429A

2195433



NRIC No: **S11317211**



Blood Group: **O+** Date of issue: **10-07-1994**

APT BLK 695 HOUGANG STREET 61 #09-78  
SINGAPORE 530695

NRIC No: **S11317211** Date: **13/03/2008** No: **5984457**

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 065110  
tel 65 6223 9433 | fax 65 6224 3803 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**eqnsurance**C228  
#1850.05**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)**

Third Party, Fire &amp; Theft

Certificate No. : DMCPHQ17-001590

Form: LCVP1

Excess:

YEID-AC Additional:

S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

YN7516M

**2. Name of Policyholder**

TAY SERH SWEE

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

10/04/2017

**4. Date of Expiry of Insurance**

09/04/2018

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

Goods carrying - (M2300) 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 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 : Lian Hong Pte Ltd

A000248/LQ Business Services  
Date of Issue : 20/03/2017 16:22**LQ BUSINESS SERVICES**180B BENCOOLEN STREET  
#04-02 THE BENCOOLEN  
SINGAPORE 189648TEL: 6-333-4136 FAX: 6-334-5238  
Co. Reg. No: 49427000D

Exp No. : DMCPHQ16-001093

A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited24 Hours  
  
6444-2555