

NATIONAL Assessment Centre Services

Date In: 15/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/EQ218000817/13	SAS e-filing		
Veh No: SKW9179H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/01/18 1730	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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: SKP956L	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$0		
	Invoice dated	Fee Charged	
	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 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	15/01/2018 10:29
Date Of Accident	13/01/2018 17:30
Exact Location Of Accident	CHINA TOWN EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9179H
Insured/Policyholder	
Name Of Registered Owner	WEI QINFENG
Passport No/FIN	G1528288L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98102389
Alternative Phone No	OTHERS-98102389

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPSHQ17-000015
Cover Note Number	

Driver

Name of Driver	LIN XIANG
Passport No/FIN	F2560936X
Date Of Birth	19/07/1966
Occupation	INDOOR
Date Of Driving Pass	26/04/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98102389
Fax Number	(LOCAL) +65-96678693
Contact Number	
Email Address	NOEMAIL

Address	29 FERNVALE CLOSE #22-19 RIVERTREES RESIDENCE
Postcode	797464
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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 DRIVING ALONG EU TONG SEN ST ON THE 3RD LANE TWDS KALLANG DIRECTION. WHILE DRIVING FORWARD, DUE TO VEH INFRT BRAKE TO COMPLETE STOP AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEH. ALIGHTED AND REALIZED IT WAS A VEH BEARING REG NO SKP956C HAD COLLIDED TO THE REAR OF MY VEH.

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	SKP956C
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:

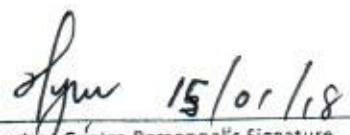
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



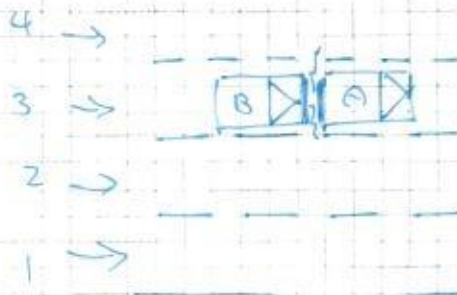
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

EU TONG SEN ST (IN FRONT OF PEOPLE'S PARK COMPLEX)

VEHICLE A - SKW 9179H

VEHICLE B - SKP 956C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG EU TONG SEN ST, ON THE THIRD LANE TOWARDS KALLANG DIRECTION.

WHILE DRIVING FORWARD, DUE TO VEHICLE IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

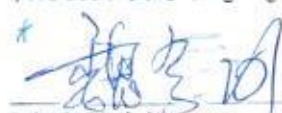
ALIGHTED AND REALIZED IT WAS A VEHICLE BEHIND (SKP 956C) HAD COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SKW 9179H

VEHICLE B - SKP 956C

DECLARATION

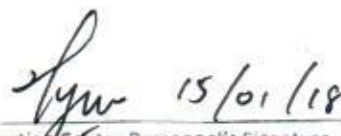
I/We declare the foregoing particulars are true in every respect.

* 

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

 15/01/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKW 9179 H	Model / Make	TOYOTA HARRIER
Date of Accident	13/01/18		
Time of Accident	1730	HRS	
Location of Accident	CHINA TOWN	EU TONG SEN ST	
Exact purpose use during accident	PRIVATE USE		
Name of Owner	Wei Ginfeng		
Telephone No.	H/P: 98102389	Home: 96678693	Office:
NRIC	x 6520209L		
Address	29, Fernvale Close # 22-19 Rivertrees Residence S'79746x		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	EC2		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPSTQ17-000015 /		
Name of Driver	As Above If No, Lin Xiang		
NRIC	F2560936X	Any Passengers:	0
Date of birth	19 July 1966		
Occupation	Outdoor / Indoor		
Driving License Pass Date	26 April 2017		
Gender	Male / Female		
Contact No.	H/P: 98102389	Home: 96678693	Office:
Address	29, Fernvale Close # 22-19 Rivertrees Residence S'797464		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Husband		
Weather condition	Clear Raining Other	DRIZZLING	
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SKP 956C	Any Passengers:	0
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / (No)		
Email Address	weiginfeng21@163.com		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **F2560936X**

Name **LIN XIANG**

Birth Date: **19 Jul 1966**

Issue Date: **26 Apr 2017**

Valid Till **25/04/2022**



002678610H



EMPLOYMENT PASS Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer
JIAN SHUO SINGAPORE PTE. LTD.



Name:
LIN XIANG
Occupation:
CHIEF OPERATING OFFICER

FIN
F2560936X

Date of Application
28-10-2017

Date of Issue
09-12-2017

Date of Expiry
08-12-2018



L8517432

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	26 Apr 2017
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	26 Apr 2017



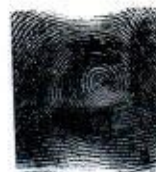
Licence No: F2560936X

NP 428A

VISIT PASS

Immigration Regulations

Name
LIN XIANG



Date of Birth: **19-07-1966** Sex: **M** Nationality: **CHINESE**
FIN: **F2560936X** Date of Issue: **19-12-2017** Date of Expiry: **08-12-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE
FIN G1528288L



Name
WEI QINFENG

Date of Birth
24-11-1982
Nationality
CHINESE

Sex
F



FA2015713

VISIT PASS
Immigration Regulations

FIN G1528288L



MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
27-09-2017	31-01-2018



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 1528288 L**
Name: **WEI QINFENG**

Birth Date: **24 Nov 1982**
Issue Date: **21 Dec 2015**
Valid Till: **20/12/2020**

002505396J

SG 50

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	21 Dec 2015

NP 428A



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. 169 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

Form: MX2	
Excess:	
Insured/Named Driver:	\$5600.00
Unnamed Drivers:	\$1,100.00
YEID Additional:	\$3,000.00

ABWIN PTE LTD
8 KAKI BUKIT ROAD 2
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841
TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)