

NATIONAL Assessment Centre Services

Date In: 19/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/EQT18003154/13	SAS e-filing		
Veh No: SL417135	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/02/18 2340	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (INC () / Non-INC ()	Tel:	Fax:
TP Particulars:	Veh No: SH7722L	Tel:	
Owner / Driver: (Period: (Cover Type: (
Policy No: (Date:	Time:	
Confirmed by: (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 :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal. 1:

Cal. 2/3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	In 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 + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q1:		
*N5: Courtesy Car / Tpl 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	

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 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	19/02/2018 17:11
Date Of Accident	15/02/2018 23:40
Exact Location Of Accident	37 SPRINGSIDE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1713S
Insured/Policyholder	
Name Of Registered Owner	WANG KAIFEN
NRIC No	S8308395F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96841696
Alternative Phone No	OTHERS-96841696

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	DMPPHQ17-006239
Cover Note Number	

Driver

Name of Driver	WANG KAIFEN
NRIC No	S8308395F
Date Of Birth	13/03/1983
Occupation	INDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96841696
Fax Number	
Contact Number	OTHERS-96841696
Email Address	NOEMAIL

Address	BLK 215 ANG MO KIO AVE 1
	#03-889
Postcode	560215
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180216/2004

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 Witness 1

Name	EDDEN
Phone Number	98598897
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7722L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

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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:

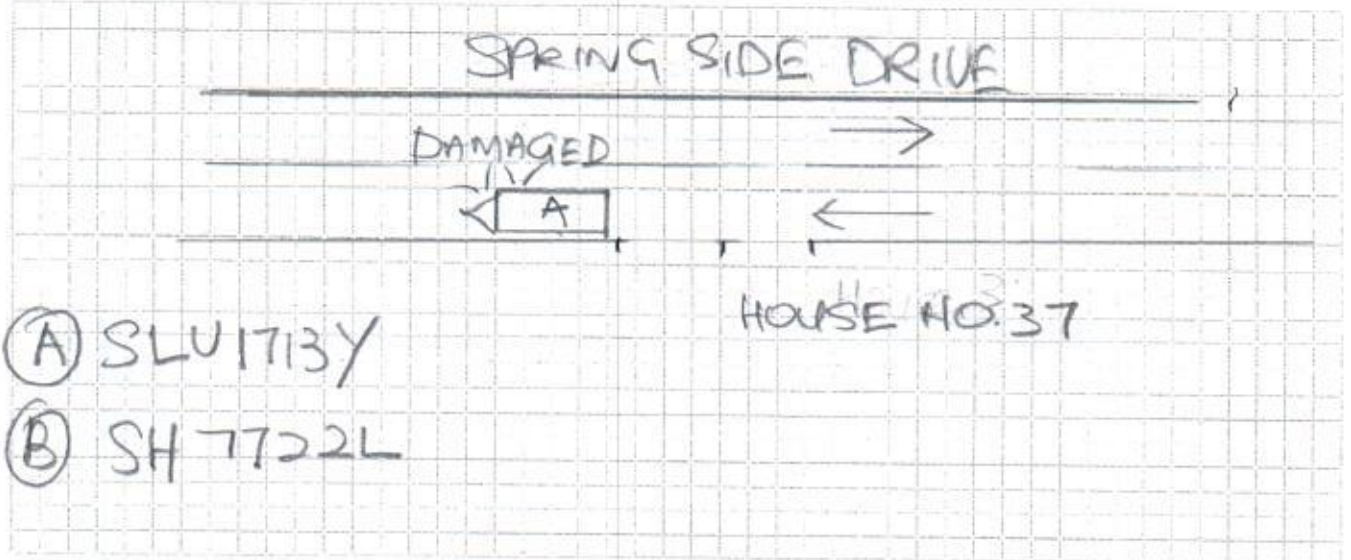
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

PLS REFER TO POLICE REPORT.

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:

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



SINGAPORE POLICE FORCE



T/20180216/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20180216/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 00:50		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: WANG KAIFEN			Address: APT BLK 215 ANG MO KIO AVENUE 1 #03-889 SINGAPORE 560215		
ID Type / ID No.: NRIC NO / S8308395F			Contact No.: Home/Office: Mobile: 96841696		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 13/03/1983	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Teacher			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/02/2018 23:40	Type of Location: Straight Road
Location: Along Road 1 SPRINGSIDE DRIVE 37 Springside Drive				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7722L	Car					0
SLU1713S	Car	AUDI	A3	Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180216/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180216/2004

CONTINUATION OF REPORT

Vehicle Owner			
Name	WANG KAIFEN	ID No.	S8308395F
Related Vehicle	SLU1713S (Car)	Contact No.	96841696
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2018 at about 11:45 pm, my uncle's neighbor Edden, contact no: 98598897 approached me and informed me that he had witnessed a hit-and-run between a Comfort taxi and my parked car which occurred 5 minutes earlier at 11:40 pm. My car (black Audi A3, registration no: SLU1713S). My car was parked along 37 Springside Drive and I had left it parked since earlier today at about 5:00 pm.

According to Edden, he had witnessed the driver of the Comfort taxi making a turn and subsequently brushed against the side of my parked car. The driver then drove off and did not make an effort to stop and leave his contact details. Edden managed to take down the registration no of the Comfort taxi.

My car sustained the following damages: 1) the front right side and the driver's door of my car is badly scratched and also dented in. There is also traces of blue paint left on my car due to the collision.

There is no one injured during the hit-and-run.

I am lodging a report for Traffic Police to investigate.



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SLU1713S MAKE/MODEL: Audi A3

DATE OF ACCIDENT 15/02/2018 TIME 23 HR 40 MIN AM/PM

LOCATION OF ACCIDENT 37 SPRINGSIDE DRIVE

EXACT PURPOSE USE DURING ACCIDENT VISITING - PARKED

CAR OWNER

NAME OF CAR OWNER WANG KAI FEN

CONTACT NO 96841696

NRIC S8308395F

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY EQ INSURANCE

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO DMPPHQ17-00623P

ACCIDENT DRIVER ☒ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER WANG KAI FEN

NRIC S8308395F NO OF PASSENGER/S 0

DATE OF BIRTH 13.3.1983

OCCUPATION TEACHER ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 20/03/2008

GENDER ☐ MALE ☒ FEMALE

CONTACT NO _____

ADDRESS BLK 215 ANG MO KIO AVE 1 #03-889 (S) 560215

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☐ DRY ☒ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO SH 7722L COMFORT NO OF PASSENGER/S 0

NAME UNKNOWN

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8308395F**

Name: **WANG KAIFEN**

Birth Date: **13 Mar 1983**

Issue Date: **20 Mar 2008**

001583785D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8308395F**

Name: **WANG KAIFEN**

王 凯 芬

Race: **CHINESE**

Date of birth: **13-03-1983**

Sex: **F**

Country of birth: **SINGAPORE**

38308395F




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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE: **20 Mar 2008**

Licence No: **S8308395F**

NP 428A

3880200

S8308395F

SMIC No. **S8308395F**

Date of issue: **16-11-2006**

APT BLK 215 ANG MO KIO AVENUE 1 #03-889
SINGAPORE 580215

NRIC No: **S8308395F** Date: **16/03/2017**




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.

**PRIVATE CAR
Comprehensive**

Certificate No.: DMPPHQ17-006239

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
SLU17135

2. Name of Policyholder
WANG KAIFEN

3. Effective Date of the Commencement of Insurance for the purpose of the Act
24/11/2017

4. Date of Expiry of Insurance
23/11/2018

5. Person or Classes of Persons entitled to drive*
(a) The Policyholder
(b) Any other person who is driving on the Policyholder's order or with his permission.

*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*
Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) 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

unwsbh/HO/A000424/Ng Kok Choo



A Member of Citystate