

Date In: 26/2/18 17:54	Job description	Date & Time Completed	Done by
Ref No: NAL EAT 18003640/h4	SAS e-filing		
Veh No: SDL 4388 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/2/18 18:20	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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:

G12 6556 D

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 repairs.

() 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(\$)

Inc Bill

Non Inc Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming assist, INC Only (wef 10 Jan 2009)

6) TR: Re-inspection \$75

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

*NI: Courtesy Car / Tpt Allowance \$5

*NI: Repair Co-ordination \$10

*NI: Post Repair Inspection \$25

*NI: DV / Collect Excess Coordination \$5

*NI: NI / TP Non-INC against INC \$20

9) NI: Ideal Module \$0

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 2/3:

Invoice dated

Fee Charged

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	26/02/2018 17:54
Date Of Accident	23/02/2018 18:20
Exact Location Of Accident	ALONG PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL4388U
Insured/Policyholder	
Name Of Registered Owner	XU LING
NRIC No	S2630617E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97992340
Alternative Phone No	OFFICE-97992340

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM SUNROOF
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	DMPPHQ18-000253
Cover Note Number	-

Driver

Name of Driver	XU LING
NRIC No	S2630617E
Date Of Birth	04/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97992340
Fax Number	
Contact Number	OFFICE-97992340
Email Address	NOEMAIL

SKETCH PLAN

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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:

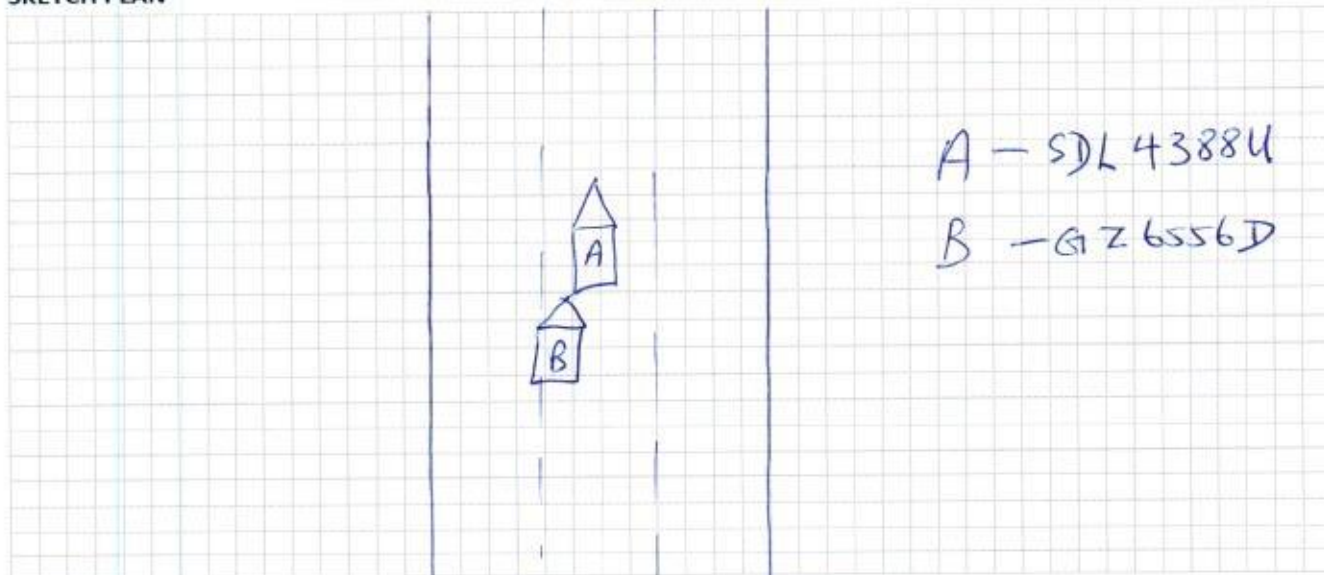
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

on 23/2/18 at 6:20pm, I stop my car due to traffic light
red, suddenly vehicle B hit on my LH side rear portion.

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.:

Date of Accident : 23/2/18 Accident Time: 6.20 pm (24-HR-Format)
Accident Place : Along Puyin Leher Road
Vehicle No. (Car Plate No.) : 5 DL4388U Make/Model: Toyota Harrier 2.0
Insurance Company : EQ Policy No: DMPP1HQ 18-000253
Owner or Company Name /IC No. : Xu Ling / 52630617E
Owner or Company Contact No. : 97992340 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 4/11/1959 DRIVER'S License Pass Date 21-11-1996
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : B1K 107 Potong Pasir Ave 1 #11-468 3350107
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 passenger
Was there any video Captured by car camera: YES \ (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: GZ6556D (NTUL)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Xu Yi'en F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2630617E**

Name **XU LING**

Birth Date: **04 Nov 1959**
Issue Date: **22 Oct 2003**

000945166B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2630617E**

Name **XU LING**

徐 凌

Race **CHINESE**

Date of Birth **04-11-1959** Sex **M**

Country of Birth **CHINA**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **21 Nov 1996**

Licence No. **S2630617E**

NP 428A



8077822

NRIC No. **S2630617E**

Nationality **CHINESE**

Blood Group **A+** Date of issue **22-10-1993**

APT BLK 107 POTONG PASIR AVENUE 1 #11-408
SINGAPORE 350107

NRIC No. **S2630617E** Date: **12-08-1999** No. **3191950**

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.: DMPPHQ18-000253**

Form: MX2

Excess:

Insured/Named Driver SGD600.00

Unnamed Drivers SGD1,100.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

SDL4388U

2. Name of Policyholder

Xu Ling

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

14/01/2018

4. Date of Expiry of Insurance

13/01/2019

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.

MDIVINE INSURANCE AGENCY
62 UBI ROAD 1
OXLEY BIZHUB 2 #06-05
SINGAPORE 408714
TEL: 6834 4432 FAX: 6834 4748



Address	BLK 107 POTONG PASIR AVE 1 #11-468
Postcode	350107
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	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?	
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)	2
Passenger 1	NAME: : XU YIEN GENDER: : FEMALE

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	GZ6556D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	