

NATIONAL Assessment Centre Services

Print & Save

MMA 118076762.

Date In: 13/6/18 15:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/EA218010802/h4	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SKH 2526P	i-Motor Claim Form		
D.O.A: 13/6/18 14:15.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: SGV 9C.	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 (\$) Est 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		
	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 (N-in 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 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	13/06/2018 15:40
Date Of Accident	13/06/2018 14:15
Exact Location Of Accident	JUNC OF NORTH BUONA VISTA RD & ONE-NORTH GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2526P
Insured/Policyholder	
Name Of Registered Owner	SERENA SIOW TING TING
NRIC No	S8020095A
Email Address	SERENASIOW@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-90603581
Alternative Phone No	OFFICE-90603581

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	DMPPHQ17-005754
Cover Note Number	-

Driver

Name of Driver	SERENA SIOW TING TING
NRIC No	S8020095A
Date Of Birth	05/07/1980
Occupation	INDOOR
Date Of Driving Pass	31/05/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90603581
Fax Number	
Contact Number	OFFICE-90603581
Email Address	SERENASIOW@ROCKETMAIL.COM

Address	BLK 308B ANCHORVALE ROAD #05-78
Postcode	542308
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	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?	YES
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 TRAVELLING ALONG NORTH BUONA VISTA RD ON THE SECOND LANE FROM THE LEFT, WHILE CROSSING THE JUNCTION OF ONE-NORTH GATEWAY, SUDDENLY VEH B (BEARING NO SGV9C) FROM THE THIRD LANE FROM THE LEFT ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV9C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GWEE HUNG CHOW
NRIC/Passport Number	S0270324F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name SERENA SIOW TING TING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKH2526P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:

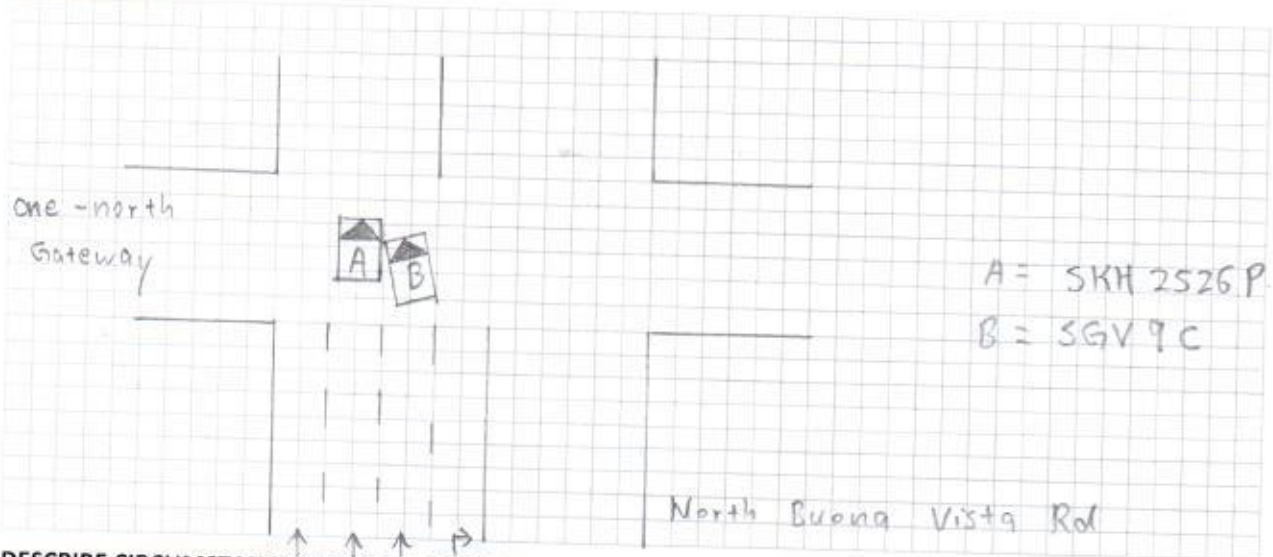
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8020095A**

Person

SERENA SIOW TING TING

Birth Date: **05 Jul 1980**

Issue Date: **31 May 2011**

001969078A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8020095A**

Name

SERENA SIOW TING TING

蕭 婷 婷

Race

CHINESE

Date of birth

05-07-1980

Country of birth

SINGAPORE

Sex

F






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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg **31 May 2011**

NP 423A

Licence No: **S8020095A**



4612283

NRIC No. **S8020095A**

Date of issue

03-08-2010

61 CHESTNUT AVENUE #05-08
ECO SANCTUARY SINGAPORE 679522

NRIC No: **S8020095A** Date: **20/02/2017 (R)**




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. : DMPPHQ17-005754****1. Index Mark and Registration Number of Vehicles**

SKH2526P

2. Name of Policyholder

SERENA SIOW TING TING

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

20/11/2017

4. Date of Expiry of Insurance

19/11/2018

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
permission.

* 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 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*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.

Hire Purchase : DBS BANK LTD

A000295/A-Assurance Capital Agency
Date of Issue : 31/10/2017 16:06

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ16-004969