

NATIONAL Assessment Centre Services

Date In: 19/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/CP/18013119/13	SAS e-filing		
Veh No: SKS6803E	E-mail (within 8hrs, A/C 2hrs)		
DOA: 18/07/18 1825	i-Motor Claim Form		
OD (IP) 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: (VISION AUTOWORK Tel: Fax:)

TP Particulars:	Veh No: SKA6291B	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 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	19/07/2018 12:43
Date Of Accident	18/07/2018 18:25
Exact Location Of Accident	CTE TWDS SLE B4 AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6803E
Insured/Policyholder	
Name Of Registered Owner	CHUA BAY LEE
NRIC No	S1747238J
Email Address	CLOHJY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97858758
Alternative Phone No	OTHERS-97858758

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	DMPPHQ18-001615
Cover Note Number	

Driver

Name of Driver	CHUA BAY LEE
NRIC No	S1747238J
Date Of Birth	24/10/1966
Occupation	INDOOR
Date Of Driving Pass	15/09/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97858758
Fax Number	
Contact Number	OTHERS-97858758
Email Address	CLOHJY@GMAIL.COM

Address	BLK 23 EUNOS CRESCENT #12-3015
Postcode	400023
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 - HEAD TO REAR
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)	3
Passenger 1	NAME: : LOH WEE CHONG GENDER: : MALE
Passenger 2	NAME: : LOH JIA YI 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

PLS REFER TO THE 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	SKA6291B
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)

DETAILS OF INJURED PERSON 1

Name CHUA BAY LEE

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SKS6803E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

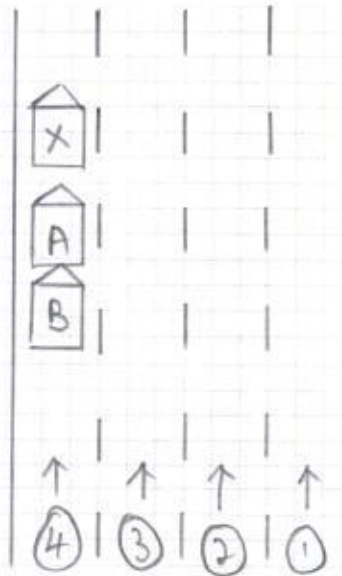
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A = SKS 6803 E

B = SKA 6291 B

CTE towards SLE
(Before Ang Mo Kio
Avenue 1 Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

19/07/18

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

On 18.07.18 at about 18:25 hours at along CTE towards SLE (Before Ang Mo Kio Avenue 1 Exit). While I was travelling on the lane 4 and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have two passengers inside my vehicle.

Vehicle (A) : SKS6803E

Vehicle (B) : SKA6291B



SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/07/18	Time: 18:25	(hh:mm) 24 hr format
Location CTE towards SLE (before Ang Mo Kio Avenue 1 Exit)		
Vehicle Number SKS 6803E		
Insured Name Chua Bay Lee		
NRIC / FIN 51747248J	Contact Number 978 58758	
Make Honda	Model Fit	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company EQ Insurance		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMPPH018-001615		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN		Contact Number
Date of Birth 24/10/1966		
Driving Pass Date 15/09/1990		
Occupation () Indoor () Outdoor		Housewife
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address clonjy@gmail.com		(<input checked="" type="checkbox"/>) NO EMAIL
Address of Driver B1K 23 Eunos Crescent		
#12-3015 SC(400023)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes () No		
If yes, injured detail Chua Bay Lee (Body Pain)		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SKA 6291 B	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger 1 = LOH WEE CHONG (Male)

Passenger 2 = LOH JIA YI (Female)

SKS 6803E - Owner & Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1747238J



Name

CHUA BAY LEE

蔡 美 丽

Race

CHINESE

Date of birth

24-10-1966

Sex

F

Country/Place of birth

SINGAPORE



5660123



NRIC No S1747238J



Date of issue

15-10-2016

Address

APT BLK 23 EUNOS CRESCENT
#12-3015
SINGAPORE 400023

SKS 6803E - Owner & Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a woman.

License Number: **S1747238J**
Name: **CHUA BAY LEE**
Birth Date: **24 Oct 1966**
Issue Date: **05 Nov 2003**

Barcode: 000877737G

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	15 Sep 1990

NP 428A

Barcode: License No: S1747238J

EQ Insurance Company Limited

1, Maxwell Road, #17-01, Tower Block, 1A15 Esplanade, Singapore 069110
Tel: 65 6223 9433 | Fax: 65 6224 7513 | www.eqinsurance.com.sg
reg no. 1978-0045612



PRIVATE CAR SCHEDULE

Page 1 of 9

Agency	A000298	Class of Policy	PRIVATE CAR	Policy Number	UMSPH018-001615
Account	A000298	Issued on	13/03/2018 in Singapore		
Client	0140894	Acceptance Date	13/03/2018		

Period of Insurance from 29/04/2018 to 28/04/2019, both dates inclusive

Insured's Name CHUA BAY LEE
Address BLK/HOUSE NO. 23 #12-3015
EUNOS CRESCENT
SINGAPORE 400023

Business/Occupn Homemaker / Housewife
Hire Purchase Hong Leong Bank

Premium	Basic Annual Premium	SGD985.67		
	Premium after NCD	SGD985.67	Premium Due	SGD985.67
			Premium GST	SGD69.00
			Total Due	SGD1,054.67

Risk No. 001	PRIVATE CAR			
1. Registration	SK56803E	Make/Model	HONDA FIT 1.3 Hatchback	1317cc
Type of Cover	Comprehensive	No. of seats	5	Body Type Hatchback
Engine No.	L13B1067095	Capacity cc	1317	Yr of Manuf/Regn 2014/2015
Chassis No.	GK31056903			NCB% 20.00
				Certificate Ref. MX2
Sum Insured: Market Value at the time of loss			SGD0.00	
Insured/Named Drivers			SGD500.00	
Unnamed Drivers			SGD1,000.00	
YEID		Additional	SGD3,000.00	
Named Drivers Insured				

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

For information on Motor Claims Framework (MCF), please visit GIA websites
(www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
Certificate of Insurance. You will have to pay the Excess for every claim made
against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
to refund us the amount of the Excess.

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