NATIONAL Assessment Co	ntre Services	wet : Jan/06)	MAH	118100565		
Date In: 03 08 2018 17:3.)	Jeb description		12 11 11 11 11 11 11 11 11 11 11 11 11 1	Time Completed	Done	òi.
RCTNOMBA/EQ1180141691)	SAS e-filing					
Veh No. 8KR 1128 R	E-mail (within 8	hrs, AIC 2hrs)	1			
D.O.A. (0) 00 0950			1			min and the
08(91)/92	i-Motor W/O		rs. TP 4hrs)			
OD TP Reporting Only	i-Photo Uplos					
	Assessment/Su	rvey Report	i			
TP Insurer:	Ass't Report by	Fax/Hand	to Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	ı	ax:)
TP Particulars: Veh No:	3KV 22410.	. INC(,)/No	on-INC ()	A STATE OF THE STA	
Owner / Driver: (Tel:			
Policy No: ()	Period: ()	Cover	Гуре: ()	
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	/O): N: 0-2	20%; P:	21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()			
	\$1,000()/\$2,000	()	A 10.221.27			
General Remarks:-		Reduction.	-0	particular, and		
() Walk-In Customer : Customer	s information strictly Cor	rfidential & S	trictly NO	refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.	7.8				
Drive-In ()/ Towed-In (); In	voice: YES () / N	0();	Towing C	0. (
Remarks:- 3 (INC horling: 6788 66	16)	100	Date&	Time Completed	Done.	by
1) Apply for Transport Allowance () / Courtesy Car ()	7 1 13731		The government of	
2) QC Check / Post Repair Inspection	())			Contract of the last	
3) Upload Resurvey Photo [Repair Cos	t>\$3000] ()				
Injury:						
	Z ZZDNYSELZ SKOZGOV SKISKYZ	0455-0255000	KOPU DOSEM	SERVICE TONLIS	C 5.25	
Date/Time Actions				gryddidd Anstal	project in the con-	-
	-					
		1,00 - 10. 15- 0-	- West			
11		Invoice Pr	eparatio	n Checklist	Amt (5)	Amt (\$)
Claimant's Particulars :-		1) AR : Accide	ent Reporting	(\$30); nt (\$100); INC (
2.2.2.2.3.4.4.4.4.3.4.6.4.6.4.4.2.2.4.4.2.2.2.2.2.2.2.2.2.2		2) DA : Dameg 3) TF : Towing	Fee		40/\$45	
Oriver/Owner:		4) FT : Follow-	-Through Su	rvey rvey (Resurvey)	\$120 \$30	
Contact No:		For claiming	g against INC	Only (wef 10 Jan 20	05)	
Damäged Portion:	5.	6) TR : Re-iusp 7) N1 : Idao D.		Survey	\$75 \$160	
	- 3	8) NTUC Add				
QC Checked by (Engr-In-Charge):	(1*)	*N5: Courte	sy Car / Tpt	Allowance	\$5	
	*N6: Repair	r Co-ordinat	on	\$10 \$25		
Auditors Comments :-		*N7: Post R		ss Coordination	\$5	
Cat. 1:		TP (N11):	TP (Non IN	C) against INC	\$20	
	<u> </u>	9) N12: Idea N		Fee Charge	30 d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cat. 2/3:	(C) (d)	Invoice dated		Fee Charge	10000	

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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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	03/08/2018 17:31	
Date Of Accident	03/08/2018 09:50	
Exact Location Of Accident	CLEMENTI AVENUE 3 OPEN CARPARK	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR7138R	
Insured/Policyholder		
Name Of Registered Owner	TAY TENG HUAT @ TAY TENG SWEE	
NRIC No	S0139090B	
Email Address	TAYTENGHUAT@HOTMAIL.CO.UK	
Mobile Phone No	(LOCAL) +65-97475996	
Alternative Phone No	OTHERS-97475996	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	COROLLA ALTIS-1.6 (A)	
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	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPPHQ18-002255	
Cover Note Number		
Driver		
Name of Driver	TAY TENG HUAT @ TAY TENG SWEE	

Name of Driver	TAY TENG HUAT @ TAY TENG SWEE
NRIC No	S0139090B

21/01/1951 Date Of Birth INDOOR Occupation 05/07/1972 Date Of Driving Pass

46 YEARS AND 0 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-97475996 Mobile Number

Fax Number

OTHERS-97475996 Contact Number

TAYTENGHUAT@HOTMAIL.CO.UK EMail Address

97 CASHEW ROAD Address

#16-01

Postcode 679668

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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

YES

NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV2241D

Vehicle Make/Model/Colour MERCEDES BENZ

Details Of Properties

Vehicle Category PRIVATE CAR

WONG WAI MING Name of Driver

NRIC/Passport Number

Contact Number 90074406

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)
 - (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

1.15 am

(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 Personne Name:

NRIC/FIN No .:

SKETCH PLAN	
	JEMFOUNT AVE 3 BIG COR PORK
	something by the solution of t
) SKR 7138 R	[A]
SKY 22417	B
DESCRIBE CIRCUMSTANCES C	40 V3 O. T-04 AT 22 4 C 25 O. A. C.
ON 08/08/2018 A	1 ABOUT CRIKOHES I WAS TRAVELLANCE ALONG
CHEMPUNI HVR	DENILY A CAR FROM DUR OF THE PARKING
Concrete Sul	ROWN RIGHT OF MY CHR. WE COME DOWN
Let 9 HIT TI	and a super of the said
* PEXCUloneste	MACHICALINES 10191 BCC.
9	
-	
DECLARATION	
I/We declare the foregoing particle	ulars are true in every respect. 03/08/2009
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:
GIARAC SIL CHANFORD	And the second s

ACCIDENT STATEMENT

ACCIDENT STATEMENT

3, 8, 2018 (DD/MM/YYY), TIME: 09:50-) (HH:MM)

ACCII	DENT DATE: 3 8 2018 (DD/MM/YYY), TIME: (09.5	(MH:MM)
11.	Aug Clara to Aira	50. ⁸⁵
LOCA	TION: TOOK COMERCIA TIVE	M 71 TO 12 T
7	DETAILS OF VEHICLE PER 7 124 2	
61 (54)	DETAILS OF VEHICLE SKR 7.138 R	5¥
	DINSURANCE COMPANY: 591	
\$6	CIPOLICY NUMBER:	(f)
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY	FIRE &THEFT)
	e)MAKE & MODEL:	- W
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE	IF)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYC	2
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	
	A) NAME: Tax Tens Hust (MALE	/ FEMALE GG
	b)NRIC/FIN/PASSPORT: CONTACT;	4170110
	c) ADDRESS: 97 # 16-01 Cashew Load	014408
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
A Ho of passanger		
	- MALE	/ FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:CONTACT:	
(T)	c)ADDRESS:	
	100 100 100 100 100 100 100 100 100 100	
3	*d)DATE OF BIRTH: () (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)	* *
	DASC OF DRIVING PACE	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY?	(YES (NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	oaxia ic
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
4	b)ROAD SURFACE: (DRY / WET / OTHERS	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	<u> </u>
8,	THIRD PARTY VEHICLE	DC4048
tho of poecager	O) VEHICLE NUMBER: SKV 22410 MODEL: MA	junyres.
Chalading driver	D) DKIVEK'S NAME: NOW	90074606
(13 .	C) NRIC/FIN/PASSPORT:CONTACT: THIRD PARTY VEHICLE	
٧.	MODEL:	(*) 6
the of passages	e) DRIVER'S NAME:	
(Including driver	Df) NRIC/FIN/PASSPORT:CONTACT:	
()		
		¥

email = taytenghuat@hotmail. Co. uk VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SQ139090B



Name

TAY TENG HUAT @TAY TENG SWEE









NRIC No. S0139090B



18-09-2012

97 CASHEW ROAD #16-01 SINGAPORE 679668 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
OF July 1972

Which unlocken does not exceed 2500 kings and

Upperco No: Sottygogob
NP 428A

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



PRIVATE CAR SCHEDULE

Page 1 of 9

Agenc Accou Clien	nt A000308	Class of Policy Issued on Acceptance Date	PRIVATE CAR 10/04/2018 in Singapore 10/04/2018		y Number D cing Policy no. D	MPPHQ18-002255 MPPHQ17-002270
Perio	d of Insurance	e from 14/05/2018	to 13/05/2019 , both dat	es inclusive		
Insur Addre	ed's Name SS	TAY TENG HUAT BLK/HOUSE NO. 97 CASHEW ROAD SINGAPORE 679668	#16-01			
Busin	ess/Occupn	Retiree				
Premi	um	Basic Annual Pre Special Discount Safe Driver Disc Premium after NC	@ 5% ount	SGD817.99 SGD38.85- SGD40.90- SGD738.24	Premium Due Premium GST Total Due	SGD738.24 SGD51.68 SGD789.92
	No. 001 Registration Type of Cover Engine No. Chassis No.	Comprehensive 3ZZ4996510	Make/Model No. of seat: Capacity cc	s 5	BLLA ALTIS 1.6 Sa Body Type Yr of Manuf/Regr NCB% Certificate Ref.	Saloon 2010/2010 30.00
	Sum Insured: Insured/Named Unnamed Drive YEID Named Drivers	rs	he time of loss Additional	SGD0.00 SGD500.00 SGD1,000.00 SGD3,000.00 TAY BOON CHYE JIM		

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

Continued on page 2



