

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA18143493**

Date In: 5/1/18-21:06	Job description	Date & Time Completed	Done by
Ref No: NA/EQ218 20063/24	SAS e-filing		
Vch No: 6R6379U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 2/1/18 -17:30	i-Motor Claim Form		
OD : TP 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: Vch No: **A28193D** 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%. P: 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'l 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		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*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: Idnc 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 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. 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	05/11/2018 20:06
Date Of Accident	02/11/2018 17:30
Exact Location Of Accident	IMM SHOPPING MALL LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR6779U
Insured/Policyholder	
Name Of Registered Owner	TEOW TRADING
Co Reg No	53361679D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67946779

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006715
Cover Note Number	

Driver

Name of Driver	TEOW KONG SENG
NRIC No	S1538863C
Date Of Birth	23/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97946779
Fax Number	
Contact Number	OFFICE-97946779
EMail Address	NOEMAIL

Address	BLK 267B COMPASSVALE LINK #09-57
Postcode	542267
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : BOEY KENG POO GENDER: : MALE

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

REFER TO STATEMENT.

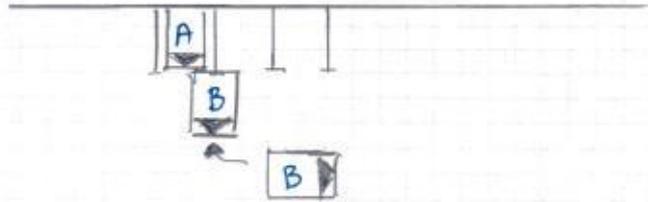
Attachment(s)

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	GZ8193D
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)	

SKETCH PLAN 1mm shopping mall loading & unloading bay



Vehicle A = GR 6779U

Vehicle B = GZ 8193D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (GR 6779U) was stationary parked at the stated venue. Then vehicle B (GZ 8193D) reversed and bang on my front 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 11 / 18) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: min shopping mall loading & unloading bay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GR 67794
b) INSURANCE COMPANY: BQ
c) POLICY NUMBER: DmcpH218-006715
d) POLICY TYPE: () COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Dyna
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: Teow Trading (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 53561679D CONTACT: 97946779
c) ADDRESS: 267B Compassvale Link #09-57 Compassvale
Arcadia (S) 542267

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teow Kong Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 1538863C CONTACT: 67946779
c) ADDRESS: Blk 267B Compassvale Link #09-57 (S) 542267

*d) DATE OF BIRTH: (27 / 07 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GZ 8193D MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)

(02)

Boey Keng Poo (male)

*No of passenger
(including driver)

()

*No of passenger
(including driver)

()

Email = vic060autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1538863C



Name

TEOW KONG SENG

趙 功 信

Race

CHINESE

Date of birth

23-07-1962

Sex

M

Country/Place of birth

SINGAPORE



S1538863C

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number S1538863C

Name:

TEOW KONG SENG

Birth Date: 23 Jul 1962

Issue Date: 26 Mar 2003



5180047



NRIC No. S1538863C



Date of issue
07-06-2013

Address
APT BLK 267B COMPASSVALE LINK
#09-57
SINGAPORE 542267

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	17 Oct 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Apr 1985



NP 428A

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.

COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPhQ18-006715

Form: LCVP1

Excess:

Section 1

SGD500.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

GR6779U

2. Name of Policyholder

TECH TRADING

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

02/10/2018

4. Date of Expiry of Insurance

01/10/2019

5. Person or Classes of Persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

*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*

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1) Use for hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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.

EQ Insurance-MARS Motor
Accident Help Center

6311 3211



HP: ETHOZ Group Ltd
I-shyr.yim/HO/A000423/Car Insurance Agency



A Member of Citystate

Authorized Signatory
EQ Insurance Company Limited