

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA1900529**

Date In: 18/1/19-14:10	Job description	Date & Time Completed	Done by
Ref No: NA1900529	SAS e-filing		
Veh No: 54W286M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/19-21:25	i-Motor Claim Form		
OD / TP: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **54W286M** 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

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	18/01/2019 14:10
Date Of Accident	17/01/2019 21:25
Exact Location Of Accident	CTE TWDS AMK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW286M
Insured/Policyholder	
Name Of Registered Owner	ANDY VALERY CHIN WOON LOONG
NRIC No	S7506937E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96749568
Alternative Phone No	OFFICE-96749568
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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	DMPPHQ18-005546
Cover Note Number	
Driver	
Name of Driver	DEBORAH BRIDGET MOH PUAY SI
NRIC No	S7626309D
Date Of Birth	27/08/1976
Occupation	INDOOR
Date Of Driving Pass	17/03/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96749568
Fax Number	
Contact Number	OFFICE-96749568
Email Address	NOEMAIL

Address	BLK 405A FERNVALE LANE #16-121
Postcode	791405
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX4722D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM RUEN CHOU KIRBY
NRIC/Passport Number	S9426118Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


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

CTE



DOA: 17/1/19
A: SGW 286 M
B: SJX 4722 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE, ft car jammed brake so
I followed suit but veh B failed to brake in
time hit onto my vehicle rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

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.:

Personal Particulars

Date of Accident: 17/1/19 Time of Accident: 9.25 pm
Exact Location of Accident: CTE towards AMK
Owner's Name: Andy Valery Chin Woon Long NRIC No: 57506937E HP No:
Driver's Name: Deborah Bridget Moh Puay Si NRIC No: 576263091 HP No: 9674958
Date of Birth: 27/8/1976 Driving Licence Passing Date: 17/3/2003 Occupation: Indoor / Outdoor
Address: 405A Fernvale Lane #16-121 (791405)
Relationship of Driver with Insured: Spouse Email Address:
Vehicle No: SGW 286M Make & Model: Mercedes
Insurance Co: EG Coverage: Comprehensive Policy No: DMPPHQ18-005546

*Purpose of Reporting? ☒ Own Damage Claim / 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: ☒ Wet / Dry / Others:

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: D:

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle:

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station?

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: Insurer:

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category:

*Was there any video captured by Car Camera? (☒ Yes / ☐ No)

Third Party Driver's Particulars

Vehicle B No: 8JX 4722D Make & Model:

Driver's Name: Lim Ruen Chou Kirby NRIC No: 89426118Z HP No:

Vehicle C No: Make & Model:

Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:



Stamps

DEBORAH BRIDGET MOH PUAY
SI

毛佩诗

Race
CHINESE

Date of birth

27-08-1976

Sex

F

Country of birth

SINGAPORE

S7626309D



000 305283F

License Number
Name
MOH PUAY SI

Birth Date 27 Aug 1976
Issue Date 20 Mar 2003

S7626309D



3 9 2 6 9 5 2



NRIC No. S7626309D



Date of issue
04-09-2006

Address
APT BLK 405A FERNVALE LANE
#16-121
SINGAPORE 791405

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

17 Mar 2003

Class 3

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



License No: S7626309D

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. 1979-00490-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.: DMPHQ18-005546**

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

SGW286M

2. Name of Policyholder

ANDY VALERY CHIN WOON LOONG

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

15/08/2018

4. Date of Expiry of Insurance

09/08/2019

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.

**EQ Insurance-MARS Motor
Accident Help Center****6311 3211**

*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.

**Authorised Signatory
EQ Insurance Company Limited**