

NATIONAL Assessment Centre Services (wef: 1 Jan 2005)

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/EA/19002346/13	SAS e-filing		
Veh No: SLF78244	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/02/19 1000	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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SLF3509H** 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

NA1901219	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On*		
	*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 (N-on 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 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	11/02/2019 11:19
Date Of Accident	03/02/2019 10:00
Exact Location Of Accident	30 JALAN KEMAMAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7824U
Insured/Policyholder	
Name Of Registered Owner	AKA CAR LEASING PTE LTD
Co Reg No	201818653E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81880754
Alternative Phone No	OFFICE-81880754

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	DMCFHQ18-000130
Cover Note Number	

Driver

Name of Driver	MICHELLE LOW SHU YAN
NRIC No	S9039132A
Date Of Birth	14/10/1990
Occupation	INDOOR
Date Of Driving Pass	07/09/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96545313
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 61 TELOK BLANGAH HEIGHTS #07-117
Postcode	100061
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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

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	SLT3509H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THNG SIEW HIANG
NRIC/Passport Number	
Contact Number	96411845
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

[Handwritten Signature]

Policyholder's Signature
Date & Time:



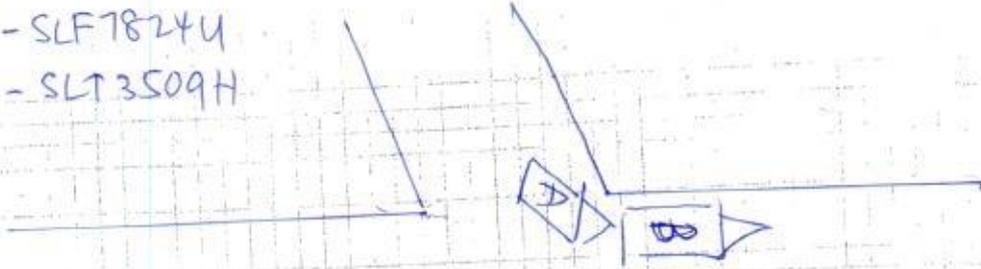
[Handwritten Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Handwritten Signature] 11/02/19

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

A - SLF78244
B - SLT3509H



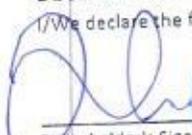
30 JALAN KEMAMAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I accidentally collided against vehicle B while parking.

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:

 11/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SLF7824U

MAKE & MODEL : mazda 3 Skyactiv

DATE OF ACCIDENT	3 / 2 / 2019
TIME OF ACCIDENT	10 <u>AM</u> / PM
LOCATION OF ACCIDENT	30 Jalan Kermanan KEMAMAN.
Exact Purpose use during accident	
NAME OF OWNER	AKA CAR LEASING PTE LTD
TELP NO	81880754
NRIC	201818653E
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	YES <u>(NO)</u> ?
INSURANCE CO.	EQ Insurance
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
POLICY NO.	DmCFHQ18-00030
NAME OF DRIVER	As above / If No: Michelle Low Shu Yan
NRIC	S9039132A Any passengers.
DATE OF BIRTH	14 / 10 / 1990
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	07 / 9 / 2016
GENDER	Male / <u>Female</u>
CONTAC NO.	<u>96545453</u> Office: 96545313 Home.
ADDRESS	<u>BK61</u> Telok Blangah Heights #07-117
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.
RELATIONSHIP	Employee / If No: <u>Hirer</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other.
ROAD SURFACE	<u>Dry</u> / Wet / Other.
ANY INJURIES	<u>NO</u> / If yes, Who?
CONTAC NO.	<u>96545313</u>
POLICE REPORT	<u>NO</u> / If yes, Where?
VEHICLE B NO.	SLT3509H Any Passenger.
NAME	Thng Siew Hiang
CONTAC NO.	96411845
VEHICLE C NO.	SLT3509H Any Passenger.
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

lal.salesteam@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9039132A**
 Name: **MICHELLE LOW SHU YAN**

Birth Date: **14 Oct 1990**
 Issue Date: **07 Sep 2016**

002607054D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9039132A



Name: **MICHELLE LOW SHU YAN**
劉淑燕

Race: **CHINESE**
 Date of birth: **14-10-1990** Sex: **F**
 Country of birth: **SINGAPORE**

S9039132A

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

Class	Description	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	07 Sep 2016

NP 428A

Licence No: S9039132A

3780952



NRIC No: **S9039132A**



Date of issue: **13-10-2005**

APT BLK 61 TELOK BLANGAH HEIGHTS #07-117
SINGAPORE 100061
 NRIC No: **S9039132A** Date: **09/10/2016**

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.

**COMMERCIAL VEHICLE FLEET
Comprehensive**

Certificate No.: **DMCFHQ18-000130**

Form: LCVH

Excess:

All Claims SGD3,000.00
YEIDR (All Claims) SGD5,000.00
YIDR (All Claims) SGD5,000.00
WdScrn/Snroof/Mnroof SGD100.00

1. Index Mark and Registration Number of Vehicles

SLF7824U

2. Name of Policyholder

AKA CAR LEASING PTE LTD

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

10/10/2018

4. Date of Expiry of Insurance

05/06/2019

5. Person or Classes of Persons entitled to drive*

Any person who is Authorised to drive on the Insured's order or with their 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*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

*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

HP: As Per Schedule / Endorsement
UNWSR/HO/B000042/NESTATE STENHOUSE (

A Member of Citystate