

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

MMAY/19/16/26/15

Date In: 10/12/2018 15:54	Job description	Date & Time Completed	Done by
Ref No: N8A/EGT/9021768/1	SAS e-filing		
Veh No: SMA 97L	E-mail (upload 3hrs, AIC 2hrs)		
DOA: 10/12/2018 07:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: S825471K	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 ()		

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Assignment

Invoice Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpt Allowance	\$3	
• NG: Repair Co-ordination	\$10	
• NT: Post Repair Inspection	\$25	
• ND: DV / Collect Excess Coordination	\$5	
TP (NI) : TP (Non INC) against INC	\$30	
9) NI: Idao Mobile		
Invoice dated		Fee Charged
Invoice dated		Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref 1:

2 / 3

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	10/12/2019 15:54
Date Of Accident	10/12/2019 07:00
Exact Location Of Accident	JUNCTION OF PUNGGOL FIELD AND PUNGGOL WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA97L
Insured/Policyholder	
Name Of Registered Owner	LAW PICK YEW STEVEN
NRIC No	S8131450J
Email Address	JOEGUYE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91257116
Alternative Phone No	OTHERS-81810789

Vehicle Particulars

Manufacturer	SUZUKI
Model	LAPIN-658CC (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	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	DMPPHQ19-006946
Cover Note Number	

Driver

Name of Driver	GUYE POH POH
NRIC No	S7973336I
Date Of Birth	03/01/1979
Occupation	INDOOR
Date Of Driving Pass	03/03/2006
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	+65-91257116
Fax Number	
Contact Number	OTHERS-81810789
Email Address	JOEGUYE@YAHOO.COM

Address	BLK 289A PUNGGOL PLACE #14-889
Postcode	821289
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	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?	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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ5471K
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	GUYE POH POH
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMA97L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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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:

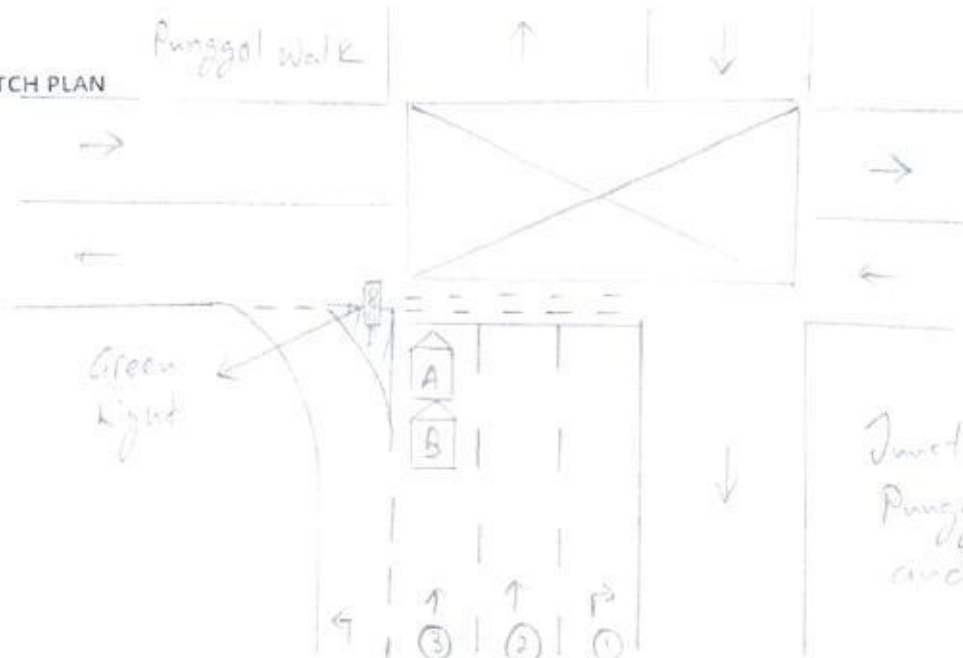
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 = SMA97L

B = SJZ5471K

Junction of
Punggol Field
and Punggol Walk

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

Jan
Policyholder's Signature
Date & Time:

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

10/12/2019
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/12/19		Time: 07:00	(hh:mm) 24 hr format
Location Punggol Field and Punggol Walk			
Vehicle Number SMA97L			
Insured Name Low Pick Yew Steven			
NRIC/FIN S8131450J		Contact Number 9125 7116	
Make Suzuki		Model Lapin 660A	
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 DMPPHQ 19-006946			
Name of Driver Gunge Poh Poh		() Same as Insured	
NRIC/FIN S79733361		Contact Number 81810789	
Date of Birth 03/01/1974			
Driving Pass Date 01/03/2006			
Occupation () Indoor () Outdoor			
Gender () Male (<input checked="" type="checkbox"/>) Female			
Email Address joegunge@yahoo.com		() NO EMAIL	
Address of Driver Blk 289A Punggol Place			
#14-689, S(821289)			
Was driver an employee of the Insured's Company? () Yes () No			
If No, Relationship of the Driver with the Insured			
() Owner (<input checked="" type="checkbox"/>) 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? (<input checked="" type="checkbox"/>) Yes () No			
If yes, injured detail Gunge Poh Poh (Neck 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 S225471K			
Veh C			
Veh D			
Veh E			
Veh F			

Driver Only

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.: DMPPHQ19-006946

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
SMA97L

2. Name of Policyholder
STEVEN LAW PICK YEW

3. Effective Date of the Commencement of Insurance for the purpose of the Act
30/10/2019

4. Date of Expiry of Insurance
29/10/2020

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.

EQI Motor Accident
Hotline

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.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419162615 Vehicle Registration No: SMA 97 L
Name (as shown in NRIC) : GUYE POH POH NRIC/FIN/Passport No : S79733361
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 289A, Punggol Place, #14-889 Singapore (821289)
Contact (Tel) : _____ Mobile No. : 81810789
Email Address : joeguye@yahoo.com
Date of Accident : 10/12/2019 Time of Accident : 7:00 am
Place of Accident : Punggol Field Road
Insurance Company : eq insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

While waiting for the traffic light to turn green, the vehicle SJ25471K had hit onto the rear of my vehicle SMA97L.
The male driver in vehicle SJ25471K made a reverse on his vehicle after hitting my car. When I approach the driver of SJ25471K he told me nothing was happen. I have downloaded the video footage from my front & Rear camera for proof and investigation.

joeguye
Policyholder / Driver's Signature
Date: 12/12/19

12/12/2019
Reporting Centre Personnel's Signature
Name: Roshni Kumar
NRIC/FIN No.: _____
Date: _____