

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAH 915224

Date In: 11/12/19-17:03	Job description	Date & Time Completed	Done by
Ref No: NA/E-0219021868m	SAS e-filing		
Veh No: JKE 452L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/1/19-08-30	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: SVS1915 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	Ant (\$) Est. Bill	Ant (\$) Add. 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	11/12/2019 17:03
Date Of Accident	11/12/2019 08:30
Exact Location Of Accident	SLIP RD CLEMENTI AVE 6 TWDS AYE (MCE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4152L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIEW JOON FONG (QIU YONGFENG)
NRIC No	S8040788B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92264981
Alternative Phone No	OFFICE-92264981

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET 1.4 TSI AT 5172Q5
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-001462
Cover Note Number	

### Driver

Name of Driver	KIEW JOON FONG (QIU YONGFENG)
NRIC No	S8040788B
Date Of Birth	23/12/1980
Occupation	INDOOR
Date Of Driving Pass	23/07/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92264981
Fax Number	
Contact Number	OFFICE-92264981
Email Address	NOEMAIL

Address	29 TOH TUCK TERRACE
Postcode	596653
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	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG CLEMENTI AVE 6. VEHICLE B WAS TRAVELLING REAR OF MY VEHICLE. AS I APPROACHED THE STOPPING LINE, I SLOW DOWN MY VEHICLE TO CHECK TRAFFIC ON MY RIGHT SIDE BEFORE I CAN PROCEED FORWARD. WHEN I LOOK BACK TO MY VEHICLE FRONT VIEW, SUDDENLY VEHICLE B WAS IN FRONT OF MY VEHICLE AND HE APPLY HE JAMMED BRAKE. I BRAKE MY VEHICLE HOWEVER MY VEHICLE SKIDDED. MY VEHICLE FRONT LEFT PORTION INTACT WITH VEHICLE B REAR RIGHT SIDE PORTION.

#### 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	SLX5191E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH TEE RONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1




## 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:

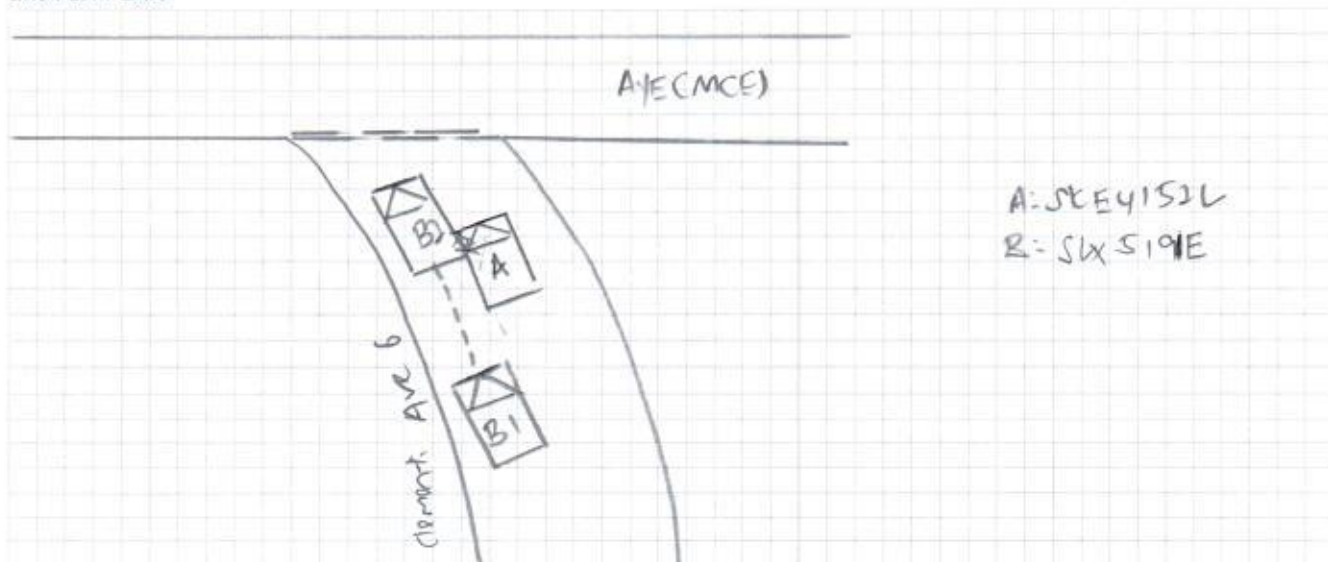
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:



**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

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Agency	A000292	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ19-001462
Account	A000292	Issued on	22/02/2019 in Singapore	Replacing Policy no.	DMPPHQ18-001337
Client	0123194	Acceptance Date	22/02/2019		

Period of Insurance from 01/03/2019 to 29/02/2020 , both dates inclusive

Insured's Name KIEW JOON FONG  
 Address BLK/HOUSE NO. 29  
 TOH TUCK TERRACE  
 SINGAPORE 596653

Business/Occupn Engineer

Premium	Basic Annual Premium	SGD684.51		
	Special Discount @ 5%	SGD34.23-		
	Safe Driver Discount	SGD32.51-		
	Premier Plan	SGD123.55		
	Plus NCD Protector @ 10%	SGD74.13		
	Premium after NCD	SGD815.45	Premium Due	SGD815.45
			Premium GST	SGD57.08
			Total Due	SGD872.53

PLAN : PREMIER

UPON RENEWAL - THE POLICY WILL BE SUBJECT TO THE FOLLOWING :

THE POLICY IS SUBJECTED TO THE MINIMUM PREMIUM (BEFORE ANY LOADINGS) AS FOLLOWS  
 IF APPLICABLE: COMPREHENSIVE - \$650+GST. = \$695.50

PREMIUM IS INCLUSIVE OF SAFE DRIVER DISCOUNT.  
 GET YOUR NCD PROTECTED WITH A TOP UP PREMIUM OF 10% FROM THE CURRENT PREMIUM.

MOTOR CREDIT IS NOT APPLICABLE FOR THIS POLICY.

Risk No. 001	PRIVATE CAR				
1. Registration	SKE4152L	Make/Model	VOLKSWAGEN GOLF 1.4 Cabriolet	1390cc	
Type of Cover	Comprehensive	No. of seats	5	Body Type	Cabriolet
Engine No.	CAV382873	Capacity cc	1390	Yr of Manuf/Regn	2011/2012
Chassis No.	WWZZZ1KZCK024481			NCB%	50.00
				Certificate Ref.	MX2
Sum Insured: Market Value at the time of loss			SGD0.00		
Insured/Named Drivers			SGD500.00		
Unnamed Drivers			SGD1,000.00		
YEID	Additional		SGD3,000.00		
Canvas			SGD3,000.00		
Windscreen /Sunroof/Moonroof			SGD100.00		
Named Drivers Insured			VANESSA TEO		

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