

NATIONAL Assessment Centre Services.

[part 1 Jan 2005]

MAH49171432

Date In: 30/12/2009 17:24	Job description	Date & Time Completed	Done by
Ref No: NBS/RC2190228971/4	SAS e-filing		
Veh No: GY 2490 G	E-mail P (Within 2hrs, AIC 2hrs)		
DOA: 24/12/2009 09:50	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/VH32		
Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:	
TP Particulars:	Veh No: SLV375K	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 > \$9000] ()			
Injury: ()			
Date/Time: ()			
Driver/Owner: ()			
Contact No: ()			
Damaged Portion: ()			
QC Checked by (Engr-In-Charge): ()			
Auditors' Comments: ()			
Tel: 1: ()			
Tel: 2: ()			

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$100)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
Q1: ()	
• N5: Courtesy Car / Tpl Allowance	\$3
• N6: Repair Coordination	\$10
• N7: Post Repair Inspection	\$25
• N8: DV / Collect Excess Coordination	\$3
• N9: TP (N11) / TP (N12) against INC	\$30
• N10: Idas 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 30/12/2019 17:24
Date Of Accident 29/12/2019 09:50
Exact Location Of Accident BLK 165 OPEN CARPARK OF YISHUN RING ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY2190G
Insured/Policyholder
Name Of Registered Owner DAVID NKS TRADING
Co Reg No 5XXXX482J
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-84328432
Alternative Phone No OFFICE-84328432

Vehicle Particulars

Manufacturer NISSAN
Model URVAN
Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
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 THIRD PARTY
Fleet Policy NO
Policy Number DMCPHQ19-003719
Cover Note Number

Driver

Name of Driver NG KWANG SOO
NRIC No SXXXX671C
Date Of Birth 24/01/1966
Occupation INDOOR
Date Of Driving Pass 05/06/1985
Driving Experience 34 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84328432
Fax Number
Contact Number OTHERS-84328432
Email Address NOEMAIL

Address	BLK 394 YISHUN AVENUE 6 #04-1082
Postcode	760394
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WIFE'S COMPANY
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

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	SLV375K
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)

SKETCH PLAN

IMPORTANT NOTICE

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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.

David N K S Trading
Tel: 91856092/84328432
Davidnks@hotmail.com

Policyholder's Signature
Date & Time:

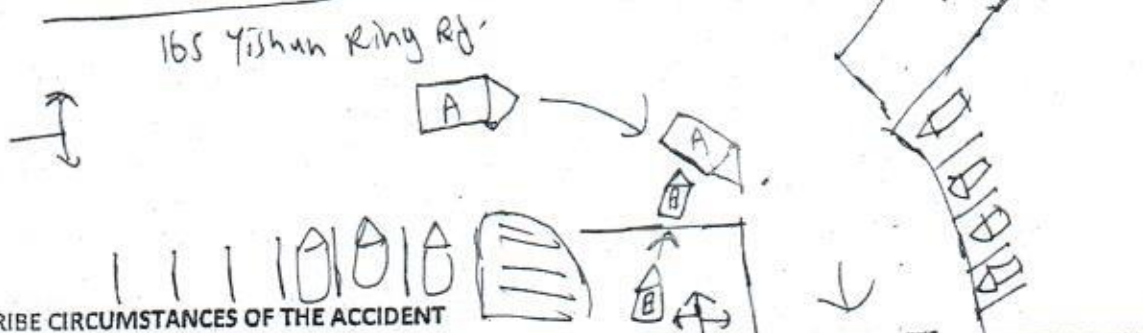
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) 4Y 2190G

(B) SLV 375K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29/12/19 @ 9.50am, I am travelling along Yishun Ring Rd open car park. I wish to turn right and my side there isn't any stop line. Once I check and make sure my side is clear and safe to turn right, I started to make a right turn and out of sudden, I felt an impact on my vehicle right portion. When I got down, I found that vehicle (B) front portion hit onto my vehicle right portion. vehicle (A) has stopped line and he did not stopped.

DECLARATION

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

David N K S Trading
Tel: 91856092/84328432
Davidnks@hotmail.com

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.:

2012/2009,
Koh Chuan

Date of Accident : 29/12/19 Accident Time: 09:50hrs (24-HR-FORMAT)
 Accident Place : Blk 165 open carpark of Yishun Ring Rd
 Vehicle Reg. No (Car plate No.) : GY 2190G
 Vehicle Make/Model : Nissan Urvan
 Insurance Company : Equi Insurance Policy No. 0mCPHQ19-003719
 Owner or Company Names /IC NO: Davit NKS Trading / 53187482J
 Owner or Company Contact No. : _____ Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : Ng Iewang Soo / 51759671C
 DRIVER'S Date of Birth : 24/01/1966 DRIVER'S License Pass Date 25 Jun 1985
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: wife's company
 DRIVER'S Address : Blk 394 Yishun Ave 6 #04-1082 (1) 760394
 DRIVER'S Contact No./ Alt No. : 1) 8432 8432 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) self employ
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 2 males
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLV 375K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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 PRIVATE (SCH I)**

Third Party

Certificate No. : DMCPHQ19-003719

1. Index Mark and Registration Number of Vehicles

GY2190G

2. Name of Policyholder

David NKS Trading

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

27/07/2019

4. Date of Expiry of Insurance

26/07/2020

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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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.

Hire Purchase :

A000069/Jason Goh & Associates
Date of Issue : 18/07/2019 11:06

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ18-004893



A Member of Citystate

