

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

16/04/2020/294

Date In: 23/01/2020 16:43	Job description	Date & Time Completed	Done by
Ref No: NBSA/FQ 220001427/Y	SAS e-filing		
Veh No: STU 1305 K	E-mail (w/ data sheet, AIC sheet)		
DOA: 22/01/2020 17:10	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: SBS 6309 Y	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (	Dates:	Times:	
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 repair.

( ) 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	Author

Claimant's Particulars	Amount	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Date: 11	For claiming against INC Only (w/ 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*TF: Post Repair Inspection \$25		
	*ND: DV / Collect Excess Coordination \$3		
	TE (NI) / TP (Non-INC) against INC \$20		
	9) NI: Idea 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	23/01/2020 16:43
Date Of Accident	22/01/2020 17:10
Exact Location Of Accident	ALONG CIRCUIT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1305K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XINYA AUTO LEASING & RENTAL PTE LTD
Co Reg No	2XXXXX818R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162595
Alternative Phone No	OFFICE-91162595

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCFHQ19-000041
Cover Note Number	

### Driver

Name of Driver	REENA ERH
NRIC No	SXXXX775G
Date Of Birth	06/05/1994
Occupation	INDOOR
Date Of Driving Pass	18/08/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91162595
Fax Number	
Contact Number	OTHERS-91162595
Email Address	NOEMAIL

Address	BLK 514 JURONG WEST STREET 52 #08-14
Postcode	640514
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 - CHANGE/CROSS LANE
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

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	SBS6309Y
Vehicle Make/Model/Colour	GREEN BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	GOH CHIN KENG
NRIC/Passport Number	SXXXX514G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.



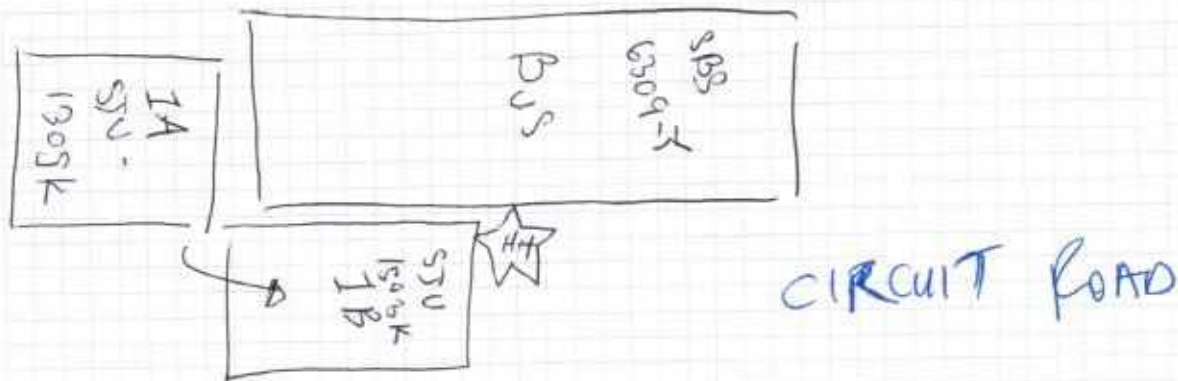
Policyholder's Signature  
Date & Time:

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

Was on the bus lane and I wanted to filter out. I was too close to the bus while filtering and hit the ~~BB~~ Bus.

↓  
Tower Transit

## 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.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTES

1. This form is to be filled out by the insured or the insured's representative.
2. The insured must be licensed to drive the vehicle under the Authorized Driver.
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4. The insured must be licensed to drive the vehicle under the Authorized Driver.
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6. The insured must be licensed to drive the vehicle under the Authorized Driver.
7. The insured must be licensed to drive the vehicle under the Authorized Driver.
8. The insured must be licensed to drive the vehicle under the Authorized Driver.
9. The insured must be licensed to drive the vehicle under the Authorized Driver.
10. The insured must be licensed to drive the vehicle under the Authorized Driver.

## ACCIDENT STATEMENT

Date of Report: 23/1/2020  
 Date of Accident: 22/01/20 Time: 17:11pm  
 Location of Accident: Circuit Road

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJU1305K  
 Make/Model: Xinyu Auto Leasing  
 Year of Registration: 2017  
 Owner/Leasing Company: Xinyu Auto Leasing  
 Phone No: 2017 08818 R  
 Tyres: TY VIOS

Vehicle for which vehicle was being used: Reported

Vehicle for which vehicle was being used: Reported

Vehicle for which vehicle was being used: Reported

Vehicle for which vehicle was being used: Reported

Name:

Age:

Address of the Insured's Company:

Is the driver of the vehicle with the insured:

1. The owner of the vehicle?

2. The driver of the vehicle?

3. The driver of the vehicle?

4. The driver of the vehicle?

5. The driver of the vehicle?

6. The driver of the vehicle?

7. The driver of the vehicle?

8. The driver of the vehicle?

9. The driver of the vehicle?

10. The driver of the vehicle?

11. The driver of the vehicle?

12. The driver of the vehicle?

13. The driver of the vehicle?

14. The driver of the vehicle?

15. The driver of the vehicle?

16. The driver of the vehicle?

17. The driver of the vehicle?

18. The driver of the vehicle?

19. The driver of the vehicle?

20. The driver of the vehicle?

21. The driver of the vehicle?

22. The driver of the vehicle?

23. The driver of the vehicle?

24. The driver of the vehicle?

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number:

Vehicle Make/Model/Year:

Vehicle Color:

Vehicle Type:

Vehicle VIN Number:

Vehicle Title:

Vehicle:

Vehicle Company/Owner:

Vehicle Damage:

Vehicle Damage (including Driver):

Vehicle Damage:

Vehicle:

Vehicle:

Vehicle:

Yield

Change lane  
New & Dry

NO

YES

YES

BB26309 Y  
green bus

Broh Chinkamp  
S70275144

**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  
Third Party**

Certificate No.: DMCFHQ19-000041

Form: LCVH

Excess:

1. Index Mark and Registration Number of Vehicles

SJU1305K

Section 2 SGD2,000.00

Outside Singapore SGD4,000.00

YEID-AC Additional SGD3,000.00

2. Name of Policyholder

XINYA AUTO LEASING & RENTAL PTE LTD

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

11/05/2019

4. Date of Expiry of Insurance

09/04/2020

EQI Motor Accident  
Hotline

**6311 3211**



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.

\*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

UNWNB/HO/A000317/PF Risk Management P



A Member of Citystate