

# NATIONAL Assessment Centre Services. [part 1 Jan'03] MMA 1200 25875

Date In: 27/12/20 15:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 EA2 2000 3287164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBE 5580J	I-Motor Claim Form		
D.O.A: 2012120 21:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wh312		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: Unknown 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 rep/air.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 100000 6400 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	Amount (\$)	AS-ABC (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	27/02/2020 15:29
Date Of Accident	20/02/2020 21:00
Exact Location Of Accident	EAST COAST CARPARK D1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5580J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN MOTORSPORTS PERFORMANCE PRODUCTS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67534404

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ20-000076
Cover Note Number	

### Driver

Name of Driver	GAN YOK SHING
NRIC No	SXXXX069J
Date Of Birth	19/09/1942
Occupation	INDOOR
Date Of Driving Pass	30/12/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96930725
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 12 MARINE TERRACE #15-162
Postcode	440012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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

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.

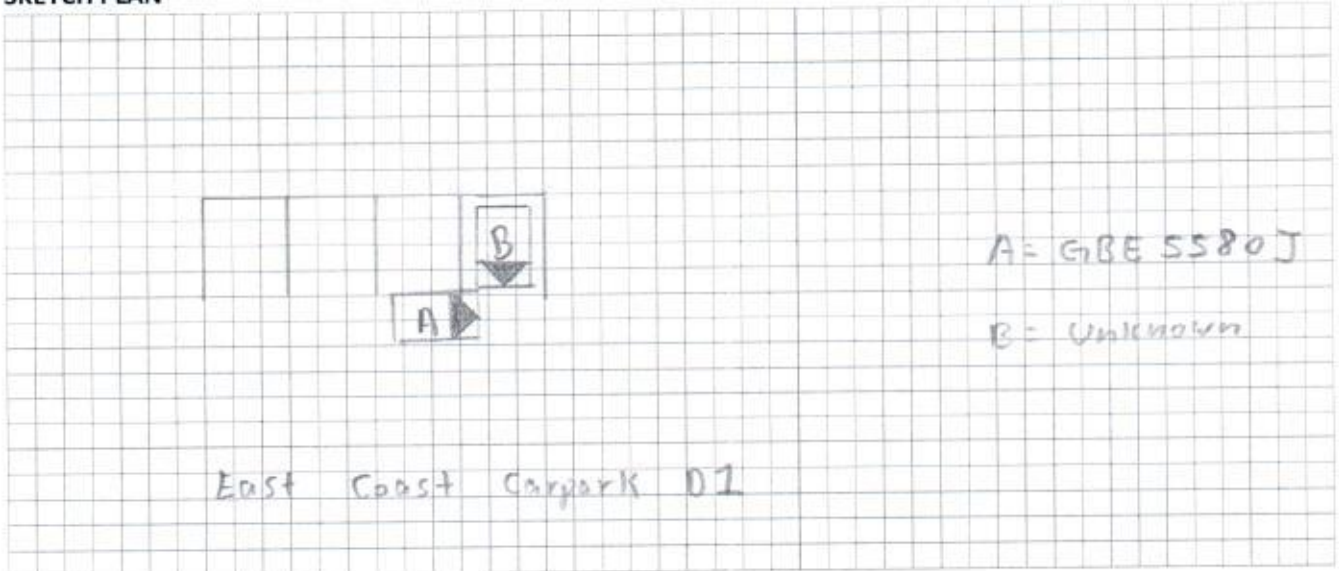


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A= GBE 5580J

B= Unknown

East Coast Carpark D1

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200224/2113

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 2 / 20) (DD/MM/YYYY), TIME: (21 : 00) (HH:MM)

LOCATION: East Coast Carpark 01

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 5580J.  
b) INSURANCE COMPANY: EQZ  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Gan motorsport's performance products (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 6753 4404  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Gan Yok Shing (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 96930725.  
c) ADDRESS:

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: chi son company.

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown. MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* chop

Email = stgan44@yahoo.com.sg.

fax =

VIDEO = No.





**SINGAPORE  
POLICE FORCE**



T/20200224/2113

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200224/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2020 16:27		Vide Report No.: G/20200220/0184		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GAN YOK SHING			Address: APT BLK 12 MARINE TERRACE #15-162 MARINE TERRACE BREEZE SINGAPORE 440012		
ID Type / ID No.: NRIC NO / S2573069J			Contact No.: Home/Office: Mobile: 96930725		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 77	Date of Birth: 19/09/1942	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/02/2020 21:00	Type of Location: Car Park
Location: Along Road 1 EAST COAST ROAD  EAST COAST CARPARK D1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5580J	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200224/2113

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200224/2

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	GAN YOK SHING		ID No.	S2573069J
Related Vehicle	GBE5580J (Lorry)		Contact No.	96930725
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

IT WAS DRIZZLING AND THE RAIN IS STARTING TO GET HEAVY, SO I QUICKLY WALK TO MY VEHICLE BUT I SAW THE WINDSCREEN GETTING VERY CLOUDY AND HAZY SO I WANTED TO GET A CLOTH TO WIPE. BUT I THINK I ACCIDENTALLY STEP ON THE ACCELERATOR AND HIT THE PARKED LORRY INFRONT OF ME. I THEN CAME DOWN AND CHECK ON THE VEHICLE TWICE AND ALSO WAITED FOR QUITE SOME TIME FOR THE DRIVER. BUT THE DRIVER DID NOT APPEAR SO AFTER ACCESSING THAT THE DAMAGE WAS MINOR I DECIDE TO DRIVE OFF. I DID NOT LEAVE ANY PARTICULARS OR REPORT THE MATTER TO THE POLICE.

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20200224/2113

3 of 3

Report No. T/20200224/2113

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
WINSTON KOH WEN ZHONG

Signature Of Interpreter:  
Not applicable

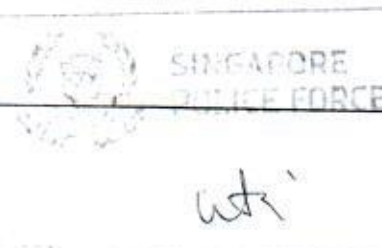
Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
24/02/2020 16:27

Classification Of Case:





**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, Fire & Theft****Certificate No.: DMCPHQ20-000076**

Form: LCVPI

Excess:

YEID-AC Additional SGD3,000.00

**1. Index Mark and Registration Number of Vehicles**

GBE5580J

**2. Name of Policyholder**

GAN MOTORSPORTS PERFORMANCE PRODUCTS

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

13/01/2020

**4. Date of Expiry of Insurance**

12/01/2021

**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 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\***

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.

EQI Motor Accident  
Hotline**6311 3211**