

NATIONAL Assessment Centre Services

(wef 1 Jan'05) *Mar 2005*

| | | | |
|---|--|-----------------------|---------|
| Date In: <i>28/12-09:14</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NA/E23200795/24</i> | SAS e-filing | | |
| Veh No: <i>SKC185B</i> | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: <i>28/12-14:15</i> | i-Motor Claim Form | | |
| OD <input checked="" type="radio"/> 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:

Veh No: *6B33909A*

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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

for Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat 1:

Dat 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON:
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac 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 | 03/08/2020 09:54 |
| Date Of Accident | 02/08/2020 19:15 |
| Exact Location Of Accident | PIE TWDS JURONG |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKC1585B |
| Insured/Policyholder | |
| Name Of Registered Owner | STEVEN CHENG HING LEONG |
| NRIC No | SXXXX075F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96727570 |
| Alternative Phone No | OFFICE-96727570 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR |
| 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 | DMPPHQ20-000513 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HENG LIANG SWEE DOREEN |
| NRIC No | SXXXX010E |
| Date Of Birth | 24/05/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/08/1978 |
| Driving Experience | 41 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96709917 |
| Fax Number | |
| Contact Number | OFFICE-96709917 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 560 HOUGANG STREET 51 #12-408 |
| Postcode | 530560 |
| 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) | 2 |
| Passenger 1 | NAME: : TAN BAK NEE 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBJ9309A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | AMIN |
| NRIC/Passport Number | SXXXX068E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|------------------------|
| Name | HENG LIANG SWEE DOREEN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKC1585B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | TAN BAK NEE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKC1585B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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:

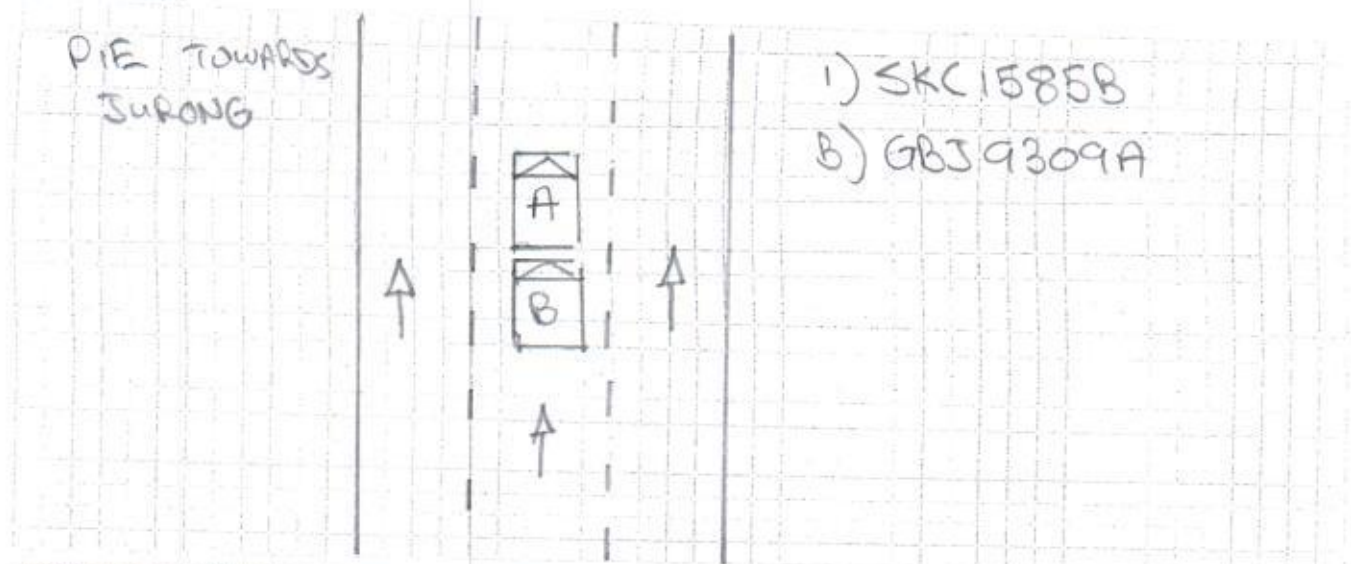


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS JURONG. SUDDENLY I FELT AN IMPACT ON THE REAR PORTION OF MY VEH.

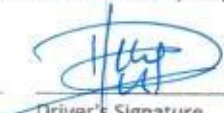
DECLARATION

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.:



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: HYUNDAI ELANTRA MAKE/MODEL: SKC1585B

DATE OF ACCIDENT 02/08/2019 TIME 19 HR 15 MIN AM/ PM

LOCATION OF ACCIDENT DIE TOWARDS ZURONG

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER STEVEN CHENG HING LEONG

CONTACT NO 96727570

NRIC S1365073F

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY EQ

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER

NAME OF DRIVER HENRY LIANG SWEE DOBBAN

NRIC S1318010E NO OF PASSENGER/S 1 (F) TAN BAK NEE

DATE OF BIRTH 24-05-1958 S1573925G

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 21/08/1978

GENDER ☐ MALE ☒ FEMALE

CONTACT NO 96709917

ADDRESS BLK 560 HOUGANG ST 51 #12-408 (B) 530560

DRIVER OWN ANY VEHICLE ☐ NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE SPOUSE IF NOT: SPOUSE

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES ☐ NO/ IF YES- NAME: TAN BAK NEE

CONTACT NO HENRY LIANG SWEE DOBBAN

POLICE REPORT ☐ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE ☐ NO/ ☒ YES

3RD PARTY INFO

VEHICLE B NO G1BJ9309A NO OF PASSENGER/S UNKNOWN

NAME AMIN S2763068E

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT 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**

Page 1 of 9

| | | | | | |
|---------|---------|-----------------|-------------------------|----------------------|-----------------|
| Agency | A000211 | Class of Policy | PRIVATE CAR | Policy Number | DMPPHQ20-000513 |
| Account | A000211 | Issued on | 10/01/2020 in Singapore | Replacing Policy no. | DMPPHQ19-000453 |
| Client | 0160275 | Acceptance Date | 10/01/2020 | | |

Period of Insurance from 26/01/2020 to 25/01/2021, both dates inclusive

Insured's Name STEVEN CHENG HING LEONG
 Address BLK/HOUSE NO. 560 #12-408
 HOUGANG STREET 51
 SINGAPORE 530560

Business/Occupn Executive

| | | | | |
|---------|-----------------------|-----------|-------------|-----------|
| Premium | Basic Annual Premium | SGD720.86 | | |
| | Special Discount @ 5% | SGD36.04- | | |
| | Safe Driver Discount | SGD34.24- | | |
| | Total Annual Premium | SGD650.58 | Premium Due | SGD650.58 |
| | | | Premium GST | SGD45.54 |
| | | | Total Due | SGD696.12 |

| | | | | | |
|---|-------------------|---------------|---------------------|------------------|-----------|
| Risk No. 001 | PRIVATE CAR | | | | |
| 1. Registration | SKC1585B | Make/Model | HYUNDAI ELANTRA 1.6 | Saloon | 1591cc |
| Type of Cover | Comprehensive | No. of seats | 5 | Body Type | Saloon |
| Engine No. | G4FGBU302299 | Capacity cc's | 1591 | Yr of Manuf/Regn | 2011/2011 |
| Chassis No. | KMHDH41CMCU243269 | | | 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 | | |
| Named Drivers Insured | | | | | |

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2

