

# NATIONAL Assessment Centre Services.

(last 1 Jan 2005)

24004200067636

Date In: 1/08/2020 15:09	Job description	Date & Time Completed	Done by
Ref No: NBA/EG/2000876074	SAS e-illing		
Veh No: SB 575L	E-mail (w/ula sms, A/C this)		
DOA 08/08/2020 17:20	I-Motor Claims Form		
OT 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/WHIN		

Preferred Wkep / INC Assign Wkep / QW: (	Tels	Fax
TP Refuse/Refuse:	Veh No: SF 2X	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 rapar.
( ) 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: \_\_\_\_\_


Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (last 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: 1 Day DA + SMRT Survey \$160	
	8) H/UC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpt Allowance \$5	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (NI) INC against INC \$20	
	9) NI: 1 Day Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

## 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	11/08/2020 15:09
Date Of Accident	08/08/2020 17:20
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5775L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHONG CHANG
NRIC No	SXXXX289J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90299891
Alternative Phone No	OTHERS-90299891
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	3-1,5 L 4-DOOR SEDAN SP.6EAT (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-002745
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZHONG CHANG
NRIC No	SXXXX289J
Date Of Birth	25/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90299891
Fax Number	
Contact Number	OTHERS-90299891
Email Address	NOEMAIL



Address	15 CANBERRA DRIVE #03-29
Postcode	768073
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	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?	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	SLF2X
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)	

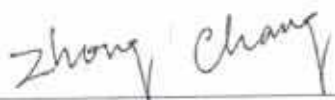
## SKETCH PLAN

### IMPORTANT NOTICE

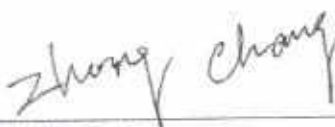
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

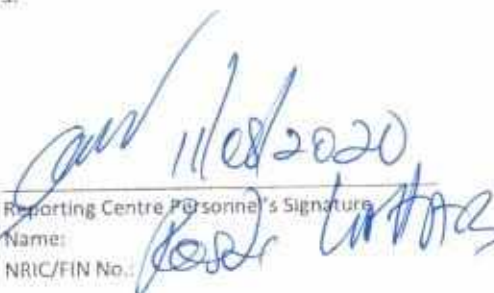
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

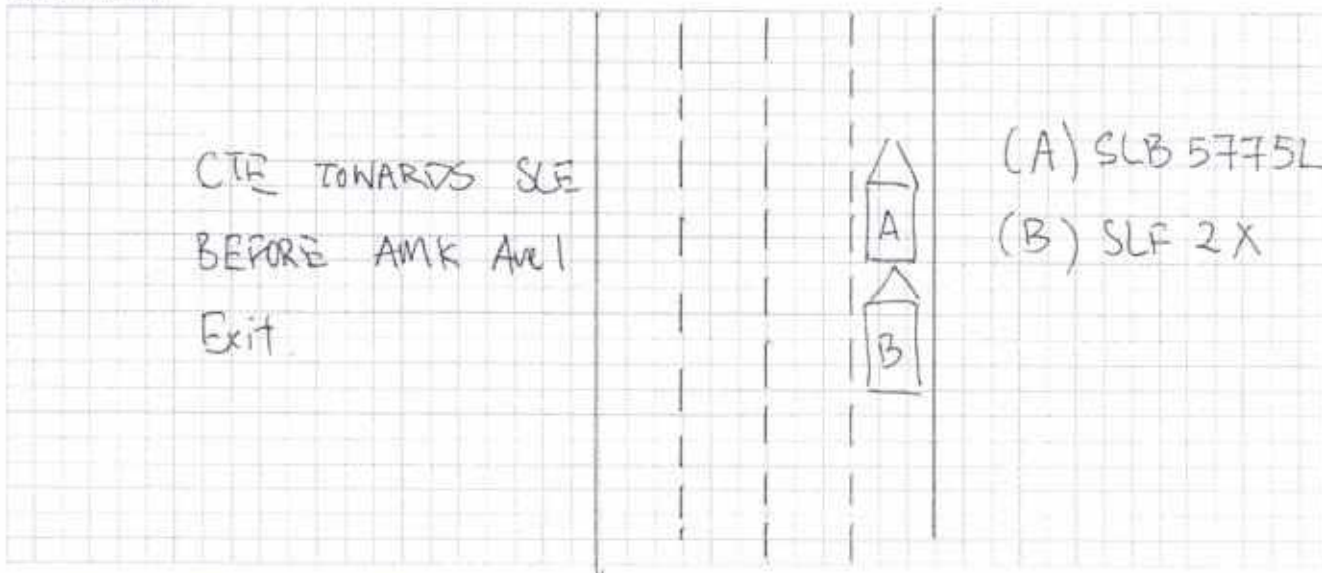


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
11/08/2020

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards SLE on lane 1 of 4 lanes.

Weather was clear, traffic was moderate. The vehicle in front of me, slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. I alighted and realised it was vehicle B could not stop in time and collided onto the rear of my vehicle.

## DECLARATION

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

*Zhong Chang*

Policyholder's Signature  
Date & Time:

*Zhong Chang*

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

*[Signature]* 11/08/2020  
Reporting Centre Personnel's Signature  
Name: *Resli Lim Hoo*  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08-Aug-2020

ACCIDENT TIME: 1720

LOCATION: CTE TWDS SLE

VEHICLE NUMBER: SLB5775L

INSURED NAME: ZHONG CHANG

NRIC / FIN: S2730289J

CONTACT: 90299891

MAKE: MAZDA

MODEL: MAZDA3 4-DOOR SEDAN 1.5L  
3P.6EAT

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY: EQ INSURANCE

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMPPHQ20-002745

EXPIRY DATE: 13-Apr-2021

NAME DRIVER: ZHONG CHANG

NRIC / FIN: S2730289J

CONTACT: 90299891

DATE OF BIRTH: 25-Jul-1964

DRIVING PASS DATE: 27-May-2009

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 15 CANBERRA DRIVE #03-29 SINGAPORE 768073

Relationship Of The Driver With The Insured: Owner

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
ZHONG CHANG	S2730289J	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No

Police Report Number: NIL

Details Of 3rd Party Name

NRIC

Contact

No. of Paxs (incl' driver)

Veh B SLF2X

Not Sure



**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

**PRIVATE CAR  
Comprehensive Classic****Certificate No. : DMPPHQ20-002745****1. Index Mark and Registration Number of Vehicles**

SLB5775L

**2. Name of Policyholder**

Zhong Chang

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

16/04/2020

**4. Date of Expiry of Insurance**

13/04/2021

**5. Person or Classes of persons entitled to drive\***

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\* 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\***

Use for social, domestic and pleasure purposes and for the Policyholder's business.


The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

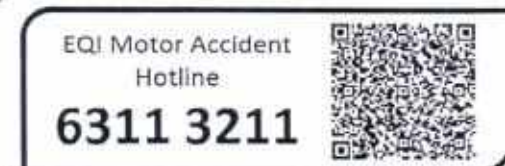
\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 : Hong Leong Finance Ltd

A000180/Hund & Hobbes  
Date of Issue : 16/04/2020 13:15  
Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ19-002733



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 289J

#### Vehicle Details

Vehicle No.: SLB5775L  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 11 Aug 2020  
Vehicle Make: MAZDA  
Vehicle Model: MAZDA3 4-DOOR SEDAN 1.5L SP6EAT  
Primary Colour: White  
Manufacturing Year: 2015  
Engine No.: P520344600  
Chassis No.: JM6BM42A8G0331909  
Maximum Power Output: 88.0 kW (118 bhp)  
Open Market Value: \$15,875.00  
Original Registration Date: 14 Apr 2016  
First Registration Date: 14 Apr 2016  
Transfer Count: 0  
Actual ARF Paid: \$10,875.00

#### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 13 Apr 2026  
PARF Rebate Amount: \$8,156.00

#### Intended COE Rebate Details

COE Expiry Date: 13 Apr 2026  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$46,009.00  
COE Rebate Amount: \$26,097.00  
Total Rebate Amount: \$34,253.00

The information contained herein is correct as at 11 Aug 2020.

OK