

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 20068668

Date In: 13/8/12 - 15:56	Job description	Date & Time Completed	Done by
Ref No: NAF 232008 45724	SAS e-filing		
Veh No: E3388D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/8/12 - 18:00	i-Motor Claim Form		
OD: (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: F018649P

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%; F: 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 (\$)

in Bill

add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 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:-
- QD*
- *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	13/08/2020 15:56
Date Of Accident	12/08/2020 18:00
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES3818D
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	1XXXXX399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
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	DMPPHQ20-000279
Cover Note Number	

Driver

Name of Driver	WONG SOU CHUN
NRIC No	SXXXX486C
Date Of Birth	21/03/1971
Occupation	INDOOR
Date Of Driving Pass	08/10/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91800051
Fax Number	
Contact Number	OFFICE-91800051
Email Address	NOEMAIL

Address	BLK 228 SERANGOON AVENUE 4 #11-51
Postcode	550228
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 - 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?	
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

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	FBG8640P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHENNA KRISHNASAMY RAMASUBBAIYA
NRIC/Passport Number	SXXXX609Z
Contact Number	93625634
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

- Any false reporting may be referred to the Police for investigation.

3. Consent under the Personal Data Protection Act (PDPA)

My name, my work address and my e-mail address are as follows: Association of Singapore ("GIA") may be contacted for clarification.

My telephone number is my personal contact number and information obtained in this form and any other personal information submitted by me, as stated by my e-mail, collectively the "Personal Information" and disclosure and transmission of this Personal Information to all insurers, who have insured vehicle(s) involved in this accident (if involved) who are not, and were not, involved in this accident, shall be collectively referred to as the "Insurers". The Insurers' address shall be the Insurers' current address of Singapore and any other government agency/authority, such as the Road and Transport Department.

MATTHEW LEE (MR)
Senior Manager
Vehicle Solutions
Total Vehicle Solutions Department

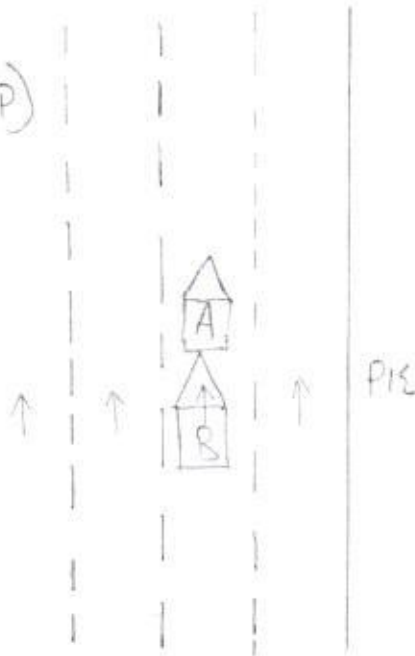
Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 E-mail: _____
 Date: _____
 Signature: _____
 Printed Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 E-mail: _____
 Date: _____
 Signature: _____
 Printed Name: _____
 Title: _____
 Company: _____

SKETCH PLAN

Vehicle A: ES 3818 D

Vehicle B: FBG 864 CP

KPE (ECP)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 AUGUST 2020 AT 17:49 I WAS TRAVELING ON P1E TOWARDS
TUAS BEFORE KPE EXIT. DUE TO PEAK HOUR THE CAR IN FRONT OF ME
SLOW DOWN AND I SLOW DOWN AND CAME TO A STOP. SUDDENLY
VEHICLE B HIT ME ON MY REAR.

DECLARATION

(We declare the foregoing particulars are true in every respect)

 HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Policyholder's Signature: MATTHEW LEE (MR)

Date & Time: Senior Manager

Vehicle Solutions

Total Vehicle Solutions Department (driver is not the policyholder)

Driver's Signature

Date & Time

Reporting Centre Person's Signature

Name

NRIC/FIN No



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12 / 08 / 20 (dd/mm/yy) Time of Accident: 18 : 00 (24-HR-FORMAT)
Vehicle No.: ES3818 D Vehicle Make & Model: MERCEDES CLA 180
Exact location of Accident: PLE twds T44 before KPE exit.
Policyholder's Name / IC No.: NONG SOU CHUN
Driver's Name / IC No.: S7109486C (As Above) ☐
Driver's Contact No.: 91800051 Company Contact No.: _____
Driver's Address: BLK 228 SERANGOON AVENUE 4 #11-51 S155022K
Insurance Company: _____ Email address (if any): SALES@GARAGE13.COM.SG

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent _____ or Others specify: Hicp

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions: (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: CHENNA KRISHNASAMY RAMASUBBAYYA Vehicle No.: FBG 8640P

Driver's Contact No.: 93625634 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 009110
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****Certificate No.: DMPHQ20-000279**

Form: MX2

Excess:

Named Driver SGD500.00

Unnamed Drivers Add SGD2,000.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

E53818D

2. Name of Policyholder

HITACHI CAPITAL ASIA PACIFIC PTE LTD

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

17/01/2020

4. Date of Expiry of Insurance

16/01/2021

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.

EQI Motor Accident
Hotline**6311 3211**

*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*

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.

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.



unwsbh/HO/B000006/ANIK INSURANCE BROK



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited