

# NATIONAL Assessment Centre Services.

part 1 of 2

19/04/2020 17:55

Date In: 14/08/2020 17:27	Job description	Date & Time Completed	Done by
Ref No: NBR/ET/20008444	SAS e-filing		
Veh No: 946 295DK	E-mail (update sure, AIC 2hrs)		
D.O.A: 01104/2020 17:55	I-Motor Claims 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 Wkep / INC Assign Wkep / OW: (

Tel:

Fax:

TP Particulars:	Veh No: 946 1910C	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 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 > \$3000] ( )		

Injury: \_\_\_\_\_


Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (110)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (var 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (Non INC) against INC \$10	
	9) NI: 1 day Mobile \$30	

2/2

Invoice dated

Invoice dated

Fee Charged

Fee Charged

19/04/2020



## 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	14/08/2020 17:27
Date Of Accident	01/04/2020 17:55
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS LOWER DELTA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2950K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAXXA PTE LTD
Co Reg No	1XXXXX403R
Email Address	VSVMARAN08@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98941115
Alternative Phone No	OFFICE-62744410

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCPHQ19-005314
Cover Note Number	

### Driver

Name of Driver	SUMDARAM VIJAYAMARAN
Passport No/FIN	GXXXX801N
Date Of Birth	23/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98941115
Fax Number	
Contact Number	OFFICE-62744410
EMail Address	VSVMARAN08@GMAIL.COM

Address BLK 26 TOH GUAN  
#04-75 WEST LITE DORMITORY

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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) 2

Passenger 1 NAME: LEE KUAN YONG

GENDER: MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO NOTICE OF REPORTING ANNEX D

#### 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 SGF1910C

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

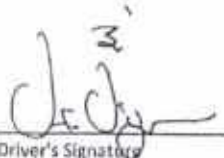
### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:



Vehicle (A) : GBB2450K  
(B) : SGF1910 C

BUILT  
MEXICO

LOWEIK DELTA ROAD

traffic  
light

Please refer Notice of Reporting, Annex D

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

14/08/2020

Reporting Centre Personnel's Signature: [Signature]

Name: [Signature]

NRIC/FIN No.: [Signature]

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 01-09-2020		TIME: 1755 HRS		(H:MM) 24 hrs Format	
LOCATION: JALAN BUKIT MELEH TOWARDS LOWER DELTA ROAD					
VEHICLE NUMBER: 6BB2950K					
INSURED NAME: MAYYA PTE LTD					
NRIC/FIN: 1A9703403R		CONTACT: 62744410			
MAKE: NISSAN		MODEL: CABSTAR			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select: ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting Only					
INSURANCE COMPANY: EQ					
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER: DMCPH Q19-005314					
NAME DRIVER: SUNDARAM VIJAYAMARAN ( ) SAME AS INSURED					
NRIC/FIN: G2162801N		CONTACT: 9594 1115			
DATE OF BIRTH: 23 JUL 1985					
DRIVING PASS DATE: 31 OCT 2018					
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR					
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE					
EMAIL ADDRESS: ysmaran2@gmail.com ( ) NO EMAIL					
ADDRESS OF DRIVER BLK 26 # 04-75, West Life Dormitory, Toh Guan					
Number Of Passenger Include Driver: 2					
(1) Lee Kuan Yang (M)					
(2) Sundaram Vijayamaran (M)					
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO					
If No, Relationship Of The Driver With The Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others					
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others					
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If YES, Injured details:					
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Any Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party					
	Name	NRIC	Contact	No. of Paxs (incl'driver)	
Veh B	SAF 1910C			( ) /Not Sure ( <input checked="" type="checkbox"/> )	
Veh C				( ) /Not Sure ( )	
Veh D				( ) /Not Sure ( )	
Veh E				( ) /Not Sure ( )	
Veh F				( ) /Not Sure ( )	
Veh G				( ) /Not Sure ( )	

**NOTICE OF REPORTING**

This is to confirm that Sundaram Vijayamaram FIN: G2162801N, has reported to the Police a non-injury traffic accident which occurred along Lower Delta Road towards Alexandra Rd, junction of Tiong Bahru Road on 1/4/2020 at about 6.05pm involving the following vehicles.

GBB2950K and SGF1910C

On 1/4/2020 at about 6.05pm, I was driving my vehicle GBB2950K along Lower Delta Rd towards Alexandra Road. Nearing the junction of Tiong Bahru Road the traffic light was turning from green to amber. The vehicle in front of me, SGF1910C jammed its brake and stopped at the junction. I was not able to stop in time and collided into the back of the said vehicle. Both of our vehicles were damaged. Nobody was injured. No police or ambulance came to the traffic accident. Both of the other driver and I exchange our particulars.

The other driver is Kamphorst Johanna Marlies Fung FIN: F1885333R HP: 92260426


2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap. 275.

Rank/Name of Issuing Officer: SI Suhaimi Ngapi

Date: 4/4/2020 Time: 2120hrs

eS/D Ref: 97

Police Post/Unit: Clementi NPC

  
Clementi NPC  
20 Clementi Ave 5  
S (129858)  
Tel: 68729999  
Fax: 68728039

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



**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. : DMCPHQ19-005314****1. Index Mark and Registration Number of Vehicles**

GBB2950K

**2. Name of Policyholder**

MAXXA PTE LTD

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**  
31/10/2019**4. Date of Expiry of Insurance**

30/10/2020

**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

Form: LCVP1

Excess:

YEID-AC Additional:

S\$3,000.00

EQI Motor Accident  
Hotline**6311 3211**

\* 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\***

- 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.

Hire Purchase : UNITED OVERSEAS BANK LIMITED

A000180/Hund & Hobbes  
Date of Issue : 22/10/2019 16:41Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ18-007081

A Member of Citystate