

NATIONAL Assessment Centre Services. [part 1 of 2] MAY 2009/16

Date In: 14/10/2000 15:06	Job description	Date & Time Completed	Done by
Ref No: N88180120011115/4	SAS e-Ming		
Veh No: GBE 8988Y	E-mail (Adjuster, AG, etc)		
Q.O.A. 18/10/2000 14:00	1-Motor Claims Form		
OT: TP Reporting Only	1-Motor W/O (With: OD, etc, TP, etc)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Box/Hand to Owner/Whan		

Preferred Wkip / INC Assign Wkip / QW: (Tel:	Fax:
TP Ref/call/ry:	Veh No: GBE 8610L	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 > \$9,000] ()		

Injury: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA Damage Assessment (\$100)	INC ()
Damage Portion:	3) TP Towing Fee	\$120
QC Checked by (Sign-In-Charge):	4) PT Follow-Through Survey	\$30
	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TR: Pa-Inquest	\$100
	7) NI: 1000 DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	9) NI: 1000 DA + EMRT Survey	\$100
	10) NI: 1000 DA + EMRT Survey	\$100
	11) NI: 1000 DA + EMRT Survey	\$100
	12) NI: 1000 DA + EMRT Survey	\$100
	13) NI: 1000 DA + EMRT Survey	\$100
	14) NI: 1000 DA + EMRT Survey	\$100
	15) NI: 1000 DA + EMRT Survey	\$100
	16) NI: 1000 DA + EMRT Survey	\$100
	17) NI: 1000 DA + EMRT Survey	\$100
	18) NI: 1000 DA + EMRT Survey	\$100
	19) NI: 1000 DA + EMRT Survey	\$100
	20) NI: 1000 DA + EMRT Survey	\$100

Invoice dated _____

Invoice dated _____

Fee Charged _____

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	14/10/2020 15:06
Date Of Accident	13/10/2020 14:00
Exact Location Of Accident	AT 2ND FLOOR IN ISPACE BUSINESS CENTER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8988Y
Insured/Policyholder	
Name Of Registered Owner	SILVERSTEEL ENGINEERING PTE LTD
Co Reg No	2XXXXX762D
Email Address	ADMIN@SILVERSTEELENGINEERING.COM
Mobile Phone No	(LOCAL) +65-92475807
Alternative Phone No	OFFICE-92475807

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-003385
Cover Note Number	

Driver

Name of Driver	TOH CHENG YANG
NRIC No	SXXXX953F
Date Of Birth	25/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92475807
Fax Number	
Contact Number	OTHERS-92475807
EMail Address	YOUNG@SILVERSTEELENGINEERING.COM

Address	BLK 705 HOUGANG AVENUE 2 #02-247
Postcode	530705
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)	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	GBE8610L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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:

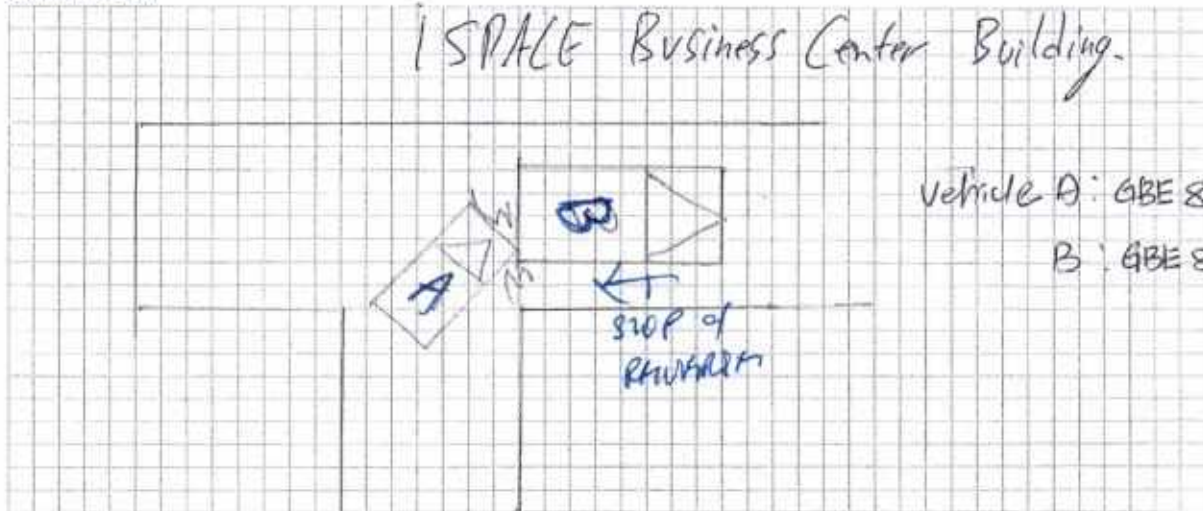
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/10/2020
NRIC/FIN No.: 1A700

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on a multi storey building at 2nd floor in ISPACE business center. My vehicle (A) was making a right turn and stopped completely after the vehicle (B) suddenly stopped. Vehicle (B) suddenly reverse and collided onto the front portion of my vehicle (A). I alighted and notice that the front portion of my vehicle (A) was damaged.

DECLARATION

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


 TOH CHENG
 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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13 OCT 2020	TIME: 1400 HRS	(hh:mm) 24 hrs Format
LOCATION: MULTI STOREY BUILDING AT 2nd FLOOR IN ISPACE BUSINESS CENTER.		
VEHICLE NUMBER: GBE 8988Y		
INSURED NAME: SILVERSTEEL ENGINEERING PTE LTD		
NRIC / FIN: 201524762D	CONTACT: 9247 5807	
MAKE: FIAT	MODEL: DOBLO	
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		
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCPHQ 20-003385		
NAME DRIVER: TOH CHENG YANG		() SAME AS INSURED
NRIC / FIN: 59626953F	CONTACT: 92475807	
DATE OF BIRTH: 25-07-1996		
DRIVING PASS DATE: 11-07-2016		
OCCUPATION: () INDOOR (✓) OUTDOOR		
GENDER: (✓) MALE () FEMALE		
EMAIL ADDRESS: admin@silversteelengineering.com / young@silversteelengineering.com () NO EMAIL		
ADDRESS OF DRIVER: APT BLK 705 HOUGANG AVENUE 2 #02-247 S (530705)		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? (✓) 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 (✓) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (✓) Clear () Raining () Drizzling () Other		
Road Surface : (✓) Dry () Wet () Other		
Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO		
Was Anybody Injured In The Accident? () YES (✓) NO		
If YES, Injured details:		
Convey By Ambulance: () YES (✓) NO		
Was There Any Video Capture By Car Camera? () YES (✓) NO		
Was There Accident Reported To The Police? () YES (✓) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No. of Paxs (incl'driver) Contact
Veh B GBE 8610L		() / Not Sure (✓)
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / 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**COMMERCIAL VEHICLE PRIVATE (SCH I)****Comprehensive Classic****Certificate No. : DMCPHQ20-003385**

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

1. Index Mark and Registration Number of Vehicles

GBE8988Y

2. Name of Policyholder

Silversteel Engineering Pte Ltd

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

15/09/2020

4. Date of Expiry of Insurance

14/09/2021

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(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*

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 : Mercedes-Benz Financial Services Singapore Ltd

A000007/Astra Assurance Agencies LLP

Date of Issue : 04/09/2020 15:32

Authorised Signatory

EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.