

NATIONAL Assessment Centre Services.

Page 1 of 2

10/10/2020 18:18

Date In: 26/10/2020 18:18	Job description	Date & Time Completed	Done by
Ref No: 1/BA/1001635/1	SAS e-filing		
Veh No: SLB 2989 G	E-mail (3 days after, A/C 2 hrs)		
DOA: 28/10/2020 18:50	I-Motor Claims Form		
OID: 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/Whar		

Preferred Wkep / INC Assign Wkep / QW: (

Toll

Fact

TP Particulars:	Veh No: 916B 8336 U	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: (\$)	Landing: \$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: _____

Date Done:	
Time Done:	
Location:	
By:	

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (110)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2020)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + EMRT Survey	\$160
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	OR:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$3
	TE (NI): TP (NS) INC against D&G	\$20
	9) NI: Ideal Mobile	\$0
	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	26/10/2020 18:18
Date Of Accident	23/10/2020 18:50
Exact Location Of Accident	ALONG PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2989G
Insured/Policyholder	
Name Of Registered Owner	FLEXI DRIVE ENTERPRISE
Co Reg No	5XXXX875M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96675455
Alternative Phone No	OFFICE-96675455

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	DMCRHQ20-000016
Cover Note Number	

Driver

Name of Driver	TAN GEOK CHOO
NRIC No	SXXXX075C
Date Of Birth	27/11/1969
Occupation	INDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96675455
Fax Number	
Contact Number	OTHERS-96675455

Address	BLK 21 LORONG 108 CHANGI #05-02
Postcode	426411
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	RAINING
Road Surface	WET

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: : JEANIE ONG SHU HUA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201026/7027

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	GBB8336U
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI SHANHU
NRIC/Passport Number	GXXXX038P

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN GEOK CHOO
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLB2989G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name JEANIE ONG SHU HUA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLB2989G
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.
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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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/10/2017 (dd/mm/yy) Time of Accident: 18:50 (24-HR-FORMAT)
Vehicle No.: SLB29896 Vehicle Make & Model: Audi A4
Exact location of Accident: Punggol Way
Policyholder's Name / IC No.: Flexi Drive Enterprise / 52929875M
Driver's Name / IC No.: Tan Geok Choo / 56942075C (As Above) ☐
Driver's Contact No.: 96675455 Company Contact No.: _____
Driver's Address: 21 Lorong 108 Changi #05-02 SC426411
Insurance Company: EQ Email address (if any): _____
DMCRHQ20-000016

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

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): 2 No camera

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: Tan Geok Choo / Jeanie Ong.

Injuries Sustain: 5 days m/c / 5 days m/c Injured Person in Which Vehicle: SLB29896

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: UBI HQ.

The Other Party(s) Details:

1. Driver's Name / IC No.: Li Shan Hu / G2591038P Vehicle No.: G1BB8336U
Driver's Contact No.: 90536779 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.



SINGAPORE POLICE FORCE



T/20201026/7027

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201026/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 16:43	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: TAN GEOK CHOO	Address: 21 LORONG 108 CHANGI #05-02 SINGAPORE 426411	
ID Type / ID No.: NRIC NO / S6942075C	Contact No.: Home/Office:	Mobile: 96675455
Nationality: SINGAPORE CITIZEN	Email: regina@wellscope.com.sg	
Sex: Female	Age: 50	Date of Birth: 27/11/1969
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: Sales and marketing manager	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2020 18:50	Type of Location: Straight Road
Location: PUNGGOL WAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB8336U	Lorry	NISSAN	cabstar	Silver	Seriously Damaged	0
SLB2989G	Car					0



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201026/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI SHANHU	ID No.	G2591038P
Related Vehicle	GBB8336U (Lorry)	Contact No.	90536779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: 22/06/2025
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAN GEOK CHOO	ID No.	S6942075C
Related Vehicle	SLB2989G (Car)	Contact No.	96675455
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	24/10/2020	Date	24/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	TAN GEOK CHOO	ID No.	S6942075C
Related Vehicle	SLB2989G (Car)	Contact No.	96675455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20201026/7027

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201026/7027

CONTINUATION OF REPORT

Passenger			
Name	JEANIE ONG SHU HUA		ID No. S9742163C
Related Vehicle	SLB2989G (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	24/10/2020		Date 24/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 23/10/2020 at about 1850 hrs, I was travelling along the service road from Punggol Way towards TPE (PIE) with my daughter seated on the front passenger seat with our safety belt on. When towards the end of service road, vehicle in front slow down and stop, I slow down and stop too. Moments later, I felt a great impact from the rear of my vehicle. After the accident impact, I feel sharp pain on my chest. Therefore I took awhile to get down from my vehicle. By then I only realise my vehicle was collided by a lorry GBB8336U. Traffic police and ambulance was at the accident scene. Traffic police officer took both our particular. I wasn't given any case number as I was not convey by ambulance. Me and my daughter consult doctor due to the pain was given 5 days of MC



**SINGAPORE
POLICE FORCE**



T/20201026/7027

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201026/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/10/2020 16:43

Classification Of Case:

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.

HIRE CARS/HIRE DRIVING (SCHEDULE 4) Comprehensive

Certificate No.: DMCRIK20-000016

Form: LCVH

Excess:

Section 1 SGD1,500.00

Section 2 SGD2,000.00

VEID-AC Additional SGD3,000.00

Windscreen SGD100.00

1. Index Mark and Registration Number of Vehicles
SLB2989G

2. Name of Policyholder
FLEXI DRIVE ENTERPRISE

3. Effective Date of the Commencement of Insurance for the purpose of the Act
01/10/2020

4. Date of Expiry of Insurance
30/09/2021

5. Person or Classes of Persons entitled to drive*

Any person who is Authorised to drive on the Insured's order or with their permission.

EQ 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*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

*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.

Authorised Signatory
EQ Insurance Company Limited

