

NATIONAL Assessment Centre Services. [ver 1 Jan 08]

MANA/2009/100

Date In:	Job description	Date & Time Completed	Done by
04/11/2009 11:04	SAS e-filing		
Ref No: N/A/ED/2009/03914	E-mail (8 jobs, AIG 2 hrs)		
Veh No: SLD 19224	I-Motor Claims Form		
D.O.A: 03/11/2009 06:20	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLD 419K 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: \_\_\_\_\_

Item	Description	Amount
1) AR: Accident Reporting	(\$30)	
2) DA: Damage Assessment	(\$100) INC (\$10)	
3) TP: Towing Fee	\$40/\$43	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: IDao DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
* NI: Courtesy Car / Tpl Allowance	\$35	
* NI: Repair Coordination	\$10	
* NI: Post Repair Inspection	\$25	
* NI: DV / Collect Excess Coordination	\$35	
TP (NI) / TP (DA INC) against DRG	\$30	
9) NI: IDao Mobile		

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

2/3

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	04/11/2020 11:04
Date Of Accident	03/11/2020 06:20
Exact Location Of Accident	ALONG TAMPINES AVENUE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1922U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEN LIN
NRIC No	SXXXX118B
Email Address	PEH_JH@LIVE.COM
Mobile Phone No	(LOCAL) +65-91079169
Alternative Phone No	OTHERS-97853269

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-003744
Cover Note Number	

### Driver

Name of Driver	PEH JUN HAO
NRIC No	SXXXX746E
Date Of Birth	29/06/1995
Occupation	INDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853269
Fax Number	
Contact Number	OTHERS-91079169

Address	BLK 616 BEDOK RESERVOIR ROAD #04-1100
Postcode	470616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRIZZLING
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?	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	SHD419K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KEE CHER TEE
NRIC/Passport Number	SXXXX576C
Contact Number	86935474
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:

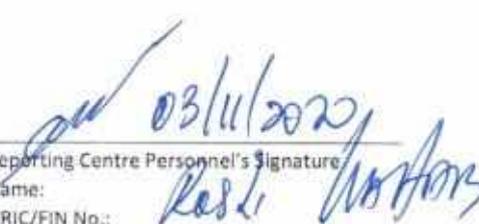
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



03/11/2020  
Reporting Centre Personnel's Signature  
Name: *Rishi*  
NRIC/FIN No.:

SKETCH PLAN

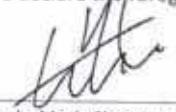


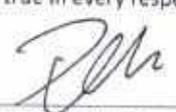
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLD1922U	ACCIDENT DATE & TIME: 03/11/20, 06.20 AM
CONTACT NUMBER: 9895 3269	E-MAIL ADDRESS: Pen_jh@live.com
LOCATION: Tampines Ave 9	
<p>When the traffic light turned green, I saw the first car moved off, believing that the taxi, SHD 419K, lights brakes when off I moved as well, not knowing that the vehicle did not move an inch I lightly nudged onto the rear of his vehicle.</p> <p>After consulting with the UNCLE, we both assured that we both have no injury and is fine, neither did our car have any damage.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

 03/11/2020  
 Reporting Centre Personnel's Signature  
 Name:   
 NRIC/FIN No.:

## ACCIDENT STATEMENT

Date Of Accident : 03/11/2020

Time Of Accident: 06.20AM

Exact Location Of Accident : Tampines Ave 9

### DETAILS OF OWN VEHICLE

Vehicle Registration Number : SLD1922U

#### Insured/Policyholder

Name Of Registered Owner : Lim Yen Lin

NRIC No : S7126118B

Email Address : -

Mobile Phone No : (LOCAL) +65 - 9107 9169

Alternative Phone No : Home -

#### Vehicle Particulars

Manufacturer : TOYOTA

Model : HARVEY 2.0

Type of Claims / Report : Own Damaged Claims / Third Party Claims / Reporting Only

Vehicle Category Private / Commercial / Motorcycle / Bus / Others:

#### Insurance Company

Name of Insurance Company : EQ

Type Of Coverage : Comprehensive / Third Party / Third Party, Fire & Theft

Policy Number :

#### Driver

Name of Driver : PEN JUN HAO

NRIC No : S9522746E

Date Of Birth : 29 JUNE 1995

Occupation Indoor / Outdoor

Date Of Driving Pass : 20 Feb 2014

Gender Male / Female

Mobile Number : (Local) +65- 98753269

Email Address : PEN\_JH@live.com

Address : Blk 616 Bedok Reservoir Road #04-1100 S(470616)

Was driver an employee of the Insured's Company : Yes No

If No, Relationship of the Driver with the Insured : Parent of CHILDREN.

**General Information of the Accident**

Type Of Accident : Head to Rear

Weather Conditions : Clear / Raining / Others : Dripping

Road Surface : Dry / Wet / Others :

**Other Information**

Was any foreign vehicle involved in this accident? : Yes / No

Was anybody injured in the Accident? : Yes / No

Was any other material or property damaged? : Yes / No

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

Number of Passengers (Including Driver) : 0

Name of Passengers : -

**Details of Police Action**

Was the accident reported to the police? : Yes / No

If Yes, Please state which Police Station :

Was notice of intended Prosecution given? : Yes / No

If Yes, against whom? :

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number : SHD419K.

Vehicle Make/Model/Colour : Taxi.

Name of Driver : KEE CHEV TEE

NRIC/Passport Number : 90090576C

Contact Number : 8693 5474

Address :

Insurance Company Name :

**Details of Witness**

Name :

Phone Number :

Email Address :

**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 Premier**

**Certificate No. : DMPPHQ20-003744**

Comprehensive Plan - Any Workshop

Form: MX2

Excess:

Insured/Named Driver:	SS600.00
Unnamed Drivers:	SS1,100.00
YEID Additional:	SS3,000.00

**1. Index Mark and Registration Number of Vehicles**

SLD1922U

**2. Name of Policyholder**

LIM YEN LIN

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

27/06/2020

**4. Date of Expiry of Insurance**

26/06/2021

**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, permission.

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\***

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 :

A000296/Pro-link Insurance Agency  
 Date of Issue : 26/05/2020 15:16

Authorised Signatory  
 EQ Insurance Company Limited

Exp No. : DMPPHQ19-003978