

NATIONAL Assessment Centre Services.

1st Jan 2021

NA/AS/20/01676

Date In: 16/10/2020 18:57	Job description	Date & Time Completed	Done by
Ref No: NA/AS/20/01676/4	SAS e-illing		
Veh No: SLR 8224	E-mail (Vehicle Ins, AIC Ins)		
D.O.A: 13/11/2020 14:46	I-Motor Claims Form		
QID: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: 168 860 11	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%; R: 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 report.

() 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 > \$9000) ()		

Injury: _____

Date: _____

Time: _____

Location: _____

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$140
	7) NI: Idea DA + EMRT Survey	\$140
	8) NTUC Additional Services	
	9) NI: Idea Mobile	\$30
	10) NI: Idea Mobile	\$30
	11) NI: Idea Mobile	\$30
	12) NI: Idea Mobile	\$30
	13) NI: Idea Mobile	\$30
	14) NI: Idea Mobile	\$30
	15) NI: Idea Mobile	\$30
	16) NI: Idea Mobile	\$30
	17) NI: Idea Mobile	\$30
	18) NI: Idea Mobile	\$30
	19) NI: Idea Mobile	\$30
	20) NI: Idea Mobile	\$30

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	16/11/2020 18:57
Date Of Accident	13/11/2020 14:40
Exact Location Of Accident	CTE TOWARDS AYE AFTER ANG MO KIO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP322U
Insured/Policyholder	
Name Of Registered Owner	TAN YEOW KIAT
NRIC No	SXXXX133D
Email Address	YAOJIE78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98299373
Alternative Phone No	OTHERS-98299373

Vehicle Particulars

Manufacturer	BMW
Model	X1 SDRIVE18I-1.5 LED NAV (A)
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	DMPPHQ20-003031
Cover Note Number	

Driver

Name of Driver	TAN YEOW KIAT
NRIC No	SXXXX133D
Date Of Birth	19/07/1978
Occupation	INDOOR
Date Of Driving Pass	21/08/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98299373
Fax Number	
Contact Number	OTHERS-98299373

Address	124 PUNGGOL WALK #06-03 ECOPOLITAN
Postcode	828773
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	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	FBR8607D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLP322U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:



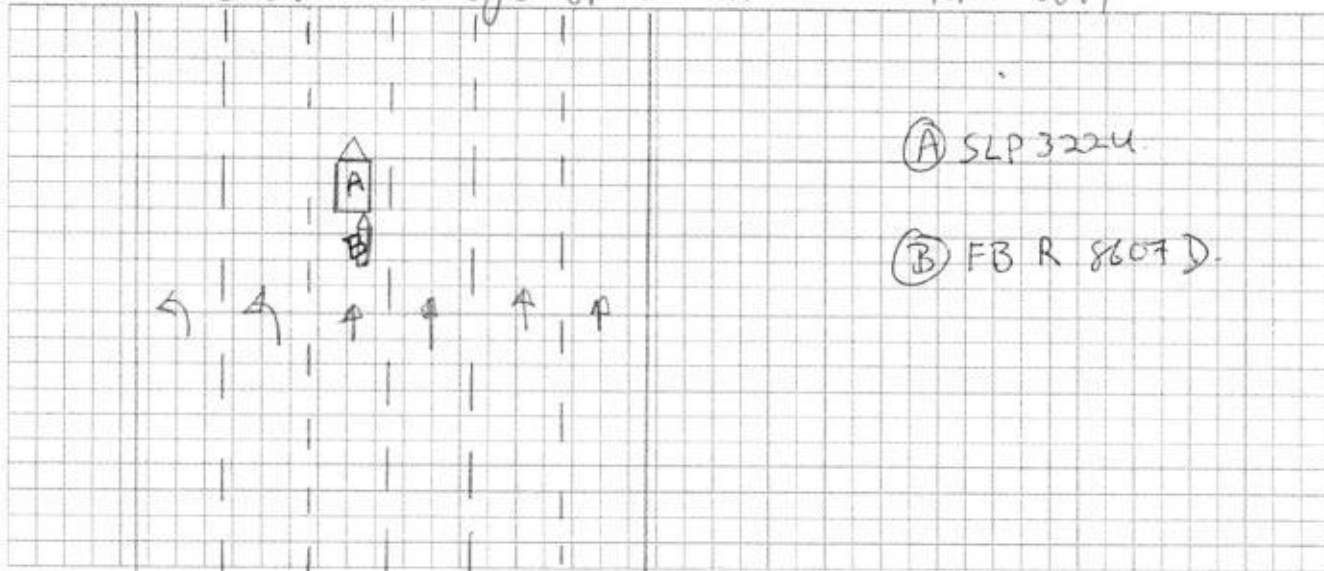
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

CTE TOWARDS AYE AFTER AUNG MO KIO EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/11/2020 I WAS DRIVING ALONG CTE TOWDS AYE. AS THE FRONT VEHICLE STOPPED I FOLLOW SUIT. ~~WHEN~~ SUDDENLY I FELT AN IMPACT FROM THE REAR. I FLIGHTED AND FOUND BIKER B COLLIDED INTO MY VEHICLE.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 16/11/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13-Nov-2020

ACCIDENT TIME: 1440

LOCATION: CTE TWDS AYE AFTER ANG MO KIO EXIT

VEHICLE NUMBER: SLP322U

INSURED NAME: TAN YEOW KIAT

NRIC / FIN: S7821133D

CONTACT: 98299373

MAKE: B.M.W.

MODEL: X1 SDRIVE18I AT LED NAV

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 INSURANCE

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMPPHQ20-003031

EXPIRY DATE: 23-May-2021

NAME DRIVER: TAN YEOW KIAT

NRIC / FIN: S7821133D

CONTACT: 98299373

DATE OF BIRTH: 19-Jul-1978

DRIVING PASS DATE: 21-Aug-1998

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS: YAOJIE78@GMAIL.COM

ADDRESS OF DRIVER: 124 PUNGGOL WALK #06-03 ECOPOLITAN SINGAPORE 828773

Relationship Of The Driver With The Insured: Owner

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
TAN YEOW KIAT	S7821133D	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
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Veh B FBR8607D

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**PRIVATE CAR
Comprehensive Premier****Certificate No. : DMPPHQ20-003031**

Comprehensive Plan - Any Workshop

Form: MX2

Excess:

Insured/Named Driver: S\$500.00

Unnamed Drivers: S\$1,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLP322U

2. Name of Policyholder

TAN YEOW KIAT

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

24/05/2020

4. Date of Expiry of Insurance

23/05/2021

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.

* 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 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 :

A000137/I, Insurance
Date of Issue : 28/04/2020 11:25

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ19-003015