

# NATIONAL Assessment Centre Services.

1st Jan 2001

MA 22001687

Date In:	Job description	Date & Time Completed	Done by
16/1/2000 19:36/	SAS e-filing		
Ref No: 22001687/2676/4	E-mail (Update 3hrs, AIG 3hrs)		
Veh No: 8MP 38637	I-Motor Claims Form		
D.O.A. 09/11/2000 17:30	I-Motor W/O (With/Out OD 3hrs, TP 4hrs)		
OID: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: 8MP 38637	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 repairer.

( ) 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: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Driver/Owner:	Contact No:	Damaged Portion:

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

1) All: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100) <td>\$40/\$45</td>	\$40/\$45
3) TP: Towing Fee <td>\$120</td>	\$120
4) PT: Follow-Through Survey <td>\$30</td>	\$30
5) PT: Follow-Through Survey (Resurvey) <td>\$30</td>	\$30
6) TR: Re-inspection <td>\$70</td>	\$70
7) NI: 1 day DA + SMRT Survey <td>\$160</td>	\$160
8) NTUC Additional Services <td></td>	
ON:	
* NI: Courtesy Car / Tpl Allowance	\$5
* NI: Repairs Coordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collect Excess Coordination	\$3
TE (NI) / TP (Non INC) against 100	\$30
3) NI: 1 day Mobile	
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	16/11/2020 19:36
Date Of Accident	09/11/2020 17:30
Exact Location Of Accident	FAIRWAYS DRIVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3863T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN LAI PING CYNTHIA
NRIC No	SXXXX304B
Email Address	CYNTHIA@CHAMPIONSGOLF.COM.SG
Mobile Phone No	(LOCAL) +65-96363994
Alternative Phone No	OTHERS-96363994

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPPHQ20-006636
Cover Note Number	

### Driver

Name of Driver	CHAN LAI PING CYNTHIA
NRIC No	SXXXX304B
Date Of Birth	08/10/1961
Occupation	INDOOR
Date Of Driving Pass	02/09/1992
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363994
Fax Number	
Contact Number	OTHERS 96363994

Address	10A SIXTH AVENUE
Postcode	275761
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201110/2035

#### 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	SGZ8775A
Vehicle Make/Model/Colour	MERCEDEZ BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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:



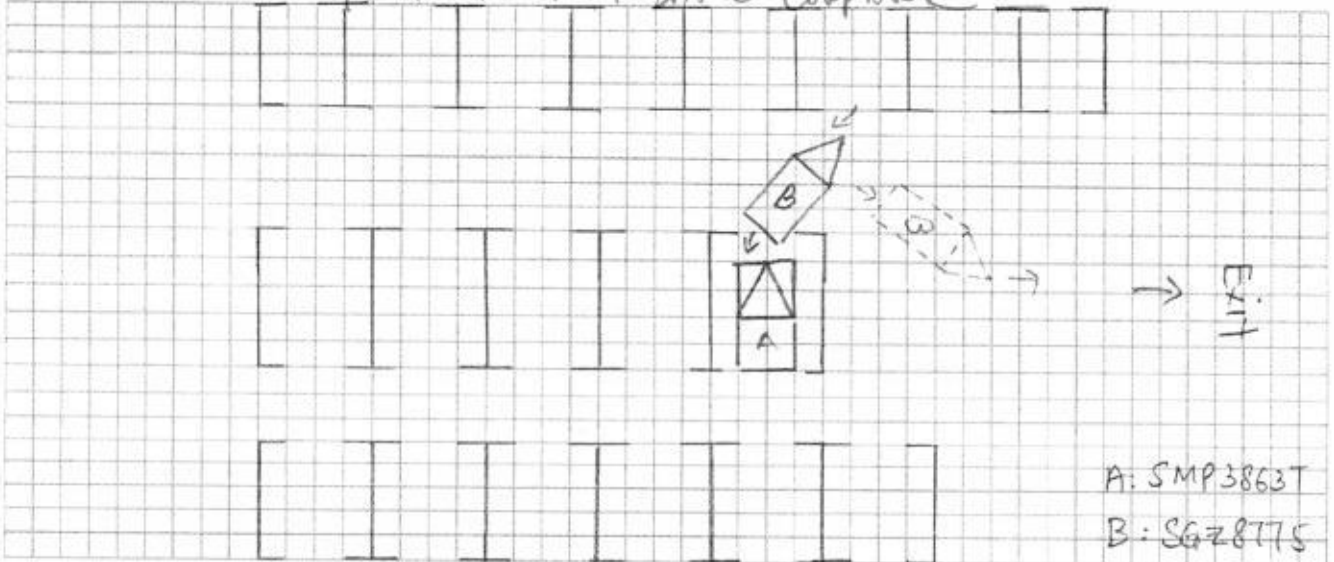
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

FAIRWAYS DRIVE OPEN SPACE CARPARK



A: SMP3863T

B: SGZ8775

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.: T/20201110/2035

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:  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

17/11/20

ACCIDENT DATE: 9th November 2020	TIME: 17:30	(hh:mm) 24 hrs Format
LOCATION FAIRWAYS DRIVE		
VEHICLE NUMBER SMP3863T		
INSURED NAME CHAN LAI PING CYNTHIA		
NRIC / FIN S1460304B	CONTACT: 9636 3994	
MAKE HONDA	MODEL SHUTTLE 1.5G CVT	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY EQ INSURANCE		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMPPHQ20-006636		
NAME DRIVER : ( <input checked="" type="checkbox"/> ) SAME AS INSURED		
NRIC / FIN CONTACT:		
DATE OF BIRTH: 08-10-1961		
DRIVING PASS DATE: 02/09/1992		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( ) MALE ( <input checked="" type="checkbox"/> ) FEMALE		
EMAIL ADDRESS: Cynthia@Championsgolf.com.sg ( ) NO EMAIL		
ADDRESS OF DRIVER: 10A SIXTH AVENUE S(215761)		
Number Of Passenger Include Driver: PARKED VEHICLE		
Was driver an employee of the Insured's Company? ( ) YES ( ) NO		
If No, Relationship Of The Driver With The Insured		
( <input checked="" type="checkbox"/> ) 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 : NIL		
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 Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report		
Police Report Number (if any) T/20201110/2035		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver) Contact
Veh B SG28775A		( ) / Not Sure ( )
Veh C		( ) / Not Sure ( )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )
Veh G		( ) / Not Sure ( )



# SINGAPORE POLICE FORCE



T/20201110/2035

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 4

Report No. T/20201110/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2020 11:54		Vide Report No.:		Station Diary No.: 15	
<b>Informant's Particulars</b>					
Name of Informant: CHAN LAI PING CYNTHIA			Address: 10A SIXTH AVENUE SINGAPORE 275761		
ID Type / ID No.: NRIC NO / S1460304B			Contact No.: Home/Office: Mobile: 96363994		
Nationality: SINGAPORE CITIZEN			Email: CYNTHIA@CHAMPIONSGOLF.COM.SG		
Sex: Female	Age: 59	Date of Birth: 08/10/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/11/2020 17:30	Type of Location: Car Park
Location:  FAIRWAYS DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ6775A (Not Accurate)	Car	MERCEDES BENZ		Silver		0
SMP3863T	Car	HONDA	SHUTTLE 1.5G CVT	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3863T	EQ INSURANCE COMPANY LTD.	DMPPHQ20- 006636	24/09/2020	23/09/2021





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T/20201110/2035

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20201110/2035

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHAN LAI PING CYNTHIA	ID No.	S1460304B
Related Vehicle	SMP3863T (Car)	Contact No.	96363994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/11/2020 at around 1000hrs, I arrived at Green Fairways Golf Course and Driving Range in my vehicle with the registration plate no. SMP3863T, for work. I then proceeded to park my said vehicle at the open space car park, with a green bin on my right, and a vehicle on the left.

On the same day between 1730hrs to 1745hrs, I was in the office. Subsequently, I found out that a male customer entered the golf store situated about 20m away from my office and had approached my manager. Their details as follows:

a) My manager

Mr Jason Teo

8188 2813

b) Male customer

Mr Georges Wickler

9725 9536

Wickler.g@gmail.com

Mr Georges Wickler had actually witnessed a hit and run accident at the open space car park. He further informed that around 1730hrs, he was at his vehicle which was parked a few metres away and heard a loud bang. He got a shock and turned around. He witnessed a vehicle which was parked in front of mine, had reversed and its rear had collided onto the front of my vehicle. However, the vehicle did not stop at all and drove off. No note was left at the vehicle.

Details of the said vehicle:

a) SGZ6775A or SGZ8775A (unsure of exact registration plate no.)

Mercedes Benz

Silver

Believed to be E250 model

Driven by a tall male chinese or indian man, unsure if there was any other passenger

Had damage

My manager and Mr Geoges Wickler had inspected the damage and it was later revealed that the vehicle actually belongs to me.

The damages include:



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POLICE FORCE**



T/20201110/2035

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20201110/2035

**CONTINUATION OF REPORT**

- a) Front bumper dented
- b) Scratches, paint peeled
- c) Metal grill broke

I wish to state that my vehicle does not have any in-car camera at all. I do not know if there are any CCTV at the vicinity which captured the said accident. I was also informed by my managing director (Mr Matthew Murray, 9833 0649) that between 1700hrs to 1730hrs onwards, he was having a drink at a nearby Thai Restaurant and he saw a group of local chinese man having some drinks at the same restaurant. The group then left approximately about 10mins before the accident. However, he is unsure if the hit and run vehicle belongs to one of them. I had also approached the Thai Restaurant manager to run a check on the available CCTVs.

I do not know how much the said damage will cost. I had informed my insurance company about the accident as well.

I am lodging this report as my insurance company had advised me to do so and for the police officers to investigate.

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SIGNATURE



**SINGAPORE  
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T/20201110/2035

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20201110/2035

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 JANELL SENG WEI XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/11/2020 11:54

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

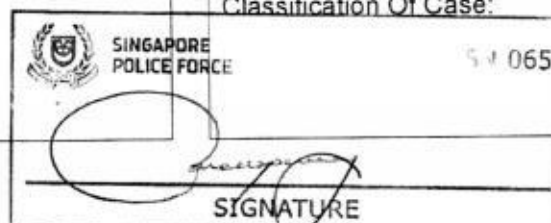
Contact No.: 65476079

Classification Of Case:

54 065

Authentication Stamp

NP168



**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. : DMPPHQ20-006636****1. Index Mark and Registration Number of Vehicles**

SMP3863T

**2. Name of Policyholder**

CHAN LAI PING CYNTHIA

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

24/09/2020

**4. Date of Expiry of Insurance**

23/09/2021

**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.

Premier Plan - Any Workshop

Form: MX2

Excess:

Insured &amp; Named Driver S\$500.00 (Section 1 - Own Damage)

Unnamed Driver S\$1,000.00 (Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

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\***

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 : MAYBANK SINGAPORE LIMITED

A000211/MDivine Insurance Agency  
Date of Issue : 19/09/2020 12:16Authorised 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.