

NATIONAL Assessment Centre Services.

(part 1 Jan 03)

SM 0920 CF 0001

Date In: 15/12/20 14:57	Job description	Date & Time Completed	Done by
Ref No: NA1 EQ3 200913982/h4	SAS e-filing		
Veh No: GBC 9266 B	E-mail (within 3hrs, A/C 2hrs)		
TPA: 14/12/20 16:00	1-Motor Claim Form		
(1) (1) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Performed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: XD 9160 G	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 rep/rep.

() 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:	1) AR: Accident Reporting (\$30); INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100); \$40/\$45
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$30
	5) PT: Follow-Through Survey (Resurvey) \$75
	For claimant against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$160
	7) N1: Ideal DA + EMRT Survey
	8) NTUC Additional Services:-
	OD:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	*N9: DV / Collect Excess Coordination \$20
	TP (N11): TP (N11) against INC \$0
	9) N12: Idno Mobile
	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 Submission	15/12/2020 14:57 (SGT)
Date of Accident	14/12/2020 16:00 (SGT)
Exact Location of Accident	Turf Club Ave, Singapore
Additional Location Information	JUNC OF TURF CLUB AVE TWDS KRANJI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9266B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BENG HOCK MECHANICAL ENGINEERING PTE LTD
Company Reg No	2XXXXX103C
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-66863886
Alternative Phone No	(Office) +65-66863886

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-003512
Cover Note Number	-

DRIVER

Name of Driver	TAN AH YEOW
NRIC No	SXXXX511J
Date Of Birth	04/11/1952
Occupation	Outdoor

Date Of Driving Pass	10/04/1973
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91884963
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 670 WOODLANDS DR 71 #12-19
Address complement	-
Postcode	730670
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9160G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN AH YEW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBC9266B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.
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.

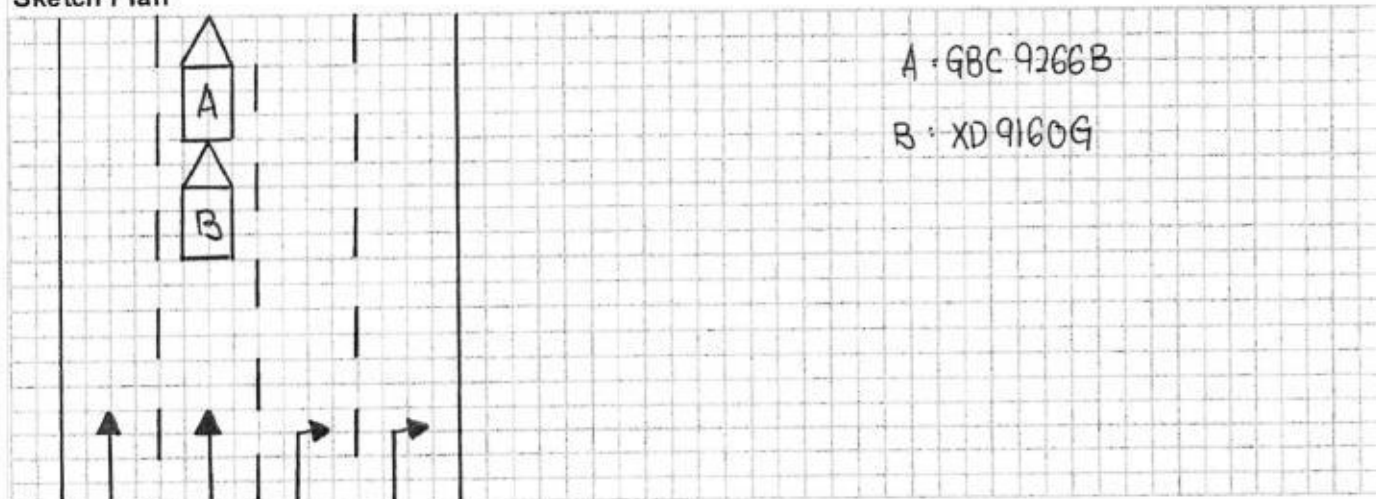


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14.12.2020 at about 16:00pm. I was travelling along Junction of Turf Club Ave towards Kranji Road. I was stationary due to the traffic light. Suddenly, vehicle B (XD 9160G) hit my rear portion.

Declaration

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

Witnessed by Reporting Centre Personnel

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. : DMCPHQ20-003512

1. Index Mark and Registration Number of Vehicles

GBC9266B

Classic Plan - EQ authorized workshop only

Form: LCVF1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

2. Name of Policyholder

BENG HOCK MECHANICAL ENGINEERING PTE LTD

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

15/10/2020

4. Date of Expiry of Insurance

14/10/2021

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 : Sing Investments & Finance Limited

A000250/V. Rich Services Pte Ltd
Date of Issue : 14/09/2020 16:13


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.

Date of Accident : 14.12.2020 Accident Time: 16:00 PM (24-HR-Format)
Accident Place : Junction of Turf Club Ave towards Kranji Road
Vehicle. No. (Car Plate No.) : GBC 9266B Make/Model: Toyota Dyna 150
Insurance Company : EQ Policy No: DMCPHQ20-003512
Owner or Company Name /IC No. : Beng Hock Mechanical Engineering Pte. Ltd. (201027103C)
Owner or Company Contact No. : 6686 3886 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tan Ah Yew (S0554511J)
DRIVER'S Date Of Birth : 04 Nov 1952 DRIVER'S License Pass Date 10 Apr 1973
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 670 Woodlands Drive 71 #12-19 Singapore 730670
DRIVER'S Contact No./ Alt No. : 1) 9188 4963 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jasonkcapl@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: XD 9160 G
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

