

NATIONAL Assessment Centre Services

(Ref: Jan 2005)

Date In: 29/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/EO7200014675/13	SAS e-filing		
Veh No: 4M69254	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/12/20	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMA7657A	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%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

Claimant's Particulars:

Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:
Cat. 2 / 3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		In Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD:			
• N5: Courtesy Car / Tp Allowance	\$5		
• N6: Repair Co-ordination	\$10		
• N7: Post Repair Inspection	\$25		
• N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao 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 Submission	29/12/2020 17:53 (SGT)
Date of Accident	28/12/2020 16:40 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	UPP THOMSON RD(CITY)NEAR SERAYA CRES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM6928U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANYU CE PTE LTD
Company Reg No	2XXXXX494G
Email Address	sanyucepl@gmail.com
Mobile Phone No	(Phone) +65-64838477
Alternative Phone No	(Office) +65-64838477

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85LU5Y
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCPHQ20-000052
Cover Note Number	-

DRIVER

Name of Driver	SUBRAMANIAN THIRUPATHY
Passport No/FIN	FXXXXX956X
Date Of Birth	10/03/1976
Occupation	Outdoor

Date Of Driving Pass	10/07/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-64838477
Alt. Phone Number	-
Email Address	sanyucepl@gmail.com
Address	24 JALAN SHAER SEMBAWANG SPRINGS ESTATE
Address complement	-
Postcode	769370
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	IMRAN
Gender	Male

PASSENGER 2

Name	MATIN
Gender	Male

PASSENGER 3

Name	RAMESH
Gender	Male

PASSENGER 4

Name	MANI
Gender	Male

PASSENGER 5

Name	NUR
Gender	Male

PASSENGER 6

Name	SATTAM
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMA7657A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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.



S. Thirupathy
Policyholder's Signature
Date & Time:

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

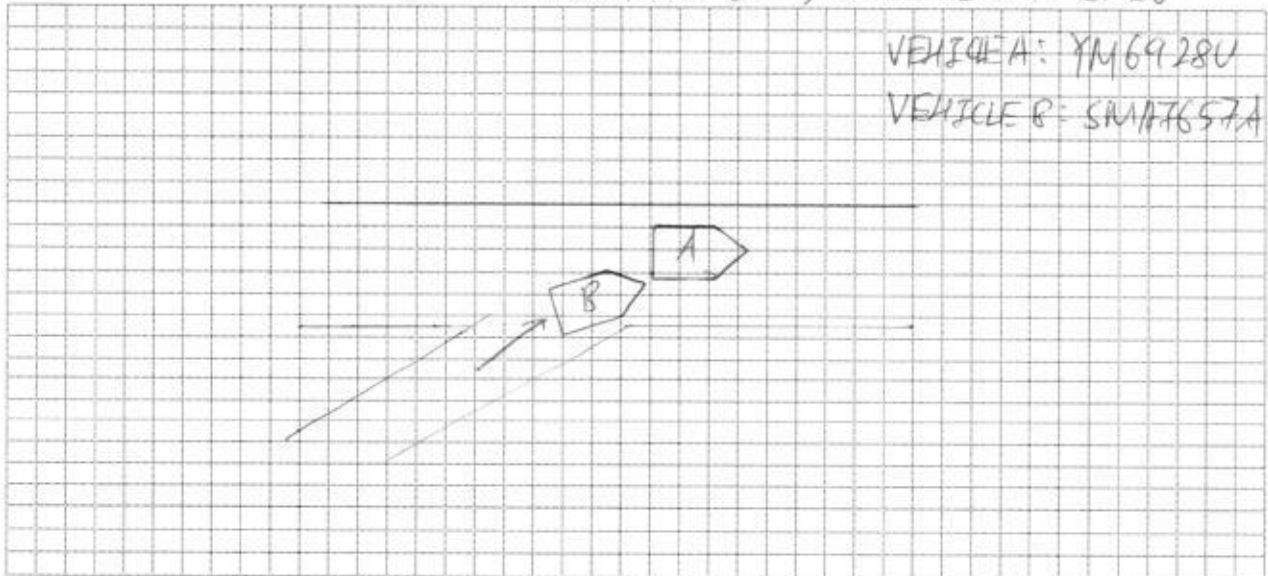
29/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:

UPP THOMPSON ROAD (CTE) NEAR SERAYA CRES

VEHICLE A: YM6928U

VEHICLE B: SM17657A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG UPP THOMPSON ROAD (CITY) NEAR SERAYA CRES ON MY LANE. MOMENTS LATER, VEHICLE B COLLIDED WITH THE REAR RIGHT SIDE OF MY VEHICLE.

DECLARATION

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

S. Thirupathi
Policyholder's Signature
Date & Time:



S. Thirupathi
Driver's Signature
(if driver is not the policyholder)
Date & Time:

afyu 29/12/20
Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: YM6928U

MODEL: ISUZU NPR85LU5Y AUTO/MANUAL

DATE OF ACCIDENT	28/12/2020	C.C: 2,999
TIME OF ACCIDENT	1640	HRS AM/PM
LOCATION OF ACCIDENT	UPP THOMPSON ROAD (CITY) NEAR SERAYA CRES	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	SANYU CE PTE LTD	
CONTACT NO.	64838477	EMAIL: SANYUCEPL@GMAIL.COM
NRIC	201541494G	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	EQ INSURANCE	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SUBRAMANIAN THIRUPPATHY	
NRIC	F8335956X	ANY PASSENGER: 6
DATE OF BIRTH	10/3/1976	M: IMRAN M: Nafiz, Ramzie, mani.
OCCUPATION	OUTDOOR / INDOOR nur, saktam	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	64838477	EMAIL: SANYUCEPL@GMAIL.COM
ADDRESS	24 JALAN SHAER SEMBAWANG SPRINGS ESTATE S(769370)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: RAINY	
ROAD SURFACE	DRY / WET/ OTHER: WET	
ANY INJURIES	NO / IF YES:	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SMA7657A	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.		ANY PASSENGER:
VEHICLE D NO.		ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

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.

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Third Party, Fire & Theft**

Certificate No.: DMCPhQ20-000052

Form: LCPV1

Excess:

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

YM6928U

2. Name of Policyholder

SANYU CE PTE LTD

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

26/01/2020

4. Date of Expiry of Insurance

25/01/2021

5. Person or Classes of Persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

EQI 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*

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.

