

NATIONAL Assessment Centre Services. part 1 Jan 09

Date In: 04/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/EQT/1002942/12	SAS e-illing		
Veh No: 5mm3230K	E-mail (within 2hrs, AIC 2hrs)		
DDA: 03/03/21 1740	I-Motor Claim Form		
OD: <input checked="" type="radio"/> TP: Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Vch No: GBF6690M 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 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repoler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Control	INC () / Non-INC ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Day/Time: _____

Claim Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (w/c 10 Jan 2009)	
Sub 1:	6) TR: Re-inspection \$75	
Sub 2:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NR: DV / Collect Excess Coordination \$5	
	TE (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	04/03/2021 14:52 (SGT)
Date of Accident	03/03/2021 17:40 (SGT)
Exact Location of Accident	Ripple Bay, Singapore
Additional Location Information	BASEMENT 1 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3230K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA WENG HONG
NRIC No	SXXXX077A
Email Address	DICKSEN6077@GMAIL.COM
Mobile Phone No	(Phone) +65-90173196
Alternative Phone No	+65-90173196

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ19-007179
Cover Note Number	-

DRIVER

Name of Driver	CHUA WENG HONG
NRIC No	SXXXX077A
Date Of Birth	20/04/1967
Occupation	Indoor

Date Of Driving Pass	16/02/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90173196
Alt. Phone Number	+65-90173196
Email Address	DICKSEN6077@GMAIL.COM
Address	BLK 204 LOYANG AVENUE
Address complement	#03-04
Postcode	509060
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	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

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	GBF6690M
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) -

SKETCH PLAN

IMPORTANT NOTICE

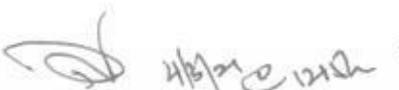
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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:

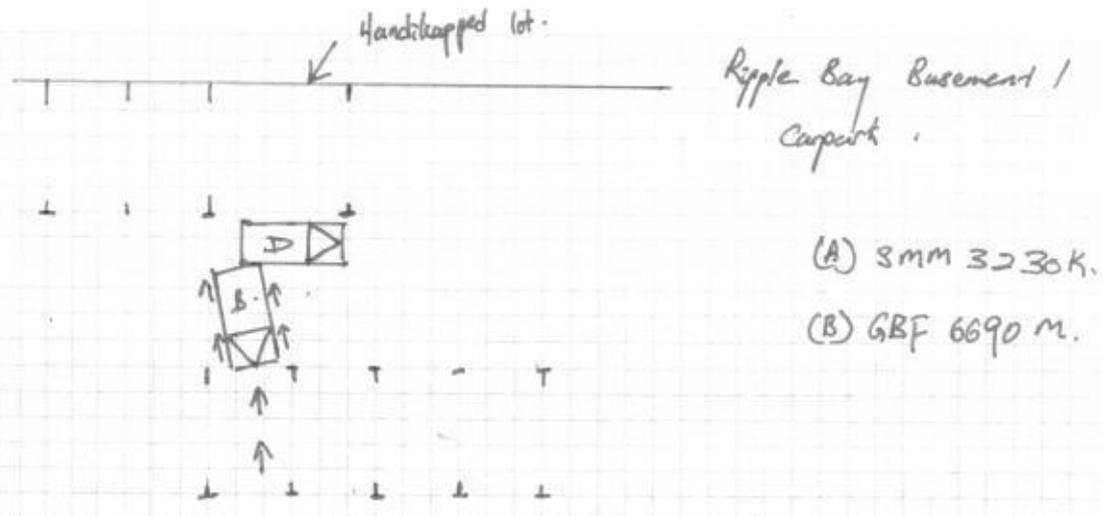
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 03/03/2021 at @ 1740hrs, I parked my vehicle (SMM 323015) outside the handstapped parking lot at the basement carpark of Ripple Bay and went to collect my letters at the letter box. Suddenly, a van (GBF 6690M) parked at the opposite side reversed and collided onto the rear right side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

 4/3/21
Policyholder's Signature / Date & Time
1215hr

 4/3/21 @ 1215hr
Driver's Signature (if driver is not the policyholder) / Date & Time

 04/03/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SMM 3230K.	MAKE & MODEL:	Mercedes E200	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	03/03/2021	CC:	2.0.	
TIME OF ACCIDENT:	1740 HRS			
LOCATION OF ACCIDENT:	Ripple Bay Condo Basement 1 Carpark.			
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	CHUA WENG HONG.			
TEL NO:	H/P: 9017 3196	OFFICE:	HOME:	
NRIC:	S 1786077A.			
ADDRESS:	BLK 204 Loyang Ave #03-04 (S) 509060.			
EMAIL:	dickson6077@gmail.com.			
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES / <input checked="" type="radio"/> NO?			
INSURANCE COMPANY:	EQ.			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	DMPPH/19-007179.			
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE / <input type="radio"/> ID NO:			
NRIC:			ANY PASSENGER:	N-A.
DATE OF BIRTH:	20/04/1967.	LICENCE PASSED DATE:	16/02/1990	
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P:	OFFICE:	HOME:	
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	<input checked="" type="radio"/> INSURER:		
RELATIONSHIP:	owner.			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:			
ANY INJURIES:	<input checked="" type="radio"/> NO / <input type="radio"/> IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO / <input type="radio"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / <input type="radio"/> IF YES, WHO?			
VEHICLE B REG NO:	GBF 6690 M	ANY PASSENGERS:	N-A.	
NAME OF DRIVER:				
CONTACT NO:				
VEHICLE C REG NO:				
ANY PASSENGERS:				
VEHICLE D REG NO:				
ANY PASSENGERS:				
VEHICLE E REG NO:				
ANY PASSENGERS:				
VEHICLE F REG NO:				
ANY PASSENGERS:				
VEHICLE G REG NO:				
ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	Right rear side.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO			
WORKSHOP PARTICULAR:	Twencar.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

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**

Certificate No.: DMPPHQ19-007179

Form: MX2
 Excess:
 Insured/Named Driver SGD600.00
 Unnamed Drivers SGD1,100.00
 YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
 SMM3230K

2. Name of Policyholder
 CHUA WENG HONG

3. Effective Date of the Commencement of Insurance for the purpose of the Act
 04/11/2019

4. Date of Expiry of Insurance
 05/03/2021

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.

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*
 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.

Authorised Signatory
 EQ Insurance Company Limited