

NATIONAL Assessment Centre Services. [Part 1 Jan 2009] SM 092138000J

Date In: 8/3/21 19:09	Job description	Date & Time Completed	Done by
Ref No: NA/EQT 21003067164	SAS e-filing		
Veh No: SLU 1041Y	E-mail (within 2hrs, AIG 2hrs)		
DETA: 613121 15:03	I-Motor Claim Form		
OD: 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		

Produced Wksp / INC Assign Wksp / OW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: GBH 3133P	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 reporter.

() 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	Remarks

Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idem DA + SMRT Survey \$160	
	8) NIUC 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	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idem 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	08/03/2021 19:09 (SGT)
Date of Accident	06/03/2021 15:03 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1041Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK HAI CIVIL ENGINEERING & BUILDING PTE LTD
Company Reg No	1XXXXX940E
Email Address	TAN_ALEX_24@HOTMAIL.SG
Mobile Phone No	(Phone) +65-96955197
Alternative Phone No	+65-96955197

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	DMPPHQ20-007314
Cover Note Number	-

DRIVER

Name of Driver	BENNY TAY TIAN HER
NRIC No	SXXXX243D
Date Of Birth	14/09/1988
Occupation	Indoor

Date Of Driving Pass	07/05/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96955197
Alt. Phone Number	-
Email Address	TAN_ALEX_24@HOTMAIL.SG
Address	BLK 829 YISHUN ST 81 #07-514
Address complement	-
Postcode	760829
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	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

REFER TO 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	GBH3133P
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

Sketch Plan

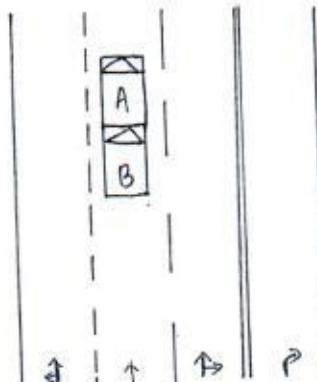
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Amk Ave 6 toward Lenton Ave

Vehicle A: SLU 1041Y

Vehicle B: GBH 3133P



Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I VEH A (SLV 1041Y) WAS STATIONARY.
ALONG THE STATED LOCATION. OUT OF A SUDDEN VEH B (GBH 3133P) JUST
COLLIDE ONTO MY REAR.

Declaration

We declare the foregoing particulars are true in every respect.



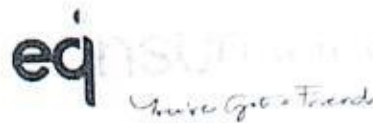
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

EQ Insurance Company Limited

5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110
tel 65 6273 9413 | fax 65 6274 1903 | www.eqinsurance.com.sg
reg no. 1978-05190-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. : DMPPHQ20-007314

1. Index Mark and Registration Number of Vehicles

SLU1041Y

2. Name of Policyholder

HOCK HAI CIVIL ENGINEERING & BUILDING PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act
23/11/2020

4. Date of Expiry of Insurance
22/11/2021

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.

* 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:

B000042/NEWSTATE STENHOUSE (S) PTE LTD
Date of Issue : 19/10/2020 14:34

Exp No. : DMPPHQ19-006722

Comprehensive Plan Any Workshop
Form MX2
Excess
Employees S\$500.00
Non-employee S\$1,000.00
YEID Additional S\$3,000.00

EQI Motor Accident
Hotline
6311 3211



Authorised Signatory
EQ Insurance Company Limited

Date of Accident: 6 MAR 2021 Accident Time: 1503 (24-HR-FORMAT)

Accident Place: AMK AVE 6 TOWARD LENTOR AVE

Vehicle Reg. No (Car plate No.): SLU 1041Y Vehicle Make/Model: GLA 180

Insurance Company: EQ INSURANCE Policy No. DMPPHQ20-007314

Name of Registered Owner: Company / Individual HOCK HAI CIVIL ENGINEERING & BUILDING PTE LTD

ID of Registered Owner: Co Reg No: 199606940E Owner's NRIC No: -

Co Contact No: - Owner's Contact No: 96955197

DRIVER'S Name: BEHNY TAY TIAN HEZ DRIVER'S NRIC No: S8872243D

DRIVER'S Date of Birth: 14 SEP 1988 DRIVER'S License Pass Date: 07 MAY 09

Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others:

DRIVER'S Address: BLK 829 YISHUN ST 81 #07-514 S (760829)

DRIVER'S Contact No./ Alt No.: 1) 9695 5197 2) -

DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an off)

Email Address: tan-alex-24@hotmail.sg

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): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: -

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBH 3133 P

Vehicle Make/Model: -

Name DRIVER: CHONG EOOK TING

IC No. DRIVER: -

DRIVER'S Contact & add: -

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -