

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 19/03/21 | Job description | Date & Time Completed | Done by |
| Ref No NA/EQ721003616/13 | SAS e-filing | | |
| Veh No: GBB1138U | E-mail (within 8hrs. AIC 2hrs) | | |
| DOA: 18/03/21 1305 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: GBB6258A | 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 repairer.

() 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|--|--|----------------------|----------------------|
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | 6) TR: Re-inspection \$75 | | |
| Cat. 1: | 7) NI: Idac DA + SMRT Survey \$160 | | |
| Cat. 2 / 3: | 8) NTUC Additional Services:- | | |
| | 9) NI2: Idac Mobile 30 | | |
| | *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 | | |
| | 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 | 19/03/2021 18:15 (SGT) |
| Date of Accident | 18/03/2021 13:05 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PREMISES OF NO 7 MANDAI LINK UNIT NO #04-36 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBG1138U |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | NOBEL PRODUCTS & SERVICES |
| Company Reg No | 4XXXX600L |
| Email Address | JDNCHOO@SINGNET.COM.SG |
| Mobile Phone No | (Phone) +65-91379371 |
| Alternative Phone No | +65-91379371 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Nv200 |
| 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 |
| Transmission | Manual |
| CC | 1416 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCPHQ20-001698 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|------------------------|
| Name of Driver | NICHOLAS CHOO XINGLONG |
| NRIC No | SXXXX226Z |

| | |
|--|------------------------|
| Date Of Birth | 10/08/1988 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/04/2013 |
| Driving experience | 7 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96492806 |
| Alt. Phone Number | - |
| Email Address | JDNCHOO@SINGNET.COM.SG |
| Address | 28 KING'S ROAD |
| Address complement | - |
| Postcode | 268080 |
| 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 | Collided into Parked Vehicle |
| 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) | 0 |
| 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 | GBB6258A |
| 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.

NOBEL PRODUCTS & SERVICES

John Nicholas

19/03/21

.....
AUTHORISED SIGNATURE

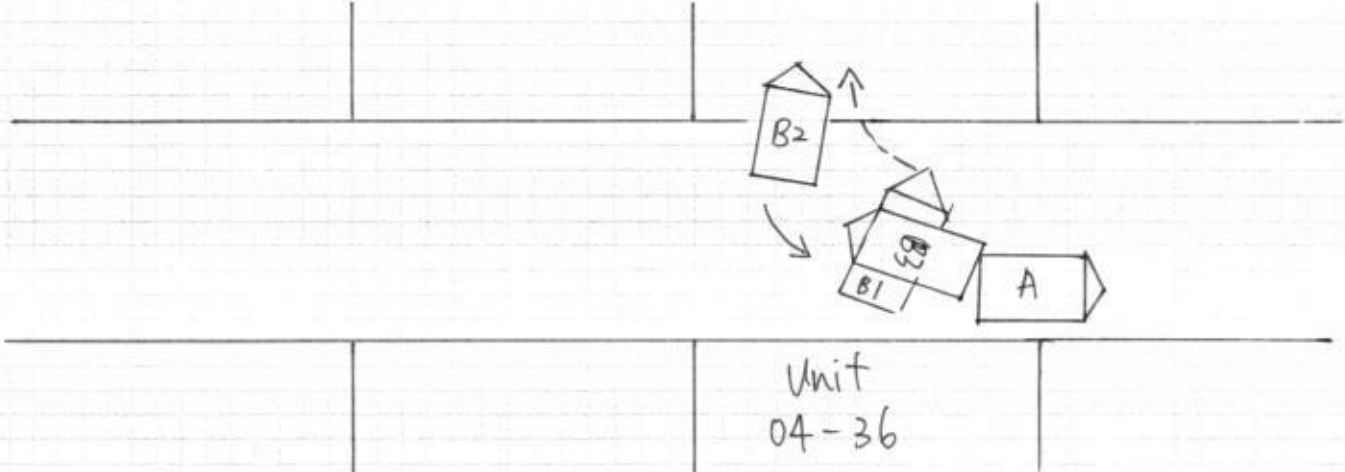
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Mandai Connection, Mandai Link No.7.



*Unit
04-36*

Describe Circumstances of the Accident

On 18/03/2021 at about 1305 hrs at Premises of Mandai Connection, No.7. Mandai Link Unit No. 04-36.

My vehicle was stationary parked at the above mentioned premises and suddenly a vehicle (B) trying to make a 3 point turn without proper lookout and hence collided onto my Rear Portion of my vehicle (A) causing damages to my vehicle.

(A) GBG 1138 U

(B) GBB 6258 A

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

NOBEL PRODUCTS & SERVICES

AUTHORISED SIGNATURE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Signature 19/03/21

pls email to
mg3solution@gmail.com

Date of Accident : 18/3/2021 Accident Time: 13:05 (24-HR-Format)
Accident Place : Premises of No 7 Mandai Link Unit no
Vehicle Reg. No. (Car Plate No.) : G3B 1138U #04-36
Vehicle Make/Model : NISSAN NV200 1.5MT ABS AIRBAG SWD 6DR
Insurance Company : EA Policy No. DMPHG20-00/698 ES W/ RC
Owner or Company Name /IC No. : NUBEL PRODUCTS & SERVICES / 4591260UL
Owner or Company Contact No. : _____ Jwner's Hp 9137 9371 Company Tel
DRIVER'S Name / IC No. : NICHOLAS CHOU XING LONG / S8829226Z
DRIVER'S Date Of Birth : 10-AUG-1988 DRIVER'S License Pass Date 25-APR-2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 28 KING'S ROAD SINGAPORE 264880
DRIVER'S Contact No./ Alt No. : 1) 9649 2876 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jdnchoo@smgnet.com.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): 0
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

Other Party Driver's Particular (if any)

(B) Vehicle Reg. No: G3B 6258A
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: _____

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)
Comprehensive Classic**

Certificate No. : DMCPHQ20-001698

Classic Plan - EQ Authorised Workshop Only
Form: LCVP1
Excess:
Section 1: S\$500.00
YEID-AC Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBG1138U

2. Name of Policyholder

NOBEL PRODUCTS & SERVICES

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

31/05/2020

4. Date of Expiry of Insurance

30/05/2021

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 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.

IWE 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 : UNITED OVERSEAS BANK LIMITED

A000367/KH Agency
Date of Issue : 05/05/2020 11:25

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ19-001980