

NATIONAL Assessment Centre Services

[Part 1 Jan 2005]

SN0921550003

Date In: 5/5/21 14:43	Job description	Date & Time Completed	Done by
Ref No: NA/EQ/21005495/V	SAS e-filing		
Veh No: SLX 6178m	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 4/5/21 1730	I-Motor Claim Form		
OD: (1P) 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		

Professed Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars:	Veh No: GBF16186	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()
Remarks: (INC 100 line 67884616)
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()
Date/Time: ()
Actions: ()

Comments/Particulars:	Invoice Preparation Checklist	Am (\$)	Rev (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Witness Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Tel: ()	For claiming against INC Only (wef 10 Jan 2005)		
Fax: ()	6) TR: Re-Inspection	\$75	
	7) NI: Idno DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repairs Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idno 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	05/05/2021 14:43 (SGT)
Date of Accident	04/05/2021 17:30 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	AFTER EUNOS LINK JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6178M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DENSCO ELECTRICAL ENGINEERING PTE LTD
Company Reg No	-
Email Address	DEREKPOH@DENSCO.COM.SG
Mobile Phone No	(Phone) +65-67498988
Alternative Phone No	+65-67498988

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-002351
Cover Note Number	-

DRIVER

Name of Driver	POH TZE YONG
NRIC No	SXXXX561E

Date Of Birth	19/09/1971
Occupation	Outdoor
Date Of Driving Pass	01/04/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97888451
Alt. Phone Number	-
Email Address	DENSCOEE@SINGNET.COM.SG
Address	BLK 40 BEDOK SOUTH ROAD
Address complement	-
Postcode	460040
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DELPHINE ANG
Gender	Female

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	GBF1618G
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE7305A
 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

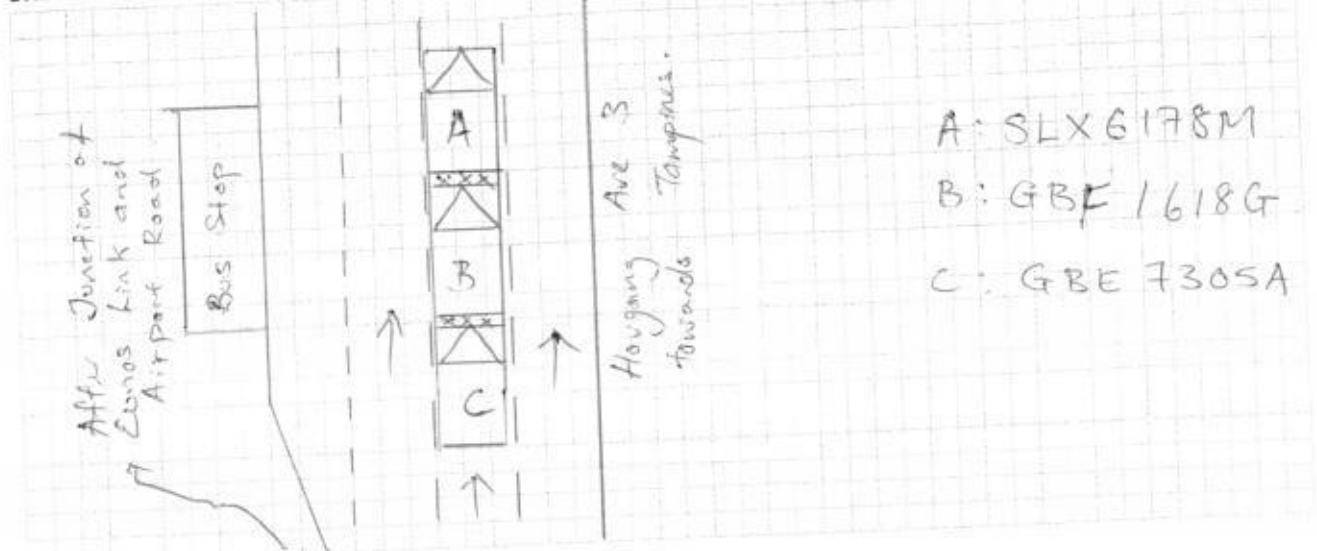
Name of injured person POH TZE YONG
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained BODY
 Injured person in which vehicle? SLX6178M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person DELPHINE ANG
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained BODY
 Injured person in which vehicle? SLX6178M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

VEHICLE NO:	SLX6178M	MAKE & MODEL:	Honda Shuttle (Hybrid) AUTO / MANUAL
DATE OF ACCIDENT:	04/05/2021	CC:	1.5
TIME OF ACCIDENT:	17:30 HRS		
LOCATION OF ACCIDENT:	Hougang Ave 3, After Eunus Link junction		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER:	Densco Electrical Engineering Pte Ltd.		
TEL NO:	H/P: 199003082R	OFFICE:	67498988 HOME:
NRIC:	209, Kaki Bukit Ave 1, Shun Li Ind Park - S(416039)		
ADDRESS:	derekpoh@densco.com.sg		
EMAIL:	OD / THIRD PARTY / REPORTING ONLY		
CLAIM TYPE:	YES / NO ?		
FLEET POLICY:	EQ insurance		
INSURANCE COMPANY:	Comprehensive / Third Party / Third Party Fire & Theft		
TYPE OF COVERAGE:	DMPPHQ21-002351		
POLICY NO:	AS ABOVE / IF NO: Poh Tze Yong		
NAME OF DRIVER:	S7133561E	ANY PASSENGER:	Yes (IF) Delphine Ang
NRIC:	1910911971	LICENCE PASSED DATE:	05/07/2019
DATE OF BIRTH:	OUTDOOR / INDOOR		
OCCUPATION:	MALE / FEMALE		
GENDER:	H/P: 97888451 / OFFICE:	HOME:	
CONTACT NO:	BIK 40 Bedok South Road #04-677 S(460040)		
ADDRESS:	denscoee@singnet.com.sg		
EMAIL:	NO / IF YES, REG NO:	INSURER:	
DOES DRIVER OWNED ANY VEHICLE:	Employee		
RELATIONSHIP:	CLEAR / RAINING / OTHERS:		
WEATHER CONDITION:	DRY / WET / OTHER:		
ROAD SURFACE:	NO / IF YES, WHO?		
ANY INJURIES:	Poh Tze Yong, 97888451		
NAME & CONTACT:	Delphine Ang Bee Eng		
NAME & CONTACT:	NO / IF YES, WHERE?		
POLICE REPORT:	NO / IF YES, WHO?		
NOTICE OF INTENDED PROSECUTION GIVEN?	GBF1618G	ANY PASSENGERS:	NO
VEHICLE B REG NO:	Chan Tok Teong	CONTACT NO:	-
NAME OF DRIVER:	GBE730SA	ANY PASSENGERS:	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:		WITNESS CONTACT:	-
ANY WITNESS? IF YES, NAME:	YES / NO		
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO		
ACCIDENT PORTION:	Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		
WORKSHOP PARTICULAR:	N-S1 Automotive		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	Leonard		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/05/2021 at about 17:30 hrs, I was driving along Hougang Ave 3 towards Tampines ~~at the~~ after the junction of Eunos Link and Airport Road on the second lane from the right in my vehicle (SLX 6178M). Near the bus stop, there is a red car suddenly cut into my lane and I immediately applied my brake. After a moment, the rear vehicle could not stop in time and collided into my vehicle. I alighted ~~and~~ my vehicle and realise that it was a three vehicle chain collision with vehicle B (GBF 1618G) and vehicle C (GBE 730SM).

DECLARATION

I/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:

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

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

SKETCH PLAN

Signature: _____

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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.

Policyholder's Signature
Date & Time:

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

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

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 Classic

Certificate No. : DMPPHQ21-002351

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Employees:

Non-employee:

YEID Additional

S\$500.00

S\$1,000.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLX6178M

2. Name of Policyholder

DENSCO ELECTRICAL ENGINEERING PTE LTD

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

03/04/2021

4. Date of Expiry of Insurance

02/04/2022

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
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 : MAYBANK SINGAPORE LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd
Date of Issue : 17/03/2021 17:51


Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ20-001861