

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN0821670001

Date In: 29/06/2021 09:40	Job description	Date & Time Completed	Done by
Ref No: NBA/EQ121007120/4	SAS e-filing		
Veh No: SLR 142FS	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 28/06/2021 14:20	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: SMS 9023X	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:	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:	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC 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: Idao Mobile 30		
	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	29/06/2021 09:40 (SGT)
Date of Accident	28/06/2021 14:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT TOWARDS EUNOS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1424S
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
Company Reg No	1XXXXX399N
Email Address	charmtsw@yahoo.com.sg
Mobile Phone No	(Phone) +65-98556612
Alternative Phone No	+65-98556612

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1395

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-005022
Cover Note Number	-

### DRIVER

Name of Driver	CHARM THIRI SOE WIN
NRIC No	SXXXX709D

Date Of Birth	24/10/1983
Occupation	Indoor
Date Of Driving Pass	17/09/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98556612
Alt. Phone Number	-
Email Address	charmtsw@yahoo.com.sg
Address	32 KEPPEL BAY DRIVE #05-58
Address complement	-
Postcode	098651
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER (LEASING)
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 vehicle 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	HELPER
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

PLEASE REFER TO SKETCH PLAN

#### 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	SMS9023X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-88920609
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.

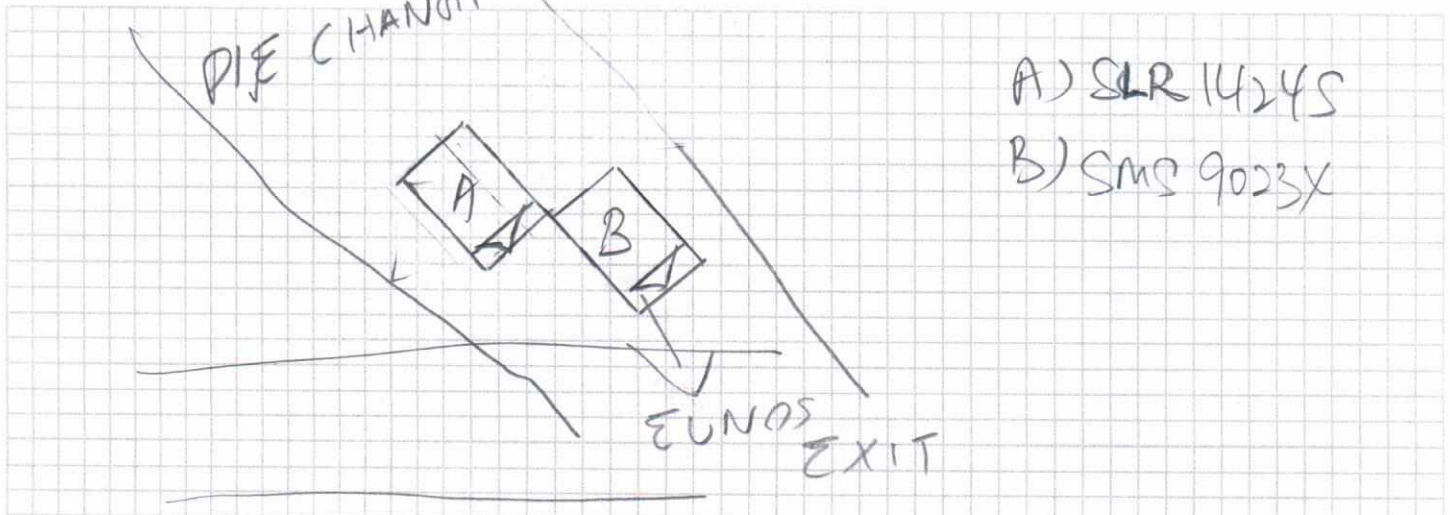
*Edaom 28/6/2021*

Policyholder's Signature / Date & Time

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

*29/06/2021*  
Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

I was coming out at EUNOS exit from PIE CHANGI, I thought the car in front of me was going to proceed towards the EUNOS ROAD and I was behind the car. Both cars were at idle to slow speed. As the car didn't proceed further, I ran into it from behind but at a slow pace and I immediately pressed on my brakes. My car was not injured at all but the car in front ended up with some damage of minor dent.

### Declaration

We declare the foregoing particulars are true in every respect.

Charm 28/6/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**HITACHI CAPITAL ASIA PACIFIC PTE. LTD.**

Agreement Date: 31/07/2017

111 Somerset Road #11-05 Singapore 238164

Agreement No.: 73616

**AUTOMOBILE LEASE AGREEMENT**

**THE SCHEDULE**

(Lessor)	Name : Hitachi Capital Asia Pacific Pte. Ltd. Address : 111 Somerset Road #11-05 Singapore 238164	UEN No. : 199400399N
(Lessee)	Name : CHARM THIRI SOE WIN Address : 32 KEPPEL BAY DRIVE #05-58 SINGAPORE 098651	NRIC/PP/UEN No: S8375709D
(Guarantor)	Name : Address :	NRIC/PP/UEN No :

**DESCRIPTION OF VEHICLE ("Vehicle")**

MAKE / MODEL AND DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make / Model: AUDI A4 1.4 TFSI S TRONIC 2. Chassis / Engine No.: WAUZZZF43HN071992 / CVN041752 3. Distributor: PREMIUM AUTOMOBILES ("Distributor")	RED	SLR1424S

**TERMS OF RENTAL PAYMENT**

- Commencement Date: 31/07/2017
- Period of Lease: From 31/07/2017 to 30/06/2022 ( 119 months) ("Lease Period").
- Initial Payment of SGD\$ 16,622.89 Plus GST SGD\$ 1,163.60 ("Initial Payment") and thereafter 118 monthly rental of SGD\$ 1,669.62 each Plus GST SGD\$ 116.87 ("Rental"), due on the 31ST day of each month (payable in advance) ("Due Date").
- Security Deposit: SGD\$ 0.00

**OTHER TERMS OF LEASE (\* Except for Items 8, 12 & 13, please delete the option clearly if inapplicable)**

- Service : ~~Distributor's Package ("Package")~~ / Lessee to pay for own service at [ ]
- Mileage Limit : YES / ( ) Kilometer every ( ) Month / NO
- Motor Insurance: ~~Included in Rental~~ / Not-included in Rental
- Road-Tax: ~~Included in Rental~~ / Not-included in Rental
- 24 Hr Emergency Break down & Towing in Singapore: YES / NO
- 24 Hr Emergency Break down & Towing in Malaysia: YES / NO
- Collision Damage Waiver (CDW): YES / NO
- Mandatory Excess SGD\$ 600.00 (in Singapore) and SGD\$ 600.00 (in Malaysia) in respect of each and every single accident.
- GPS Tracking : YES (Please refer to Clause 17.3) / NO
- Provision of Courtesy Car : YES (subject to Clause 7.4) / NO
- Replacement cost of Vehicle's Tyres : ~~Included in Package~~ / Payable by Lessee
- Contractor (pursuant to Clause 12.1.1) :
- Estimated Residual Value (For reference only) : \$13,877.93


**FULL PARTICULARS OF MAIN NAMED DRIVER**

Name : CHARM THIRI SOE WIN	Date of Birth :
Company :	Nationality :
Address :	Contact No :
NRIC/FIN/PP No : S8375709D	Driving Licence No :

**FULL PARTICULARS OF OTHER NAMED DRIVER**

Name :	Date of Birth :
Company :	Nationality :
Address :	Contact No :
NRIC/FIN/PP No :	Driving Licence No :


**WITNESS to Lessor Signature**

  
Name: Ida Faridah  
NRIC/PP No: S8111613Z

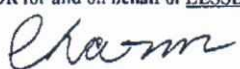
SIGNED by  
for and on behalf of HITACHI CAPITAL ASIA PACIFIC PTE. LTD. (Lessor)

  
Name: NG KWEE KWANG SIMON (MR)  
General Manager  
Total Vehicle Solution  
Asia Pacific Business Division

**WITNESS to Lessee Signature**

  
Witness Signature Name: Lee Sum Lee  
NRIC/PP No: S7512071J

**SIGNED by OR for and on behalf of LESSEE:**

  
Lessee Signature (Name : CHARM THIRI SOE WIN )

**WITNESS to Guarantor Signature**

Witness Signature Name:  
NRIC/PP No

**SIGNED by GUARANTOR:**

Guarantor Signature (Name : )

SW 87053

## ACCIDENT STATEMENT

ACCIDENT DATE: (28/6/21) (DD/MM/YYYY), TIME: (14:22) (HHMM)

LOCATION: EUNOS EXIT FROM PIE CHANG

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR14245  
b) INSURANCE COMPANY: EA Insurance  
c) POLICY NUMBER: DMPHQ20-005022  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: AUDI A4  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE YES/NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: HARPER (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: CHARM THIRI SOE WIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 88375209D CONTACT: 98556612  
c) ADDRESS: 32 KEPPEL BAY DRIVE #05-58  
5098651

\* d) DATE OF BIRTH: 24/10/1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 17/09/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS9023X MODEL: MITSUBISHI  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88920609

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: =

charmtsw@yahoo.com.sg

VIDEO



**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.: DMPPHQ20-005022**

Form: MX2

Excess:

Named Driver SGD500.00

Unnamed Drivers Add SGD2,000.00

YEID Additional SGD3,000.00

**1. Index Mark and Registration Number of Vehicles**

SLR14245

**2. Name of Policyholder**

HITACHI CAPITAL ASIA PACIFIC PTE LTD

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

31/07/2020

**4. Date of Expiry of Insurance**

30/07/2021

**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

unwsbh/HO/B000006/ANIKA INSURANCE BROK



A Member of Citystate