

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

81.0821750002

Date In: 05/07/2021 12:03	Job description	Date & Time Completed	Done by:
Ref No: N/A/2021007308/4	SAS e-filing		
Veh No: SLP 2788X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/07/2021 13:00	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: SAM 8285R	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 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

Plaintiff's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments: U. 1: U. 2 / 3:	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
	Inc Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
ON*				
*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		\$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	05/07/2021 12:03 (SGT)
Date of Accident	02/07/2021 13:00 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	JUNCTION WITH SIGLAP ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2788X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLMOTORING.SG
Company Reg No	5XXXX502J
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-85967487
Alternative Phone No	+65-85967487

#### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	Auto
CC	2997

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-008628
Cover Note Number	-

#### DRIVER

Name of Driver	JAGADALE RAHUL SANJIVAN
Passport No/FIN	GXXXX672M

Date Of Birth	19/09/1979
Occupation	Outdoor
Date Of Driving Pass	07/04/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85967487
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	1 NORTH BRIDGE ROAD #18-03
Address complement	HIGH STREET CENTRE
Postcode	179094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM8285R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HUSRIN BIN MOHD TAHALE
NRIC No	SXXXX863G
Contact Number	-





## 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.



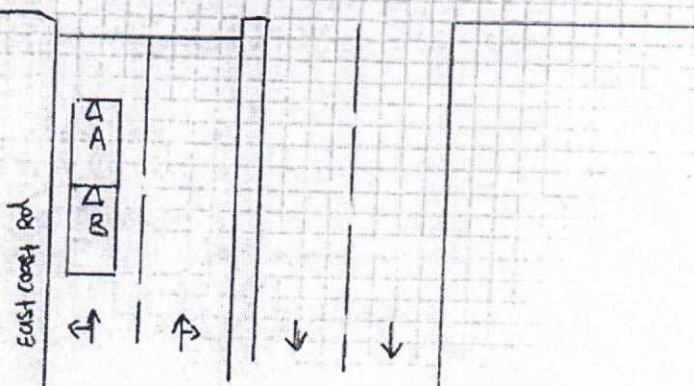
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SLP 2788X  
B: SGM 8285R





Describe Circumstances of the Accident

MY VEHICLE WAS STATIONARY STOPPED ALONG EAST COAST ROAD ON EXTREME LEFT LANE WAITING  
TRAFFIC LIGHT TURN GREEN. OUT OF SUDDEN, I FELT AN IMPACT FROM MY REAR OF MY VEHICLE, I  
ALIGHT FROM MY VEHICLE AND REALISED THAT VEHICLE B (SGM8285R) COLLIDED REAR PORTION OF MY  
VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



\*  
Policyholder's Signature / Date &  
Time

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

*[Signature]* 05/07/2021  
Witnessed by Reporting Centre  
Personnel



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 02 / 07 / 2021 (dd/mm/yy) Time of Accident: 13 : 00 ( 24-HR-FORMAT)

Vehicle No.: SLP2788X Vehicle Make & Model: PORSCHE MACAN

\*Transmission : ☐ Manual ☒ Auto \*C.c : 2997

Exact location of Accident: EAST COAST RD JUNCTION WITH SIGLAP ROAD

Policyholder's Name: ALLMOTORING.SG NRIC/FIN/REG No.: 53294502J

\*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: JAGADALE RAHUL SANJIVAN NRIC/FIN/REG No.: G5971672M

\*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 85967487 Company Contact No (If any): \_\_\_\_\_

Date of birth: 19/09/1979 Driving Pass Date: 07/04/2020

Driver's Address: 1 NORTH BRIDGE ROAD, #18-03 HIGH STREET CENTRE, SINGAPORE (179094)

Insurance Company: EQ

Policy No.: DMPPHQ20-008628 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Type of Accident**

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_

Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your car Car camera?** ☒ Yes / ☐ No

**Any Injuries:** ☐ Yes ☒ No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: MUHAMMAD HUSRIN BIN MOHD TAHALE Vehicle No: SGM8285R  
S9008863G  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

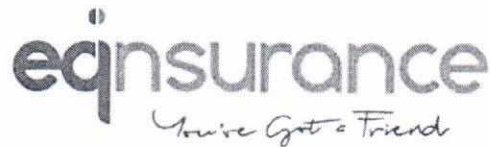
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: AUTO SPRINT PTE LTD Contact No: 83447681

**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.: DMPPHQ20-008628

Form: MX2  
Excess:1. Index Mark and Registration Number of Vehicles  
SLP2788X

Named Driver	SGD2,000.00
Nm Driver-Outside SG	SGD4,000.00
Unnamed Drivers	SGD3,000.00
U/n Driver-OutsideSG	SGD6,000.00
YEID Additional	SGD3,000.00

2. Name of Policyholder  
ALLMOTORING.SG3. Effective Date of the Commencement of Insurance for the purpose of the Act  
16/12/20204. Date of Expiry of Insurance  
15/12/2021

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.

Engine No.: 006075  
Chassis No.: WP1ZZZ95ZFLB54888  
HP: Tai Thong Lee Trading Pte Ltd  
UNWTSY/HO/B000082/ANIKA INSURANCE BROK

Authorised Signatory  
EQ Insurance Company Limited



A Member of Citystate