

NATIONAL Assessment Centre Services

10/1/2021

SM0821940002

Date In: 10/09/2021 17:49	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NBSA01210095434	E-mail (by date time, A/C time)		
Veh No: SM2 352T	I-Motor Claim Form		
D.O.A: 10/09/2021 11:35	I-Motor W/O (with/without A/C time, TP time)		
(1) TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by Fax / Hand to Owner / V.I.S.D.		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Print/Supply:	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Third:
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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of reputation.

() 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 Recovery Photo (Repair Cost > \$3,000) ()

Injury:

Driver/Owner:	1) All Accident Reporting (000)	INC (H)
Contact No:	2) DA / Survey Assessment (\$100)	\$100
Damaged Part:	3) TP / Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT / Follow Through Survey	\$30
	5) PT / Follow Through Survey (Recovery)	\$30
	6) PT / Follow Through Survey (Recovery) (with 1st 2nd 3rd)	\$70
	7) PT / Follow Through Survey	\$160
	8) PT / Follow Through Survey	\$160
	9) PT / Follow Through Survey	\$160
	10) PT / Follow Through Survey	\$160
	11) PT / Follow Through Survey	\$160
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	100) PT / Follow Through Survey	\$160

Invoice dated: _____

Invoice dated: _____

Fee charged: _____

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	10/09/2021 17:49 (SGT)
Date of Accident	10/09/2021 11:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BRADDELL EXIT 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD352J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN YU GUANG
NRIC No	SXXXX795F
Email Address	bensonseow91@gmail.com
Mobile Phone No	(Phone) +65-91827690
Alternative Phone No	+65-97216778

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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
Transmission	Auto
CC	1368

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-004760
Cover Note Number	-

DRIVER

Name of Driver	CHAN THU KAI
NRIC No	SXXXX564E

Date Of Birth	26/09/1947
Occupation	Outdoor
Date Of Driving Pass	11/12/1972
Driving experience	48 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97216778
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	BLK 765 PASIR RIS STREET 71 #06-108
Address complement	-
Postcode	510765
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL3027Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CHAN THU KAI
Gender	Male
Phone No	(Phone) +65-97216778
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMD352J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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

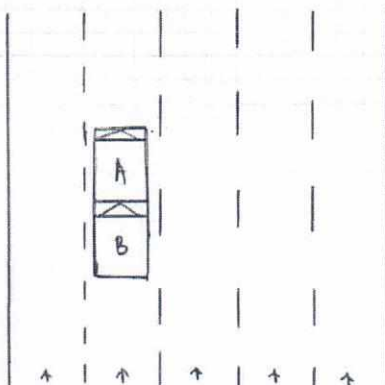
Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (City) before Braddell Exit 10

Vehicle A: SMD3525

Vehicle B: SJL30574



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMB352J) was travelling straight at the stated location on Lane 4. As the front vehicle slowed down, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SJL3027Y) collided onto the rear portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Chamfer

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

10/09/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 10/9/2021 Accident Time: 1135hrs (24-HR-FORMAT)
Accident Place : (TE City) before Braddell Exit 10
Vehicle Reg. No (Car plate No.) : SMD3523 Vehicle Make/Model: Hyundai Accent
Insurance Company : EQ Policy No. DMPPH021-004760
Name of Registered Owner : Company / Individual Chan Yu Guang
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8065705F
: Co Contact No: - Owner's Contact No: 91827690
DRIVER'S Name : Chan Thu Kai DRIVER'S NRIC No: S0069564E
DRIVER'S Date of Birth : 26 Sep 1947 DRIVER'S License Pass Date 11 Dec 1972
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : APT B1K 765 Pasir Ris Street 71 #06-10B Singapore 510765
DRIVER'S Contact No./ Alt No. : 1) 97316778 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : yzhsfbo@gmail.com
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: Chan Thu Kai
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: <u>SJL 3027Y</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6723 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 Classic

Certificate No. : DMPPHQ21-004760

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$500.00

Unnamed Drivers: S\$1,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SMD352J

2. Name of Policyholder

CHAN YU GUANG

3. Effective Date of the Commencement of Insurance for the purpose of the Act
31/07/2021

4. Date of Expiry of Insurance

30/07/2022

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.

* 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

A000445/Kwan Shu Shi

Date of Issue : 17/06/2021 17:43

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ20-004477



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNO8219A0003 Vehicle Registration No: SMD357J
Name (as shown in NRIC): Sam Chuan Tin Ken NRIC/FIN/Passport No: _____
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: bensoosrow91@gmail.com
Date of Accident: 10/09/2021 Time of Accident: 11:35
Place of Accident: CITE TOWERA CRY B/F BRADDAH KEY 17 10
Insurance Company: EQZ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS To bensoosrow91@gmail.com

Policyholder / Driver's Signature
Date:

13/09/2021

Reporting Centre Personnel's Signature
Name: