

810821370004

Job Description	Date & Time Completed	Done by
SAS Coding		
Transfer of data into SAS files		
1-Motor Claim Form		
1-Motor W/O (Vehicle on fire & over)		
1-Photo Uploaded		
Assessment Survey Report		
Final Report by Tax / Land & Owner / Victim		

Q17 (TP) Reporting Only

7:17 Insured

[illegible]

Yell 701 SMG / 308A

Owner/Driver: _____

Policy No () Period () Date ()

Confirmed by 1 () DRIVE

Insured/Driver Relationship { } Yes { } No { }
 Is the insured/Driver married? { } Yes { } No { }

LOADING \$1,000 () / \$2,000 ()

... 1970-1971 ...

() Waiver Certificate: Ousterma Information Policy Document & Policy 114

() Total Tows Code 1 to 99999 Employer URGENT

[illegible][illegible]

1) Apply for Transient Allowance	1) Submit to			
2) Submit to	2) Submit to			

2) 90 Clocks / Perv (approx) 115000000

3) Optical Resistor Photoresistor

10/10/2010

1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369</
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12/1/2017/01/01/2017

Control No. _____

12/11/2001

[illegible]

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[illegible][illegible]

11/11/16/2016

[illegible]

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	19/11/2021 15:08 (SGT)
Date of Accident	18/11/2021 10:10 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	SLIP ROAD FROM MARYMOUNT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2442T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG PUI MING
NRIC No	SXXXX543B
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-91893977
Alternative Phone No	+65-91893977

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-003948
Cover Note Number	-

DRIVER

Name of Driver	WONG PUI MING
NRIC No	SXXXX543B

Date Of Birth	06/03/1988
Occupation	Indoor
Date Of Driving Pass	24/06/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91893977
Alt. Phone Number	+65-91893977
Email Address	reporting@mycar.sg
Address	BLK 138A LORONG 1A TOA PAYOH #34-12
Address complement	-
Postcode	311138
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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	SMG1308R
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	WONG PUI MING
Gender	Female
Phone No	(Phone) +65-91893977
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLP2442T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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 willful 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.
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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' law yers/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' law yers/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 law yers/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

LOHUE ROAD SUP ROAD FROM MARYMOUNT.



A - SLP2442T

B - Smb. 1308 R

My car was stationary while waiting for the first car to move, suddenly I felt a great impact from my rear. I came out and discovered a car bearing SNG 1308 & saw hit onto my rear portion of my vehicle. I felt my back pain for my left. I consult doctor and was given 3 days rest.

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

Witnessed by Reporting Centre Personnel

19/11/2021

Personal Particulars of Owner & Driver (Vehicle A)

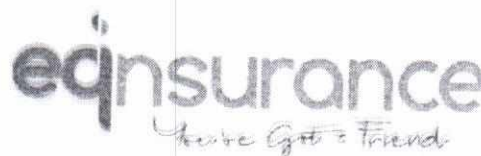
Date of Accident: 18 / 11 / 2021 (dd/mm/yy) Time of Accident: 10 : 10 (24-HR-FORMAT)
Vehicle No.: SLP2442T Vehicle Make & Model: MERCEDES C180
*Transmission : ☐ Manual ☒ Auto *C.c : 1595
Exact location of Accident: LORNIE ROAD SLIP ROAD FROM MARYMOUNT
Policyholder's Name: WONG PUI MING NRIC/FIN/REG No.: S8870543B
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: WONG PUI MING NRIC/FIN/REG No.: S8870543B
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 91893977 Company Contact No (If any): _____
Date of birth: 06/03/1988 Driving Pass Date: 24/06/2017
Driver's Address: BLK 138A LORONG 1A TOA PAYOH, #34-12, SINGAPORE (311138)
Insurance Company: EQ
Policy No.: DMPPHQ21-003948 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: WONG PUI MING
Injuries Sustain : BODY Injured Person in Which Vehicle: SLP2442T
Police Report field: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMG1308R
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: MY CAR CONSULTANT PTE LTD Contact No: 83447681

EQ Insurance Company Limited

8 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6922 9433 | fax 65 6224 3992 | www.eqinsurance.com.sg
reg no. 1972 04195-N



PRIVATE CAR SCHEDULE

Page 1 of 10

Agency	A000033	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ21-003948
Account	A000033	Issued on	18/05/2021 in Singapore	Replacing Policy no.	DMPPHQ20-003429
Client	0165257	Acceptance Date	18/05/2021		

Period of Insurance from 30/05/2021 to 29/05/2022, both dates inclusive

Insured's Name WONG PUI MING
Address BLK/HOUSE NO. 7 #03-02
BRIGHT HILL DRIVE
SINGAPORE 579599

Business/Occupn Executive (Office)
Financial interest Oversea Chinese Banking Corporation Limited

Premium	Basic Annual Premium	SGD1,413.08		
	Premier Plan	SGD282.62		
	Total Annual Premium	SGD1,695.70	Premium Due	SGD1,695.70
			Premium GST	SGD118.70
			Total Due	SGD1,814.40

Risk No. 001	PRIVATE CAR				
1. Registration	SLP2442T	Make/Model	MERCEDES C180	BLUE EFFICIENCY	Coupe 15
Type of Cover	Comprehensive	No. of seats	5	Body Type	Coupe
Engine No.	27491030979245	Capacity cc's	1595	Yr of Manuf/Regn	2017/2017
Chassis No.	WDD2053402F543064			NCB%	20.00
				Certificate Ref.	MX2
Sum Insured: Market Value at the time of loss			SGD0.00		
Insured/Named Drivers			SGD500.00		
Unnamed Drivers			SGD1,000.00		
YEID		Additional	SGD3,000.00		
Named Drivers Insured					

PRIVATE CAR COMPREHENSIVE - PREMIER PLAN (Ver. 11)

For information on Motor Claims Framework (MCF), please visit GIA websites
(www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
Certificate of Insurance. You will have to pay the Excess for every claim made
against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
to refund us the amount of the Excess.

Continued on page 2

