

**NATIONAL Assessment Centre Services**

Date In: <b>16/11/2021</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NA/EQI21012009/u</b>	E-mail (within 2hrs. After 2hrs):		
Veh No: <b>SLZ 3317M</b>	i-Motor Claim Form		
DOA: <b>15/11/2021 15:30</b>	i-Motor W/O (Within: OP 2hrs TP 4hrs)		
OD: <b>TP</b> (Reporting Only)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **FBB 7299A** 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%; F: 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est. 2/3:	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1)*			
	*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: Idac Mobile \$0			
	Invoice date/ 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	16/11/2021 16:56 (SGT)
Date of Accident	15/11/2021 15:30 (SGT)
Exact Location of Accident	Kallang Bahru, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3317M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN HOCK LENG
NRIC No	SXXXX511J
Email Address	CUIPING@CARWAY.COM.SG
Mobile Phone No	(Phone) +65-92952889
Alternative Phone No	+65-92952889

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-002314
Cover Note Number	-

### DRIVER

Name of Driver	CHAN HOCK LENG
NRIC No	SXXXX511J

Date Of Birth .....	05/03/1988
Occupation .....	Indoor
Date Of Driving Pass .....	20/02/2009
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92952889
Alt. Phone Number .....	+65-92952889
Email Address .....	CUIPING@CARWAY.COM.SG
Address .....	BLK 346 BUKIT BATOK STREET 34 #07-210
Address complement .....	-
Postcode .....	650346
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? .....	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

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 .....	FBB7299A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) ..... -

# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 2021) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: KALLANG BAHRU

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL2 3317 M  
b) INSURANCE COMPANY: EA  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Elantra  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: perpae  
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: CHAN HOCK LENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S08075113 CONTACT: 9295 2889  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

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

\*d) DATE OF BIRTH: (\_\_\_\_ / \_\_\_\_ / \_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: FBB 7299A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Carway

Email = cuiping@carway.com.sg

Fax = \_\_\_\_\_

VIDEO = NO

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

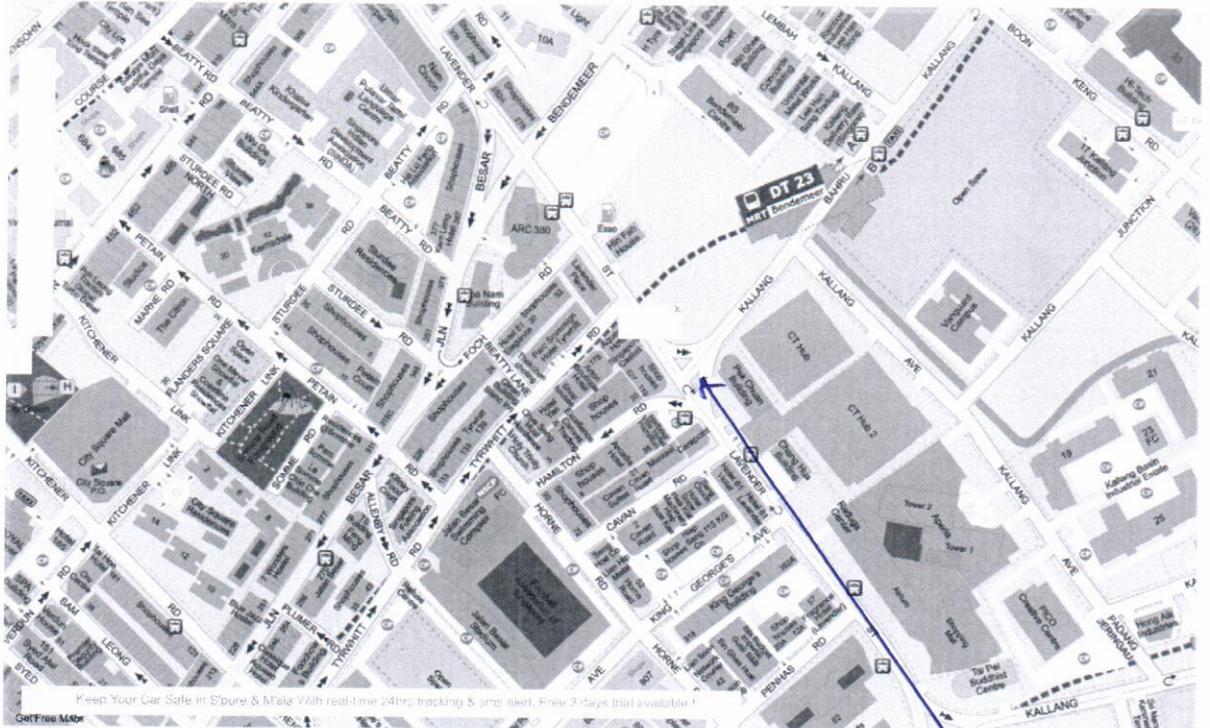
\* No of passenger  
(including driver)  
( )

Lavender Street

Map Directions

- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here

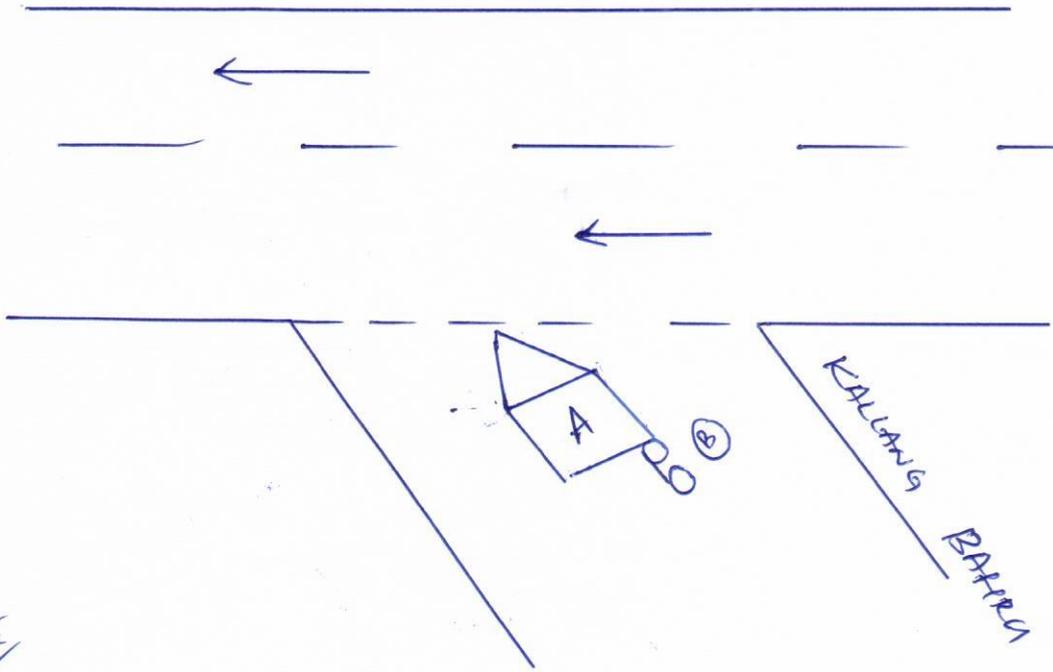
5 Things You Shouldnt Do If Hes Cheating On You



A - SLZ 3317M  
 B - FBB 7299A

accident site

LAVENDER STREET



file  
 588075115

Handwritten signature or initials.

## Accident Statement

On 15<sup>th</sup> Nov about 1530Hrs, my vehicle (SLZ3317M) was stationary at the slip road from Kallang Bahru towards Lavender Street. While waiting for the traffic to clear, suddenly and without warning, a motorcycle (FBB7299A) hit onto the back of my vehicle while I was observing for ongoing vehicles.

I am making a claim against third party.



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Name: Chan Hock Leng

NRIC: S8807511J

**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 Classic**

**Certificate No. : DMPPHQ21-002314**

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

SLZ3317M

**2. Name of Policyholder**

CHAN HOCK LENG

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

19/03/2021

**4. Date of Expiry of Insurance**

18/03/2022

**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.

Classic Plan - EQ authorized workshop only  
 Form: MX2  
 Excess:  
 Insured&Named Driver S\$500.00(Section 1 - Own Damage)  
 Unnamed Driver S\$1,000.00(Section 1 - Own Damage)  
 YEIDR Additional S\$3,000.00  
 WindScreen S\$100.00



\* 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 :

A000211/MDivine Insurance Agency  
 Date of Issue : 16/03/2021 13:58

  
 Authorised Signatory  
 EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.