

NATIONAL Assessment Centre Services

Date In: 14/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CGI21012659/13	SAS e-filing		
Veh No: SLH 77335	E-mail (within 8 hrs, AIC 2hrs)		
DOA: 13/12/21 0906	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: GRK 19210	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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	14/12/2021 16:52 (SGT)
Date of Accident	13/12/2021 09:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL WAY ENTRANCE TO TPE(PIE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7723S
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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	tommy@esseng.com.sg
Mobile Phone No	(Phone) +65-68336152
Alternative Phone No	(Office) +65-68336152

VEHICLE PARTICULARS

Manufacturer	Mini
Model	COOPER S HATCHBACK 1.6 HID D/AB DSC SR
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	1598

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-002621
Cover Note Number	-

DRIVER

Name of Driver	HENG AIK CHUAN
NRIC No	SXXXX724B



Date Of Birth	26/07/1980
Occupation	Indoor
Date Of Driving Pass	24/11/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98381744
Alt. Phone Number	-
Email Address	tommy@esseng.com.sg
Address	BLK 518B TAMPINES CENTRAL 7
Address complement	#16-64
Postcode	522518
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SD CARD CORRUPTED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1921D
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN CHWEE THIAN
Contact Number	(Phone) +65-96366543
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF6602T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDH400P
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	HENG AIK CHUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLH7723S
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

No

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
K
Kavin Chang (Mr)
Manager
Total Vehicle Solutions Department

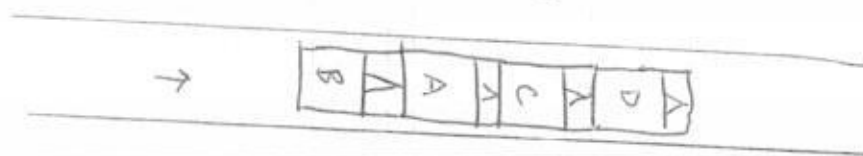
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Slip road from punggol way entering TPE (Changi) ^{PZE}



→ (TPE (PZE) Changi)

A-SLH77235
B-GBK 1921B
C-GBF 6607T
D-SAH 400P.

Describe Circumstances of the Accident

AS per above date and time, I was driving my vehicle (SLH77233) along slip road from junction way. Somewhere before entering TPE (PIE), vehicles intrude it as slowed down and stopped due to heavy traffic ahead. As such, I applied brake and stopped accordingly behind veh (C). Out of sudden, veh (B) collided onto my vehicle rear portion. Due to the impact, my vehicle surged forward and collided onto veh (C) rear portion. I alighted and found out I was involved in a 4-vehicles chain collision accident.

Veh A - SLH 77233

B - GBK 1921D

C - GBF 6602T

D - SDH 400P.

Declaration

We declare the foregoing particulars are true in every respect.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Wahlin Chang (M)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SL4 7723-8	MAKE & MODEL:	Mini Cooper S	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	13 / 12 / 2021	CC:	1.6	
TIME OF ACCIDENT:	0906 HRS			
LOCATION OF ACCIDENT:	Punggol Way entrance to TPE (P16)			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	Hitachi Capital Asia Pacific Pte Ltd.			
TEL NO:	H/P: OFFICE: 6833 6152 HOME:			
NRIC:	199400399N			
ADDRESS:	111 Somerset Road #14-05-15 Tripleone Somerset			
EMAIL:	tommy@esseng.com.sg (S) 238164			
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/>			
INSURANCE COMPANY:	EQ			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	0MPPHQ21-002621			
NAME OF DRIVER:	AS ABOVE / IF NO: HENG AIL CHUAN.			
NRIC:	S 8021724B. ANY PASSENGER: 02 (M)			
DATE OF BIRTH:	26 / 07 / 1980 LICENCE PASSED DATE: 24 / 11 / 2011			
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> INDOOR <input type="radio"/>			
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 9838 1744. OFFICE: HOME:			
ADDRESS:	BLK 518B Tampines Central 7 #16-64 (S) 522518			
EMAIL:	tommy@esseng.com.sg.			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO IF YES, REG NO: INSURER:			
RELATIONSHIP:	Hire			
WEATHER CONDITION:	CLEAR <input checked="" type="radio"/> RAINING <input type="radio"/> OTHERS:			
ROAD SURFACE:	DRY <input checked="" type="radio"/> WET <input type="radio"/> OTHER:			
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?			
NAME & CONTACT:	HENG AIL CHUAN (H/P: 9838 1744)			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO IF YES, WHO?			
VEHICLE B REG NO:	GBK 1921D	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:	Tan Chwee Thian	CONTACT NO:	9636 6543	
VEHICLE C REG NO:	GBF 6602T	ANY PASSENGERS:	N.A.	
VEHICLE D REG NO:	SD4 400P.	ANY PASSENGERS:	N.A.	
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME		WITNESS CONTACT		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES <input type="radio"/> NO SD Card Corrupted.			
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES <input type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO			
ACCIDENT PORTION:	Front and Rear Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="radio"/> NO <input type="radio"/>			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Meng			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

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. : DMPPHQ21-002621**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Named Driver: S\$1,000.00

Unnamed Drivers Add: S\$2,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLH7723S

2. Name of Policyholder

HITACHI CAPITAL ASIA PACIFIC PTE LTD

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

11/04/2021

4. Date of Expiry of Insurance

10/04/2022

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.
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 :

A000298/Tong Hin Insurance Agency Pte Ltd

Date of Issue : 29/03/2021 18:04

Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ20-002547**