

NATION Assessment Centre Services

SN0822/KC002

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/01/2022 12:12 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/EE722000720/4 | SAS e-illing | | |
| Veh No: GBS 8883P | E-mail (within 2hrs. At 2hrs) | | |
| DOA: 19/01/2022 12:15 | I-Motor Claim Form | | |
| OD: TP Reporting Only | I-Motor W/O (within 10: 2hrs. 10: 2hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksn | | |

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

TP Particulars: Veh No: 84V42097 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 | | Am't (\$) | Am't (\$) |
|---|------------|-----------|-----------|
| | | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30) | | | |
| 2) DA: Damage Assessment (\$100) | INC (\$80) | | |
| 3) TF: 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 2003) | | | |
| 6) TR: Re-inspection | \$75 | | |
| 7) NI: Idac DA + SMRT Survey | \$160 | | |
| 8) NTUC Additional Services:- | | | |
| 9) NI: NI Mobile | \$30 | | |
| 10) NI: NI Mobile | \$30 | | |
| 11) NI: NI Mobile | \$30 | | |
| 12) NI: NI Mobile | \$30 | | |
| 13) NI: NI Mobile | \$30 | | |
| 14) NI: NI Mobile | \$30 | | |
| 15) NI: NI Mobile | \$30 | | |
| 16) NI: NI Mobile | \$30 | | |
| 17) NI: NI Mobile | \$30 | | |
| 18) NI: NI Mobile | \$30 | | |
| 19) NI: NI Mobile | \$30 | | |
| 20) NI: NI Mobile | \$30 | | |
| 21) NI: NI Mobile | \$30 | | |
| 22) NI: NI Mobile | \$30 | | |
| 23) NI: NI Mobile | \$30 | | |
| 24) NI: NI Mobile | \$30 | | |
| 25) NI: NI Mobile | \$30 | | |
| 26) NI: NI Mobile | \$30 | | |
| 27) NI: NI Mobile | \$30 | | |
| 28) NI: NI Mobile | \$30 | | |
| 29) NI: NI Mobile | \$30 | | |
| 30) NI: NI Mobile | \$30 | | |
| 31) NI: NI Mobile | \$30 | | |
| 32) NI: NI Mobile | \$30 | | |
| 33) NI: NI Mobile | \$30 | | |
| 34) NI: NI Mobile | \$30 | | |
| 35) NI: NI Mobile | \$30 | | |
| 36) NI: NI Mobile | \$30 | | |
| 37) NI: NI Mobile | \$30 | | |
| 38) NI: NI Mobile | \$30 | | |
| 39) NI: NI Mobile | \$30 | | |
| 40) NI: NI Mobile | \$30 | | |
| 41) NI: NI Mobile | \$30 | | |
| 42) NI: NI Mobile | \$30 | | |
| 43) NI: NI Mobile | \$30 | | |
| 44) NI: NI Mobile | \$30 | | |
| 45) NI: NI Mobile | \$30 | | |
| 46) NI: NI Mobile | \$30 | | |
| 47) NI: NI Mobile | \$30 | | |
| 48) NI: NI Mobile | \$30 | | |
| 49) NI: NI Mobile | \$30 | | |
| 50) NI: NI Mobile | \$30 | | |
| 51) NI: NI Mobile | \$30 | | |
| 52) NI: NI Mobile | \$30 | | |
| 53) NI: NI Mobile | \$30 | | |
| 54) NI: NI Mobile | \$30 | | |
| 55) NI: NI Mobile | \$30 | | |
| 56) NI: NI Mobile | \$30 | | |
| 57) NI: NI Mobile | \$30 | | |
| 58) NI: NI Mobile | \$30 | | |
| 59) NI: NI Mobile | \$30 | | |
| 60) NI: NI Mobile | \$30 | | |
| 61) NI: NI Mobile | \$30 | | |
| 62) NI: NI Mobile | \$30 | | |
| 63) NI: NI Mobile | \$30 | | |
| 64) NI: NI Mobile | \$30 | | |
| 65) NI: NI Mobile | \$30 | | |
| 66) NI: NI Mobile | \$30 | | |
| 67) NI: NI Mobile | \$30 | | |
| 68) NI: NI Mobile | \$30 | | |
| 69) NI: NI Mobile | \$30 | | |
| 70) NI: NI Mobile | \$30 | | |
| 71) NI: NI Mobile | \$30 | | |
| 72) NI: NI Mobile | \$30 | | |
| 73) NI: NI Mobile | \$30 | | |
| 74) NI: NI Mobile | \$30 | | |
| 75) NI: NI Mobile | \$30 | | |
| 76) NI: NI Mobile | \$30 | | |
| 77) NI: NI Mobile | \$30 | | |
| 78) NI: NI Mobile | \$30 | | |
| 79) NI: NI Mobile | \$30 | | |
| 80) NI: NI Mobile | \$30 | | |
| 81) NI: NI Mobile | \$30 | | |
| 82) NI: NI Mobile | \$30 | | |
| 83) NI: NI Mobile | \$30 | | |
| 84) NI: NI Mobile | \$30 | | |
| 85) NI: NI Mobile | \$30 | | |
| 86) NI: NI Mobile | \$30 | | |
| 87) NI: NI Mobile | \$30 | | |
| 88) NI: NI Mobile | \$30 | | |
| 89) NI: NI Mobile | \$30 | | |
| 90) NI: NI Mobile | \$30 | | |
| 91) NI: NI Mobile | \$30 | | |
| 92) NI: NI Mobile | \$30 | | |
| 93) NI: NI Mobile | \$30 | | |
| 94) NI: NI Mobile | \$30 | | |
| 95) NI: NI Mobile | \$30 | | |
| 96) NI: NI Mobile | \$30 | | |
| 97) NI: NI Mobile | \$30 | | |
| 98) NI: NI Mobile | \$30 | | |
| 99) NI: NI Mobile | \$30 | | |
| 100) NI: NI Mobile | \$30 | | |

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice dated
Invoice dated

Fee Charged
Fee Charged

Am't (\$)
Am't (\$)

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 | 20/01/2022 12:12 (SGT) |
| Date of Accident | 19/01/2022 12:15 (SGT) |
| Exact Location of Accident | Ghim Moh Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBJ8883P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | Yes |
| Name Of Registered Owner | GREAT NATURAL TASTE |
| Company Reg No | 5XXXX978B |
| Email Address | winnieloosn@yahoo.com |
| Mobile Phone No | (Phone) +65-81332082 |
| Alternative Phone No | +65-81332082 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Peugeot |
| Model | Partner |
| 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 | 1499 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCPHQ21-002434 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LOO SIEW NEE |
| NRIC No | SXXXX499J |

| | |
|--|---------------------------------------|
| Date Of Birth | 08/02/1977 |
| Occupation | Outdoor |
| Date Of Driving Pass | 21/01/2003 |
| Driving experience | 19 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-81332082 |
| Alt. Phone Number | - |
| Email Address | winnielosn@yahoo.com |
| Address | BLK 296C BUKIT BATOK STREET 22 #33-94 |
| Address complement | - |
| Postcode | 653296 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Major/Minor Rd |
| 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 |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKV4209T |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | E250 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | GIAN KIM CHUAN |
| NRIC No | SXXXX777J |
| Contact Number | (Phone) +65-96609553 |
| Address | - |

| | |
|---|---|
| Address complement | - |
| * Postcode | - |
| Insurance Company Name | - |
| * Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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

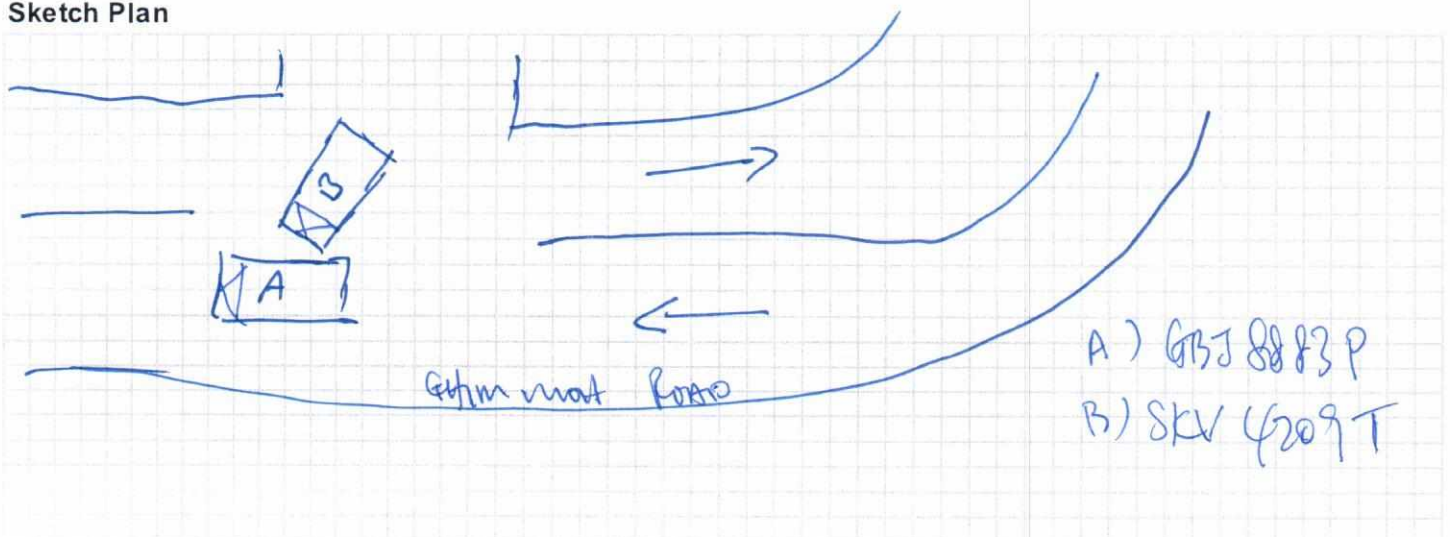
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

When I drive along Ghim Moh Road at around 12:15 noon. A vehicle from my right side suddenly exist from car park exist at Ghim Moh Market. The vehicle was hit on my right side vehicle. After accident I immediate stop my vehicle & check my vehicle condition.

Declaration

We declare the foregoing particulars are true in every respect.

11:30am

20/01/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/01/2022

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 1 / 2022) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: Ghim Moh Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBS 8883P
b) INSURANCE COMPANY: CG Insurance
c) POLICY NUMBER: DmCPH21-002434
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Peugeot Partner
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Butte Brent Natural Taste (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 53344998B CONTACT: 81332082
C) ADDRESS: Buk 296 C Bukit Butik ST 22 #33-94
Singapore 653296

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Siew Nee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57772499J CONTACT: 81332082
c) ADDRESS: Buk 296 C Bukit Butik ST 22 #33-94
Singapore 653296

* d) DATE OF BIRTH: (08 / 02 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/1/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SKV 4209T MODEL: MB E250
b) DRIVER'S NAME: Guan Kim Chuan
c) NRIC/FIN/PASSPORT: 5217177J CONTACT: 96609553

9. THIRD PARTY VEHICLE

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

email =

VIDEO

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

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive Classic**

Certificate No. : DMCPHQ21-002434

Classic Plan - EQ Authorised Workshop Only

Form: LCVF1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBJ8883P

2. Name of Policyholder

GREAT NATURAL TASTE

3. Effective Date of the Commencement of Insurance for the purpose of the Act
25/07/2021

4. Date of Expiry of Insurance

24/07/2022

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

* 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*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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 : HL Bank

A000472/ACIS Insurance Agency Pte Ltd
Date of Issue : 25/06/2021 16:46



Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ20-002120