

# NATIONAL Assessment Centre Services

Date In: 03/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/EOJ22001038/13	SAS e-filing		
Veh No: SLN3187J	E-mail (w/2hrs. Max. 2hrs)		
D.O.A: 01/02/22 1500	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: QD 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: GBF1407Z	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	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:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>Auditors' Comments :-</b>			
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	03/02/2022 15:51 (SGT)
Date of Accident	01/02/2022 15:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3187J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHRIS GAN
NRIC No	SXXXX355G
Email Address	chrisganyx@gmail.com
Mobile Phone No	(Phone) +65-91066656
Alternative Phone No	+65-91066656

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-002473
Cover Note Number	-

#### DRIVER

Name of Driver	CHRIS GAN
NRIC No	SXXXX355G



Date Of Birth	02/08/1981
Occupation	Indoor
Date Of Driving Pass	23/11/2005
Driving experience	16 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91066656
Alt. Phone Number	+65-91066656
Email Address	chrisganyx@gmail.com
Address	BLK 278 YISHUN ST 22
Address complement	#09-280
Postcode	760278
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	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

PLS REFER TO THE ATTACHED 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	GBF1407Z
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHRIS GAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLN3187J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


## SKETCH PLAN

### IMPORTANT NOTICE

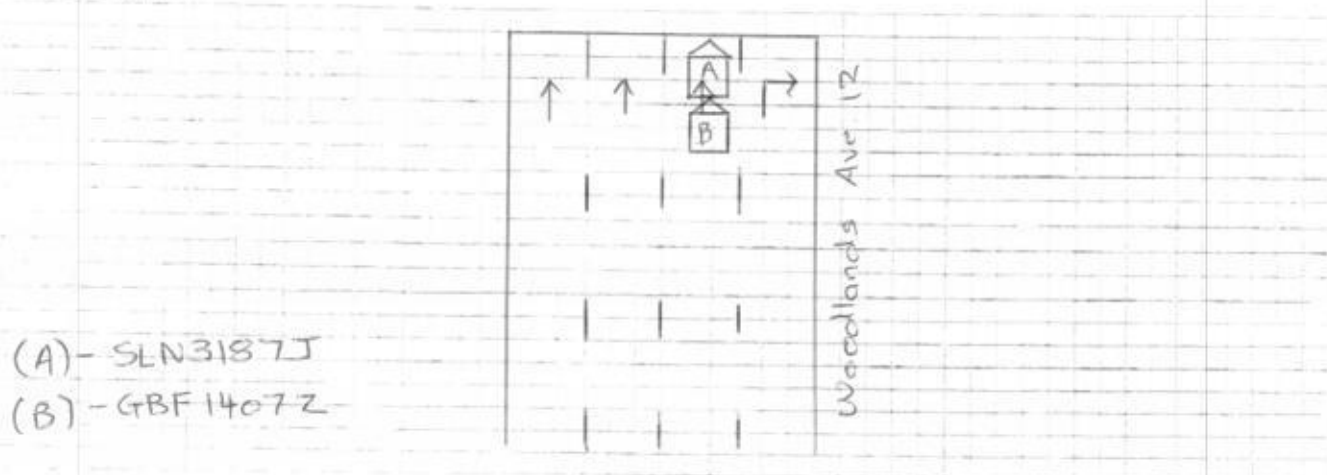
1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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.
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 firms/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 firms/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 firms/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

 03/02/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident


On the 01/02/2022 @ about 3.00p.m, along Woodlands Ave. 12 towards SLE. I was travelling on the lane 2 of the above mentioned road before the junction of Woodlands Ave. 1 when the traffic light turned red. I slowed down and stop. Suddenly, I felt a great impact from the rear, and when I alighted, I realised it was Vehicle (B) who collided into the rear portion of my Vehicle (A), causing damages to my vehicle.

Declaration

(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

 05/02/22  
Witnessed by Reporting Centre Personnel

VEHICLE NO: SLN3187J

MAKE &amp; MODEL: Honda City

AUTO / MANUAL

DATE OF ACCIDENT	01.02.2022	CC 1,500
TIME OF ACCIDENT	3.00 AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Woodlands Ave. 12	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Chris Gan	
EMAIL	chrisganix@gmail.com	Office: MOBILE 9106 6656
NRIC	58124355G	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO.	EQ	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPPHQ21-002473	
NAME OF DRIVER	<input checked="" type="radio"/> AS ABOVE / IF NO.	
NRIC	58124355G	
DATE OF BIRTH	02.08.1981	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	23.11.2005	
GENDER	Male / <input checked="" type="radio"/> Female	
CONTACT NO.	Mobile 9106 6656 Office: Home:	
EMAIL		
ADDRESS	Blk 278 Yishun St. 22 #09-250 S(760278)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No, owner	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who? Chris Gan	
CONTACT NO.		
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 NO.	GBF1407Z	Any Passenger: unknown
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
<b>**WORKSHOP:</b>	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	

**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. : DMPPHQ21-002473**

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**

SLN3187J

**2. Name of Policyholder**

CHRIS GAN

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

28/04/2021

**4. Date of Expiry of Insurance**

27/04/2022

**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.

\* 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 : Oversea Chinese Banking Corporation Limited

A000137/I. Insurance  
Date of Issue : 23/03/2021 14:25

Authorised Signatory  
EQ Insurance Company Limited

**Exp No. : DMPPHQ20-002130**