

# NATIONAL Assessment Centre Services

SA10822270002

Date In: 7/2/21 17:35	Job description	Date & Time Completed	Done by
Ref No: N8A/EQ122001/19/17	SAS e-filing		
Veh No: SML1505L	E-mail (within 3hrs. After 2hrs.)		
DOA: 3/1/22 11:05	I-Motor Claim Form		
OD: GP Reporting Only	I-Motor W/O (within 10 hrs. After 10 hrs.)		
	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: G6E1594X	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		Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30			
CAL 1:	For claiming against INC Only (wef 10 Jan 2003)			
CAL 2/3:	6) TR: Re-inspection \$75			
	7) NI: Issue DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NI: Issue Mobile \$40			
	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	07/02/2022 17:35 (SGT)
Date of Accident	31/01/2022 11:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AFTER CTE BRADDELL ROAD EXIT 10 TOWARDS UPP SERANGOON RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1505L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI TAU NAM
NRIC No	SXXXX620Z
Email Address	ANGGORDON.X@GMAIL.COM
Mobile Phone No	(Phone) +65-96694628
Alternative Phone No	(Office) +65-96694628

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	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	DMCTHQ21-000019
Cover Note Number	-

### DRIVER

Name of Driver	LAI TAU NAM
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NRIC No	SXXXX620Z
Date Of Birth	03/01/1960
Occupation	Outdoor
Date Of Driving Pass	21/05/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96694628
Alt. Phone Number	(Office) +65-96694628
Email Address	ANGGORDON.X@GMAIL.COM
Address	BLK 373 TAMPINES ST 34
Address complement	#07-28
Postcode	S520373
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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 CIRCUMSTANCES OF ACCIDENT

#### 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	GBE1594X
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)	-



## 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' 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

After (TE Braddell Road Exit 10 towards Upp Serangoon Road

Vehicle A: SML1505L  
Vehicle B: GBE1544X



### Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMU1505L) was travelling straight at the stated location on the extreme left lane. Out of sudden, vehicle B (GBE1594X) abruptly cut into my lane and collided onto the right side portion of my vehicle causing damages.

## Declaration

We declare the foregoing particulars are true in every respect.

Time \_\_\_\_\_

Policyholder's Signature / Date & \_\_\_\_\_

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

Witnessed by Reporting Centre Personnel



Date of Accident : 31/01/2022 Accident Time: 1105hrs (24-HR-FORMAT)  
Accident Place : After ITE Braddell Road Exit 10 towards Upp Serangoon Rd  
Vehicle Reg. No (Car plate No.) : SML1505L Vehicle Make/Model: Hyundai AD Amte  
Insurance Company : EQ Policy No. DMUTH621-000019  
Name of Registered Owner : Company / Individual Lai Tau NAM  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S14416202  
Co Contact No: - Owner's Contact No: 96694628  
DRIVER'S Name : Lai Tau NAM DRIVER'S NRIC No: S14416202  
DRIVER'S Date of Birth : 03 Jan 1960 DRIVER'S License Pass Date: 31 May 1980  
Relationship bet. Owner & Driver : Spouse / Parents / Child / Sibling / Employee / Others Owner  
DRIVER'S Address : Apt B1K 373 Tampines Street 34 #07-28 S (520373)  
DRIVER'S Contact No / Alt No : 1) 96694628 2) -  
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an etc)  
Email Address : angjordan.x@gmail.com  
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party / ~~Claim Own Insurance~~

Number of Passengers (including Driver): 02 Passenger Name: Unknown Gender: M/F  
Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F  
Was there any video Captured by car camera? YES / NO Any Injuries: YES / NO Injured Name: -  
Injured Name: -  
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBE1594X	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

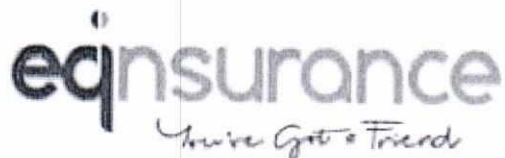
Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 8433 | 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.

**HIRE CARS (SCHEDULE 3)  
Comprehensive**

Certificate No.: DMCTHQ21-000019

1. Index Mark and Registration Number of Vehicles  
SM115051

2. Name of Policyholder  
LAI TAU NAM

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
08/05/2021

4. Date of Expiry of Insurance  
07/05/2022

5. Person or Classes of Persons entitled to drive\*  
(a) The Policyholder  
(b) The specific person(s) whose name is lodged in the Policy Schedule

Form: LCRH  
Excess:

Section 1	SGD2,000.00
Section 2	SGD2,000.00
Section 1 Outside SG	SGD4,000.00
Section 2 Outside SG	SGD4,000.00

EQI Motor Accident  
Hotline

**6311 3211**



\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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. Limitations as to use\***

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

**THE POLICY DOES NOT COVER**

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\*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.

Authorised Signatory  
EQ Insurance Company Limited

misjb/HO/A000298/Tong Hin Insurance A



A Member of Citystate