

NATION 17 Assessment Centre Services

SM08223P0002

Date: 25/03/2022 17:50
Ref No: N130/EQ/2200291/Y
Veh No: SMR 8430R
Time: 25/03/2022 07:30
① Reporting Onl.

Job description: SAS e-filing
E-mail (a/c, s/c, v/c, 2nd):
i-Motor Claim Form
i-Motor W/O (a/c, s/c, v/c, 2nd):
i-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SL7 3593M

INC ()

1/ 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 or repairer

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-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 :-

Driver/Owner:

Contact No.

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 & 3:

Invoice Preparation Checklist

And (\$)

1st Bill

And (\$)

2nd 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 Daily (wef 10 Jan 2015)

6) TR: Re-inspection \$75

7) N1: 1st DA - SMRT Survey \$160

8) NTUC Additional Services:-

QC:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

LP (\$10) / TP (\$5) + ENO against INC \$20

9) N12: 1st Mile \$10

Insurer dated

Insurer signed

Acc. Charge

Fee Charge

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 GI 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	25/03/2022 17:50 (SGT)
Date of Accident	25/03/2022 07:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER THOMSON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8430R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH YEW CHYE
NRIC No	SXXXX634J
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-82827703
Alternative Phone No	+65-82827703

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ22-000340
Cover Note Number	-

DRIVER

Name of Driver	GOH YEW CHYE
NRIC No	SXXXX634J

Date Of Birth	10/12/1979
Occupation	Indoor
Date Of Driving Pass	05/01/2004
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82827703
Alt. Phone Number	+65-82827703
Email Address	estrpt66@gmail.com
Address	BLK 190 PUNGGOL CENTRAL #16-297
Address complement	-
Postcode	820190
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	SLT3593M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW8773X
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

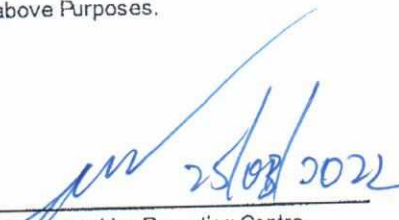
(collectively the "Purposes")

(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

Sketch Plan diagram showing a road layout with three lanes labeled A, B, and C. Lane A is the leftmost lane, Lane B is the middle lane, and Lane C is the rightmost lane. The diagram is drawn on a grid background.

Handwritten notes on the right side of the diagram:

- A = SMR 8430R
- B = SLT 3593M
- C = SGW 8773X

Handwritten note at the bottom of the diagram:

PIE toward TVAS after Thomson exit

Describe Circumstances of the Accident

On the stated date and time, while I was driving along PIE toward TUAS after Thomson exit. the front vehicle stopped and I stopped too. After a few second I felt a impact from the rear, I then realised vehicle B from the rear hit on to my car rear portion and my car sustain rear damages. It was a chain collision of the total 3 vehicles involved.

Declaration

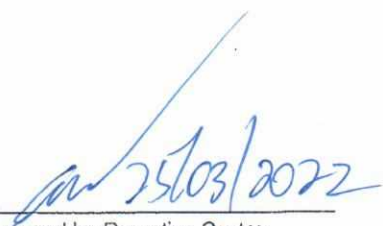
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	25/3/2022	TIME:	7:30AM	(hh:mm) 24 hrs Format
LOCATION	PTE toward TVAS after Thomson exit			
VEHICLE NUMBER	SMR 8430 R			
INSURED NAME	Goh Yew Chye			
NRIC / FIN	S7938634 J	CONTACT:	8282-7703	
MAKE	Mercedes	MODEL	GLA 180	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	EQ			
TYPE OF POLICY	(<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER:	DM PP HQ 22 - 000340			
NAME DRIVER:	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	CONTACT:			
DATE OF BIRTH:	10-12-1979			
DRIVING PASS DATE:	05-01-2004			
OCCUPATION:	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER:	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	est+rpt66@gmail.com () NO EMAIL			
ADDRESS OF DRIVER:	Blk 190 Punggol Central #16-297 S. 820190			
Number Of Passenger Include Driver:	Driver only			
Was driver an employee of the Insured's Company?	() YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle?	() YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions:	(<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface	: (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident?	() YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident?	() YES (<input checked="" type="checkbox"/>) NO			
If YES, Injured details :				
Convey By Ambulance:	() YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera?	(<input checked="" type="checkbox"/>) YES () NO			
Was There Accident Reported To The Police?	() YES () NO If Yes Attach Police Report			
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SLT 3593 M			
Veh C	SGW 8773 X			
Veh D				
Veh E				
Veh F				
Veh G				

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. : DMPPHQ22-000340

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

SMR8430R

2. Name of Policyholder

GOH YEW CHYE

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

23/01/2022

4. Date of Expiry of Insurance

22/01/2023

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.

EQI Motor Accident
Hotline

6311 3211



* 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.

IWE 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 : Tokyo Century Leasing (Singapore) Pte Ltd

A000137/I. Insurance
Date of Issue : 28/12/2021 10:11

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ21-000343