

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 09/05/22         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/EQ122004260/13 | SAS e-filing                             |                       |         |
| Veh No: SMS1686K          | E-mail (within 3hrs. AIC 2hrs)           |                       |         |
| D.O.A: PC 09/05/22 0810   | 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: PC9426R | 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                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |             |          |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |          |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |             |          |
|                                 | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR : Re-inspection \$75                      |             |          |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | ON*   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11) : TP (Non INC) against INC \$20        |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
| Cat. 1:                         | Invoice date:                                   | 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              | 09/05/2022 14:02 (SGT)        |
| Date of Accident                | 09/05/2022 08:10 (SGT)        |
| Exact Location of Accident      | Upper Serangoon Rd, Singapore |
| Additional Location Information | -                             |
| Country/State of Loss           | Singapore                     |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMS1686K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | LIANG HUIQING        |
| Passport No/FIN          | GXXXX247P            |
| Email Address            | jmartauto@gmail.com  |
| Mobile Phone No          | (Phone) +65-96581605 |
| Alternative Phone No     | +65-96581605         |

#### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | Nissan      |
| Model  | Qashqai     |
| 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? | Yes         |
| Vehicle Category   | Private car |
| Transmission   | Auto        |
| CC   | 1197        |

#### INSURANCE COMPANY

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type of Coverage          | Comprehensive            |
| Fleet Policy              | No                       |
| Policy Number             | DMPPHQ22-001454          |
| Cover Note Number         | -                        |

#### DRIVER

|                 |               |
|-----------------|---------------|
| Name of Driver  | LIANG HUIQING |
| Passport No/FIN | GXXXX247P     |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 13/07/1982              |
| Occupation   | Outdoor                 |
| Date Of Driving Pass   | 30/12/2020              |
| Driving experience   | 1 YEAR AND 5 MONTHS     |
| Gender   | Female                  |
| Mobile Number  | (Phone) +65-96581605    |
| Alt. Phone Number  | +65-96581605            |
| Email Address  | jmartauto@gmail.com     |
| Address  | 70 UPPER SERANGOON VIEW |
| Address complement   | #15-29                  |
| Postcode   | 533883                  |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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? | No  |

#### PASSENGER 1

|        |      |
|--------|------|
| Name   | KID  |
| Gender | Male |

#### PASSENGER 2

|        |        |
|--------|--------|
| Name   | KID    |
| 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

FAILED TO BRAKE IN TIME AND HIT ONTO VEH B REAR PORTION.

#### 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 | PC9426R |
| 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' 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.

Liang Huiling

Policyholder's Signature / Date & Time

Liang Huiling

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

Lyn 09/05/22

Witnessed by Reporting Centre Personnel

### Sketch Plan

Upper  
Serangoon  
Rd

B  
A

DoA: 9/5/22

A: SMS 1686 K

B: PC 9426R

Describe Circumstances of the Accident

B

Failed to brake in time hit onto ~~my~~ veh<sup>B</sup> rear  
portion.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Liang Huiping  
Policyholder's Signature / Date &  
Time

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

Shun 09/05/22  
Witnessed by Reporting Centre  
Personnel



|   |   |   |                               |
|---|---|---|-------------------------------|
| Date of Accident : 9/5/22   |   | Time of Accident : 8.10 am                              |                               |
| Exact Location of Accident : Upper Serangoon Rd   |   |   |                               |
| Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY                 |   |   |                               |
| Weather Condition : Clear / Raining   |   | Wet / Dry Private Use / Work                            |                               |
| Owner's Name : Liang Huiqing  |   | NRIC : G19952479  | HP : 96581605                 |
| Driver's Name :   |   | NRIC : u  | HP : u                        |
| DOB : 13/7/1982   | Driving Licence Passing Date : 30/12/2020 |   | Occupation : Indoor / Outdoor |
| Address : 70 #15-29 Upper Serangoon View (S33883)   |   |   |                               |
| Relationship Of Driver with Insured : Owner   |   | Email :   |                               |
| Vehicle Number : SMS 1686 K   |   | Make & Model :  |                               |
| Insurance Company : EQ  |   | Policy Num :  | Coverage :                    |
| Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax       |   |   |                               |
| A : 1 + 2 B : C : D :   |   |   |                               |
| Vehicle A Passenger Name :  |   |   |                               |
| Anyone Injured :  |   |   |                               |
| <input checked="" type="radio"/> NO   |   | <input type="radio"/> YES Name / NRIC / Which Vehicle : |                               |
| Was The Accident Reported To The Police ?   |   |   |                               |
| <input checked="" type="radio"/> NO   |   | <input type="radio"/> YES Which Police Station :        |                               |
| Does The Driver Own Any Other Vehicle ?   |   |   |                               |
| <input checked="" type="radio"/> NO   |   | <input type="radio"/> YES Vehicle Number : Insurer :    |                               |
| Was Any Foreign Vehicle Involved ?  |   |   |                               |
| <input checked="" type="radio"/> NO   |   | <input type="radio"/> YES Vehicle Number & Category :   |                               |
| Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES |   |   |                               |

### Third Party's Particular

|                                |  |                |      |
|--------------------------------|--|----------------|------|
| Vehicle B 's Number : PL 9426R |  | Make & Model : |      |
| Driver's Name :                |  | NRIC :         | HP : |
| Vehicle C 's Number :          |  | Make & Model : |      |
| Driver's Name :                |  | NRIC :         | HP : |

### Witness 's Particular

**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 Premier****Certificate No. : DMPPHQ22-001454****1. Index Mark and Registration Number of Vehicles**

SMS1686K

**2. Name of Policyholder**

Liang HuiQing

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

13/02/2022

**4. Date of Expiry of Insurance**

12/02/2023

**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.

Premier Plan - Any Workshop

Form: MX2

Excess:

Insured &amp; Named Driver S\$500.00 (Section 1 - Own Damage)

Unnamed Driver S\$1,000.00 (Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

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.

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 :

A000424/Ng Kok Choo  
Date of Issue : 11/02/2022 12:51Authorised Signatory  
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.