

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **SN0825 N0002**

Date In: 28/05/2022 12:22	Job description	Date & Time Completed	Done by
Ref No: NPA/EG/1220048121	SAS e-filing		
Veh No: SMM 6384E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/05/2022 12:35	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **GBH 2836B** 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:	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

Statement Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	Inc Bill	Inc Bill	Adm Bill
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)		
C Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45		
Auditors Comments:	4) FT: Follow-Through Survey \$120		
t. 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
t. 2/3:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	23/05/2022 12:22 (SGT)
Date of Accident	22/05/2022 13:35 (SGT)
Exact Location of Accident	Angullia Park, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6384E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG JEN HAN
NRIC No	SXXXX727C
Email Address	chuajoanne73@gmail.com
Mobile Phone No	(Phone) +65-98555423
Alternative Phone No	+65-98555423

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	UX200
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	1987

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ22-002671
Cover Note Number	-

DRIVER

Name of Driver	WONG JEN HAN
NRIC No	SXXXX727C

Date Of Birth	19/04/1988
Occupation	Indoor
Date Of Driving Pass	24/01/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98555423
Alt. Phone Number	+65-98555423
Email Address	chuaioanne73@gmail.com
Address	BLK 54 NEW UPPER CHANGI ROAD #17-1464
Address complement	-
Postcode	461054
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JULIA FOO
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 SKETCH PLAN

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	GBH2836B
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

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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

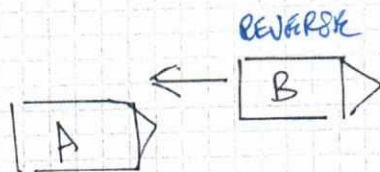
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

23/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Angullia Car Park.

(A) SMM 6384E
(B) GBH 2836B

Describe Circumstances of the Accident

At the said place and time .

I was travelling in the carpark driveway. I honked at vehicle B who was blocking my way.

Vehicle B moved forward to make way for me but after that vehicle B suddenly reversed and hit onto the front left portion of my car .

Declaration

We declare the foregoing particulars are true in every respect.

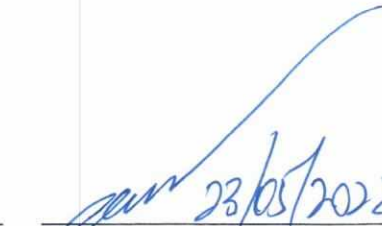
X



Policyholder's Signature / Date & Time

X 

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

 23/05/2022
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	Orchard Boulevard Public Carpark (Angullia Car Park)
Accident Date / Time:	22/5/2022 (1335Hrs)
Weather Conditions	Clear / Raining / Drizzling / Others ()
Road Surface	Dry / Wet / Others ()

VEHICLE INFORMATION

Vehicle No.	SMM 6384 E	Transmission	Auto / Manuel
Vehicle Make / Model	Lexus UX200	C.C	1987
Insured Name	Wong Jen Han		
NRIC / FIN / UEN	88815727C	Contact Number	98555423
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / Third Party / Reporting only	Insurance Company	EQ	
Type of Policy: Comprehensive / Third Party / TPTF	Policy Number	DMPPHQ22-002671	

SAME AS INSURED ()

Address of driver: Blk 54 New Upper Changi Road
#17-1464 Singapore 461054

Name Driver	As above		
NRIC / FIN / UEN			
Date of Birth	19/04/1988	Contact Number	
Driving Pass Date	24/01/2008	Occupation	Indoor / Outdoor
Email	* CHUAJOANNE73@GMAIL.COM	Gender	Male / Female
Number of passenger include driver (Please provide name & gender of the passenger)			
2 - Julia Foo (F.)			

Was driver an employee of the Insured's Company? Yes / No	Yes / No
If No, Relationship of the Driver with the Insured	Owner / Spouse / Friend / Relative / Children / Sibling / Other ()
Does the driver own any other vehicle? Yes / No (If Yes, Please provide veh/model:)	Yes / No
Was any Foreign vehicle involved in this Accident? Yes / No	Yes / No
Was anybody body injured in the Accident? Yes / No	Yes / No
If Yes, Injured details:	
Convey By Ambulance: Yes / No	Yes / No
Was there any video capture by Car Camera? Yes / No	Yes / No
Was there Accident Report to the Police? Yes / No (If Yes, Pls provide Police Report:)	Yes / No

Third Party Vehicle	Third Party Name / NRIC	Contact Number
Vehicle B	GBH 2836B	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		

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. : DMPPHQ22-002671**

Premier Plan - Any Workshop

Form: MX2

Excess:

Insured&Named Driver	S\$600.00(Section 1 - Own Damage)
Unnamed Driver	S\$1,100.00(Section 1 - Own Damage)
YEIDR	Additional S\$3,000.00
WindScreen	S\$100.00

1. Index Mark and Registration Number of Vehicles

SMM6384E

2. Name of Policyholder

WONG JEN HAN

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

30/03/2022

4. Date of Expiry of Insurance

29/03/2023

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.

* 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,relability 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 : TOYOTA FINANCIAL SERVICES SINGAPORE PTE.LTD

A000517/Speedo Capital Pte Ltd
Date of Issue : 28/03/2022 16:49


Authorised 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.