

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

81082260005

Date In: 01/06/2022 14:19	Job description	Date & Time Completed	Done by
Ref No: N/A/EG/2205446/4	SAS e-filing		
Veh No: SMG 872G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/06/2022 15:00	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:

SNE 535TB

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:

(If C 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

Am't (\$)

Am't (\$)

Inc Bill

Ass 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 claimline against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao 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

TE (N11): TP (Non-INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

t. 1:

t. 2 / 3:

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	08/06/2022 14:19 (SGT)
Date of Accident	03/06/2022 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE KPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG873G
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEONG AI LAY
NRIC No	SXXXX949C
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-90909216
Alternative Phone No	+65-90909216

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
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	999

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-007742
Cover Note Number	-

DRIVER

Name of Driver	YEONG AI LAY
NRIC No	SXXXX949C

Date Of Birth	21/12/1976
Occupation	Indoor
Date Of Driving Pass	09/02/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90909216
Alt. Phone Number	+65-90909216
Email Address	citizenpower555@gmail.com
Address	23 MILTONIA CLOSE #07-06
Address complement	-
Postcode	768059
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?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20220603/7048

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	SNE5355B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEONG AI LAY
Gender	Female
Phone No	(Phone) +65-90909216
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG873G
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. 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)

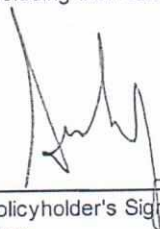
I understand, acknowledge, agree and consent that :

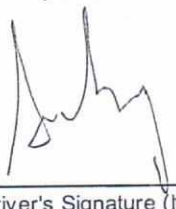
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


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

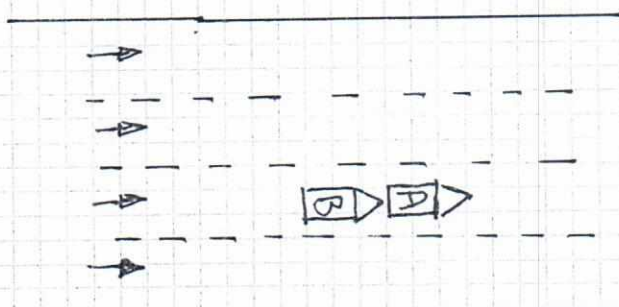

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE - TUAS BEFORE KPE EXIT.

VEH A = SMG 873 G

VEH B = SNE 5355 B

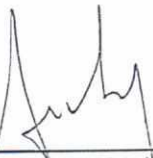


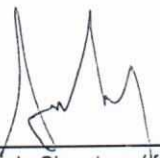
Describe Circumstances of the Accident

- REFER TO POLICE REPORT - A/20220603/7048

Declaration

I/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

 08/06/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



A/20220603/7048

1 of 2

POLICE REPORT (NP299)

Report No. A/20220603/7048

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 03/06/2022 20:10	Vide Report No.	Station Diary No.
Name Of Informant YEONG AI LAY	Address 23 MILTONIA CLOSE #07-06 SINGAPORE 768059	
ID Type / ID No. NRIC NO / S7641949C	Contact No. Home/Office: Mobile: 90909216	
Nationality SINGAPORE CITIZEN	Email Address WHITESKIM@YAHOO.COM	
Occupation Manager	Sex Female	Age 45
Institution/School Name	Date of Birth 21/12/1976	Race Chinese
Date/Time Of Incident 03/06/2022 15:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SMG873G along PIE(Tuas) when I had gradually come to a stop due to traffic conditions before KPE EXIT.

Several seconds after coming to a complete stop, a huge impact hit onto my vehicle's rear.

I alighted to realise that SNE5355B had hit onto the rear left portion of my vehicle as the driver had attempted to swerve out of the way but failed.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2022 20:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220603/7048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220603/7048

After the accident, my neck and lower back started feeling sore and stiff.

As such, I went to Unihealth 24-Hr Clinic Toa Payoh for treatment immediately after the accident.

I was given 3 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
03/06/2022 20:10

Classification Of Case:

(M)

Date of Accident : 03/06/2022 Accident Time: 1500 (24-HR-Format)
Accident Place : PIE THAS BEFORE KPE EXIT.
Vehicle. No. (Car Plate No.) : SMG 873G Make/Model: FORD FOCUS WAGON
Insurance Company : EQ INSURANCE Policy No: DMPPHQ21-007742
Owner or Company Name /IC No. : YEONG AI LAY S7641949C
Owner or Company Contact No. : 90909216 Owner's Hp / Company Tel
DRIVER'S Name / IC No. : 1
DRIVER'S Date Of Birth : 21-12-1976 DRIVER'S License Pass Date 09/02/2004
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others OWNER
DRIVER'S Address : 23 Miltonia Close, #07-06 S768059
DRIVER'S Contact No./ Alt No. : 1) / 2) /
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : CITIZEN POWER SSS @ 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): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 1) DRIVER

Other Party Driver's Particular (if any)

Vehicle. No: ^(B) SNE 5355B
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7641949C



Name

YEONG AI LAY
(YANG AILI)

杨爱丽

Race

CHINESE

Date of birth

21-12-1976

Country of birth

SINGAPORE

Sex

F

S7641949C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7641949C
Name:

YEONG AI LAY
(YANG AILI)

Birth Date: 21 Dec 1976

Issue Date: 12 Feb 2004



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. : DMPPHQ21-007742**

Comprehensive Plan - Any Workshop

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

SMG873G

2. Name of Policyholder

YEONG AI LAY

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

16/11/2021

4. Date of Expiry of Insurance

15/11/2022

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
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 : OCBC Finance Limited



A000422/Tan & Leong Insurance Agency Pte Ltd
Date of Issue : 19/10/2021 12:52

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ20-007385