

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SA109275000C

Date In: 19/07/2022 18:28	Job description	Date & Time Completed	Done by
Ref No: NBSA/EP122006852/4	SAS e-filing		
Veh No: 2MT 75332	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/07/2022 07:50	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: 3UG 7496C 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: () (A/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: ()

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Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engi-In-Charge):

Auditors Comments:

L 1:

L 2 / 3:

Invoice Preparation Checklist:

Item	Amount (\$)	Remarks
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) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD*		
*N3: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Byn INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
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	19/07/2022 18:28 (SGT)
Reported by	Driver
Date of Accident	18/07/2022 07:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE JURONG EAST AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7533Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO KOON YONG
NRIC No	SXXXX033J
Email Address	xavho95@gmail.com
Mobile Phone No	(Phone) +65-96344182
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004885

DRIVER

Name of Driver	XAVIER HO KAH MING
NRIC No	SXXXX788Z
Date Of Birth	25/11/1995
Occupation	Outdoor

Date Of Driving Pass	30/09/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96344182
Alt. Phone Number	-
Email Address	xavho95@gmail.com
Address	BLK 866 JURONG WEST STREET 81 #13-539
Address complement	-
Postcode	640866
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7496C
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	SMD5954P
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	XAVIER HO KAH MING
Gender	Male
Phone No	(Phone) +65-96344182
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT7533Z
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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS LANE BEFORE JUNCTION EAST AVENUE 1 EXIT

A: SMT75332
B: SLG7496C
C: SMD5954P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 July 2022 at about 7.50am I was driving towards
Pie Tuas before Jurang east Ave1 Exit. Suddenly i felt an
impact from my rear of my veh and i move forward and hit veh C
SMD 9594p. Before my car was hit by veh C. My front car
stop and i follow suit. and Spit for second the rear car hit my
Rear.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date
& Time:

21
Driver's Signature
(If driver is not the policyholder) Date
& Time:

19/07/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)Date of Accident: 18 / 07 / 2022 (dd/mm/yy) Time of Accident: 7 : 50 (24-HR-FORMAT)Vehicle No.: SMT7B332 Vehicle Make & Model: Honda FitExact location of Accident: Pie towards Tuas before Jurong East Ave 1 ExitPolicyholder's Name: Ho Koon Yong I/C / UEN: 21685033JDriver's Name / IC No.: Xavier Ho Kah Ming S95427882 (As Above) ☐Driver's Contact No.: 96344182 Company Contact No (Company Veh Only): _____Driver's Address: BK 866 Jurong West St 81 #13-539 Spre 640866Email address: xawho95@gmail.com Insurance Company: EQRelationship between Owner & Driver: (Please **CIRCLE** one only)Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____What do you wish to claim? (Please **TICK** one only)☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)Exact purpose for which the vehicle
Was being used at time of accident?☒ Private use / ☐ Work purposeOccupation (nature of job) ☐ Indoor / ☒ Outdoor*No. of Passengers (Including Driver): 01*Passanger Name: NIL Gender: Male / Female *Passanger

Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____Was there any video captured by your Car Camera? ☐ Yes / ☐ NoAny Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Xavier Ho Kah Ming

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____**The Other Party(s) Details:**1. Driver's Name / IC No: _____ Vehicle No: SLG7496C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SMD5954P

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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**

Engine No: L13B1463373

Chassis No: GK31352958

Certificate No. : DMPPHQ22-004885

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&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

1. Index Mark and Registration Number of Vehicles

SMT7533Z

2. Name of Policyholder

HO KOON YONG

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

16/07/2022

4. Date of Expiry of Insurance

15/07/2023

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.

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 : STANDARD CHARTERED BANK (SINGAPORE) LIMITED

A000137/I. Insurance

Date of Issue : 15/06/2022 11:16

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.



A Member of Citystate