

NATIONAL Assessment Centre Services: [ver 1 Jan 08] **SM022710001**

Date in: 21/07/2022 10:22	Job description	Date & Time Completed	Done by
Ref No: NBA/EQI 22006924N	SAS e-filing		
Veh No: GBH 7377B	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 20/07/2022 06:00	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: Vch No: **SBS 5787M** 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

Claimant's Particulars	Invoice Preparation Checklist	AM (S)	AM (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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*		
C Checked by (Engr-In-Charge):	*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 (w/ INC) against INC \$20		
	9) N12: Idac 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	21/07/2022 10:22 (SGT)
Reported by	Driver
Date of Accident	20/07/2022 06:00 (SGT)
Exact Location of Accident	Lor 7 Toa Payoh, Singapore
Additional Location Information	TOWARDS TOA PAYOH EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7377B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DOGGIE RETREAT LLP
Company Reg No	TXXXXX827A
Email Address	genaab02@gmail.com
Mobile Phone No	(Phone) +65-89499544
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ21-003061

DRIVER

Name of Driver	SRI HANNA BTE ABU BAKAR
NRIC No	SXXXX294A
Date Of Birth	02/12/1972
Occupation	Outdoor

Date Of Driving Pass	02/10/2003
Driving experience	18 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89499544
Alt. Phone Number	-
Email Address	genaab02@gmail.com
Address	BLK 20 LORONG 7 TOA PAYOH #03-746
Address complement	-
Postcode	310020
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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)	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	SBS5187M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

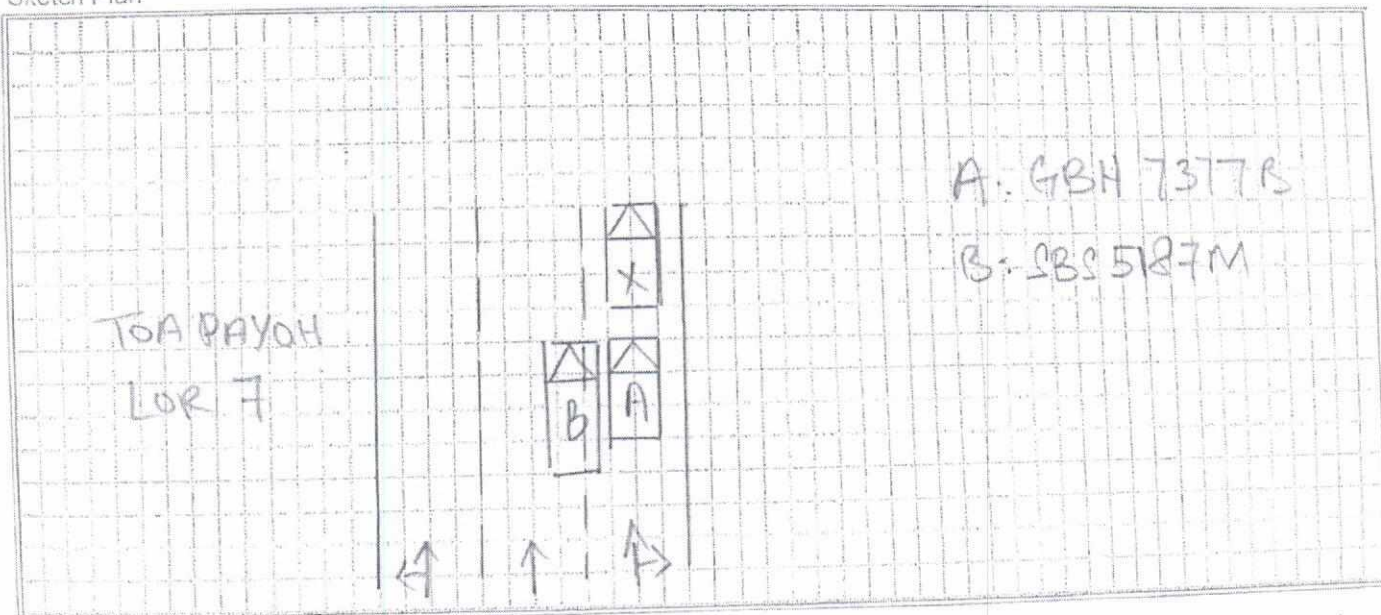


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident


On 20th May 2022, at about 06:00am. I was travelling along Toa Payoh Lor 7 towards Toa Payoh East. My vehicle was stationary behind vehicle X as the traffic was red.

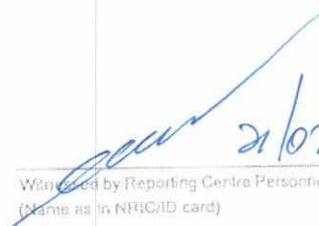
Out of a sudden, I felt an impact from my left. I then realised vehicle B had collided onto the left portion of my vehicle.

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	20/07/2022 @ 0600 am
Accident Date / Time:	Tapayoh Lor 7 towards Tapayoh East
Weather Conditions	<input checked="" type="checkbox"/> Clear // <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ()
Road Surface	<input checked="" type="checkbox"/> Dry // <input type="checkbox"/> Wet / Others ()

VEHICLE INFORMATION

Vehicle No.	GBH 7377 B	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manuel
Vehicle Make / Model	Fiat Doblo	C.C	
Insured Name	Doggie Retreat LLP		
NRIC / FIN / UEN		Contact Number	8949 9544
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / <input checked="" type="checkbox"/> Third Party / Reporting only	Insurance Company	EQ	
Type of Policy: <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Paty / TPTF	Policy Number	DMCPH21-003061	

SAME AS INSURED ()

Name Driver	Sri Hanna Bte Abu Bakar		
NRIC / FIN / UEN	57245294 A		
Date of Birth	02/12/1972	Contact Number	8949 9544
Driving Pass Date	02/10/2003	Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Email	genaab02@gmail.com	Gender	Male / <input checked="" type="checkbox"/> Female
Number of passenger include driver (Please provese name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 / <input checked="" type="checkbox"/> No (If Yes, Please provide veh/model:)
Was any Foreign vehicke involved in this Accident? Yes / <input checked="" type="checkbox"/> No
Was anybody body 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? Yes / No
Was there Accident Report to the Police? Yes / <input checked="" type="checkbox"/> No If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contact Number
Vehicle B	SBS 5187 M	
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**COMMERCIAL VEHICLE PRIVATE (SCH I)****Comprehensive Classic****Certificate No. : DMCPHQ21-003061**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBH7377B

2. Name of Policyholder

DOGGIE RETREAT LLP

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

11/09/2021

4. Date of Expiry of Insurance

10/09/2022

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

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*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3) Use for the carriage of passengers for hire or reward.
- 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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 : Daimler Financial Svcs Africa & Asia Pacific Ltd

A000007/Astra Assurance Agencies LLP

Date of Issue : 16/08/2021 12:10

Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMCPHQ20-003163**