

NATIONAL Assessment Centre Services

Date In: 25/07/22	Job description	Date & Time Completed	Done by
Ref No: NM/EQI2007057/A13	SAS e-filing		
Veh No: SMA92105	E-mail (within 8hrs, Aft 2hrs)		
DOA: 23/07/22 1845	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OP 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: SMT47452	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
	MOBILE REPORTING (ADRIAN)

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		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:-		
	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: Idac Mobile 30		
Cat. 1:	Invoice dated	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	25/07/2022 17:45 (SGT)
Reported by	Driver
Date of Accident	23/07/2022 18:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9210S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BENG CHUAN
NRIC No	SXXXX624J
Email Address	teckwoont@hotmail.com
Mobile Phone No	(Phone) +65-98734633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004868

DRIVER

Name of Driver	TAN TECK WOON
NRIC No	SXXXX728B
Date Of Birth	29/08/1994
Occupation	Indoor

Date Of Driving Pass	17/08/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97771911
Alt. Phone Number	-
Email Address	teckwoont@hotmail.com
Address	BLK 683A WOODLANDS DR 62
Address complement	#01-109
Postcode	731683
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMT4745Z
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	SLQ365R
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	TAN TECK WOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA9210S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

B. 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 insurers (who have insured vehicle(s) involved in this accident (all insurers (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 purposes 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

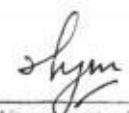
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

I (all insurers) 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

I (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

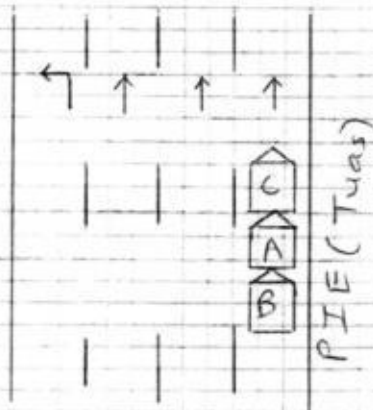
 05/07/22
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) - SMA92105

(B) - SMT 47452

(C) - SL0365R




Describe Circumstances of the Accident

On the 23/07/2022 @ about 6.45p.m, along PIE (Tuas).


I was travelling on Lane 1 of the above mentioned expressway before Kallang Bahru Exit. When my front vehicles slowed down and stopped due to heavy traffic, hence I followed suit. Suddenly, I felt a huge impact from the rear, and the impact pushed my Vehicle (A) forward to hit into Vehicle (C). When I alighted, I realised it was Vehicle (B) who hit into the rear portion of my Vehicle (A). It was a chain collision of 3 cars in total.

Declaration

(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

 25/07/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMA 92109

MAKE & MODEL: Honda Shuttle Hybrid ^{ATTO} MANUAL

DATE OF ACCIDENT	23 07 2022	CC 1,500
TIME OF ACCIDENT	6.45 AM	<input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	PJE (Tuas)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	<input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Tan Beng Chuan	
EMAIL	Office	MOBILE 9873 46 33
NRIC	S18 05624J	
CLAIM TYPE	OD	<input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY
FLEET POLICY	YES / <input checked="" type="radio"/> NO	
INSURANCE CO	EG	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	DMPPHQ22-004868	
NAME OF DRIVER	AS ABOVE / IF NO Tan Teck Woon	
NRIC	S9431728B	
DATE OF BIRTH	29 08 1994	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	17 08 2015	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO	Mobile 97771911	Office
EMAIL	teckwoont@hotmail.com	
ADDRESS	Blk 633A Woodlands Dr. 62 #01-109 S731683)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No	INSURER
RELATIONSHIP	Employee / If No <input checked="" type="radio"/> Son	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other	
ANY INJURIES	No / <input checked="" type="radio"/> Yes Who? Tan Teck Woon (M)	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?	
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN	NO / IF YES, WHO?	
VEHICLE B NO	SMT4745Z	Any Passenger: unknown
NAME		
CONTACT NO		
VEHICLE C NO	SLQ365R	Any Passenger: unknown
VEHICLE D NO	Any Passenger	
VEHICLE E NO	Any Passenger	
VEHICLE F NO	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
Who is Reporting	<input checked="" type="radio"/> Driver / Owner / Both	
Original Language Used	<input checked="" type="radio"/> English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	

Mobile reporting

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: LEB6555511

Chassis No: GP71212774

Certificate No. : DMPPHQ22-004868

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

SMA9210S

2. Name of Policyholder

TAN BENG CHUAN

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

22/06/2022

4. Date of Expiry of Insurance

21/06/2023

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.

EQ 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 : MAYBANK SINGAPORE LIMITED

A000137/I. Insurance

Date of Issue : 14/06/2022 16:19

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.