

NATIONAL Assessment Centre Services: (with 1 Job)

Attn: 16/09/2022 15:53 Job description: SAS e-filing Date & Time Completed: 19/08/2022 09:40 Done by: Sup92286006
 Ref No: NBA/1012209147 E-mail (within 2hrs, AUC 2hrs)
 Ch No: CUB 40354 I-Motor Claim Form
 O.A: 19/08/2022 09:40 I-Motor Y/O (within 2hrs, 7P 4hrs)
 D: TP / Reporting Only I-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by TP / Hand to Owner/Whip

P Insurer: PC 35614 Tel: INC () / Non-INC ()
 Preferred Wksp / INC Ass'n Wksp / QW: PC 35614 Tel: INC () / Non-INC ()
 P Particulars: PC 35614 Tel: INC () / Non-INC ()
 Owner / Driver: PC 35614 Tel: INC () / Non-INC ()
 Policy No: PC 35614 Period: PC 35614 Cover Type: PC 35614

Confirmed by: PC 35614 Date: PC 35614 Time: PC 35614
 Insured/Driver Liability: PC 35614 (Note: Est. Status (YO): N: 0-20% P: 21-79% F: 80-100%)
 Year of Registration: PC 35614 Warranty: YES () / NO ()
 Excess: \$ PC 35614 Loading: \$1,000 () / \$2,000 ()

General Remarks: PC 35614
 () 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: PC 35614

Remarks: PC 35614
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: PC 35614
 Damage: PC 35614
 Action: PC 35614

NA2202521
 Driver/Owner: PC 35614
 Contact No: PC 35614
 Damaged Portion: PC 35614
 C Checked by (Engn-In-Charge): PC 35614
 In-line Preparation Checklist:
 1) AR: Accident Reporting (\$30)
 2) DA: Damage Assessment (\$100) RIC (\$30)
 3) TF: Towing Fee \$30/343
 4) FT: Follow Through Survey \$120
 5) YT: Follow Through Survey (Post survey) \$30
 6) TR: Repatriation \$140
 7) NI: do DA + SMRT Survey
 8) NTUC Additional Services: \$5
 9) NI: do Mobile \$30
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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 Actual 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 | 16/09/2022 15:53 (SGT) |
| Reported by | Driver |
| Date of Accident | 19/08/2022 09:40 (SGT) |
| Exact Location of Accident | Paya Lebar Rd, Singapore |
| Additional Location Information | TOWARDS GULLEMARD ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SNB4035Y |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | ALLMOTORING.SG |
| Company Reg No | 2XXXXX398D |
| Email Address | fedwu@allmotoring.sg |
| Mobile Phone No | (Phone) +65-84834977 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Lotus |
| Model | Elise |
| 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 - Reporting only |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1598 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMTTHQ22-000040 |

DRIVER

| | |
|----------------|------------------------------|
| Name of Driver | LEE JIA MING, DARREN DEWAYNE |
| NRIC No | SXXXX316H |
| Date Of Birth | 17/05/1988 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 27/06/2008 |
| Driving experience | 14 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-84834977 |
| Alt. Phone Number | - |
| Email Address | fedwu@allmotoring.sg |
| Address | BLK 215A COMPASSVALE DRIVE #11-510 |
| Address complement | - |
| Postcode | 541215 |
| 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 | 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) | 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 | PC3561Y |
| 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

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.



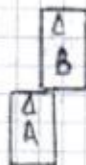
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Paya Lebar Road Towards Guillemard Road



Vehicle A : SN 890354

Vehicle B : PC 35614

Describe Circumstance of the Accident


I WAS TRAVELLING ALONG PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD WHEN SUDDENLY VEHICLE PC3551Y

CAME TO A COMPLETE STOP. I DID NOT HAVE THE TIME TO BRAKE AND HIT ONTO HIS REAR LEFT BUMPER.

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

 16/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 08 / 2022 (dd/mm/yy) Time of Accident: 09 : 40 (24-HR-FORMAT)

Vehicle No.: SNB4035Y Vehicle Make & Model: LOTUS ELISE

*Transmission : ☐ Manual ☒ Auto *C.c : _____

Exact location of Accident: PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD

Policyholder's Name: ALLMOTORING.SG NRIC/FIN/REG No.: 202037398D

*Policyholder's email address : FEDWU@ALLMOTORING.SG

Driver's Name: LEE JIA MING, DARREN DEWAYNE NRIC/FIN/REG No.: S8816316H

*Driver's email address : FEDWU@ALLMOTORING.SG

Driver's Contact No.: 84834977 Company Contact No (If any): _____

Date of birth: 17/05/1988 Driving Pass Date: 27/06/2008

Driver's Address: BLK 215A COMPASSVALE DRIVE, #11-510, SINGAPORE (541215)

Insurance Company: EQ

Policy No.: DMTTHQ22-000040 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship 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)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger 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 Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____

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: PC3561Y

Driver's Contact No: _____ Insurance Company : _____

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

Driver's Contact No: _____ Insurance Company : _____

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

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3963 | 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.

**MOTOR TRADE
Third Party**

Certificate No.: DMTTHQ22-000040

Form: MTND

Excess:

All Claims

SGD750.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

-

2. Engine No. and Chassis No.

NOT APPLICABLE / NOT APPLICABLE

3. Name of Policyholder

ALLMOTORING.SG

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

26/07/2022

5. Date of Expiry of Insurance

25/07/2023

6. Person or Classes of Persons entitled to drive*

The specific person(s) whose name is lodged in the Policy

Motor Trade Vehicle

THE MOTOR VEHICLE

Motor Vehicles belonging to the Policyholder's customer and at the time of accident are being held in trust by the Policyholder for the purpose of repairing, test driving and/or tow.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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.

7. Limitations as to use*

Use only for Motor Trade Purposes.

THE POLICY DOES NOT COVER use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "breakdown" purposes is not deemed to be use for hire or reward.

*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.

Authorised Signatory
EQ Insurance Company Limited

unwjt/HO/5000006/ANIKA INSURANCE BROK



A Member of Citystate



Vehicle Registration Details

| | | |
|-------------------------------------|--|---|
| Vehicle No. SNB4035Y | Make/ Model LOTUS/ELISE 1.6 MT | Vehicle Scheme - |
| Current Propellant Petrol | Chassis No. SCCLHCXC9BHC12490 | Vehicle Type Passenger (Co) Company Car (Single Rate) |

Owner's Details

Owner Name:

ALLMOTORING.SG (Temporary Transfer)

Owner ID Type:

Business

NRIC/Passport/Company Cert No.:

53294502J

Registered Address

**48 TOH GUAN ROAD EAST #06-99
ENTERPRISE HUB SINGAPORE 608586**

Mailing Address:

-

Birth Date

-**Registration Details**

Previous Vehicle No.:

-

Effective Date of Ownership:

28 Jul 2022

Original Registration Date:

25 Nov 2011

Registration Date:

25 Nov 2011

Temporary Transfer Start Date:

14 Sep 2021

Temporary Transfer End Date:

13 Sep 2022

Maximum Temporary Ownership Period:

12 months

No. of Transfers:

6

IU Label No.:

1128534103

Vehicle Specifications

Engine No.:

1ZRU394346

Chassis No.:

SCCLHCXC9BHC12490

Year of Manufacture:

2011

Primary Colour:

Blue

Secondary Colour:

-

Passenger Capacity:

1

Engine Capacity / Power Rating :

1598 cc / -

Maximum Power Output:

100.0 kW (134 bhp)

Max Unladen Weight:

891 kg

Maximum Laden Weight:

1141 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$47,040.00

Additional Registration Fee Rate:

100.00 %

Actual ARF Paid:

\$47,040.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$54,887.00

COE No.:

2011120101000576M

COE Expiry Date:

30 Apr 2031

COE Category:

A - Car (1600cc & below)

COE Registration Category:

A - Car (1600cc & below)

Quota Premium (QP) / Prevailing Quota Premium :

\$54,887.00 / -

PQP Paid

\$42,283.00

QP (Regn Cat):

\$54,887.00

PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A.

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