

# NATIONAL Assessment Centre Services

Date In: 19/09/22	Job description	Date & Time Completed	Done by
Ref No: NA/EQI2200917615	SAS e-filing		
Veh No: SLU 2332B	E-mail (within 3hrs, AP 2hrs)		
DOA: 16/09/22 1037	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMH 9851E	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
(INC hotline: 6788 6616)		
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	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add B
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		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (N11 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 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	19/09/2022 15:19 (SGT)
Reported by	Both
Date of Accident	16/09/2022 10:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS ALEXANDER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2332B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG YAW TEH
NRIC No	SXXXXX270B
Email Address	JMARTAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-83381500
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ21-008963

#### DRIVER

Name of Driver	ONG YAW TEH
NRIC No	SXXXXX270B
Date Of Birth	02/09/1966
Occupation	Indoor

Date Of Driving Pass	29/04/1987
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83381500
Alt. Phone Number	-
Email Address	JMARTAUTO@GMAIL.COM
Address	987 BT TIMAH RD #01-01
Address complement	-
Postcode	589628
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
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

#### REFER TO REPORT

#### 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	SMH9851E
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	ONG YAW TEH
Gender	Male
Phone No	(Phone) +65-83381500
Address	987 BT TIMAH RD #01-01
Address Complement	-
Post Code	589628
Approximate Age Years Old	56
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SLU2332B
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 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 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

Sketch Plan area containing a grid and handwritten notes:

DOA: 17/9/22

AYE

A: SLV 2332-B

B: SMH 9851-E

Diagram showing a vertical line with a car icon labeled 'A' and 'B' positioned next to it.

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 17/9/22		Time of Accident : <del>AYE</del> 10:37am	
Exact Location of Accident : AYE towards AYE			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : <input checked="" type="radio"/> Clear / Raining		<input checked="" type="radio"/> Dry / Wet	
Owner's Name : Ong Yaw Teh		NRIC : S1754270B	HP : 83381500
Driver's Name : u		NRIC :	HP :
DOB : 29/1/1966	Driving Licence Passing Date : 29/4/1987		Occupation : Indoor / Outdoor
Address : 987 Bt Timah Rd # 01-01 (589628)			
Relationship Of Driver with Insured : Owner		Email : jmartantu@gmail.com	
Vehicle Number : SLU 2332B		Make & Model : Mercedes E200	
Insurance Company : EQ		Policy No : DMPPHQ21 - 008963	Coverage : Comprehensive
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 1+0	B : 1+0	C :	D :
Vehicle A Passenger Name :			Male / Female
Anyone Injured : Convey By Ambulance: Yes / No			
<input checked="" type="radio"/> NO		<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle : neck & back	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : SMH 9851E		Make & Model :	
Driver's Name : Phoon Chee Kong		NRIC : S8716461F	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

Name :	NRIC :	HP :
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**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****Certificate No. : DMPPHQ21-008963**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

SLU2332B

**2. Name of Policyholder**

ONG YAW TEH

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

08/12/2021

**4. Date of Expiry of Insurance**

07/12/2022

**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 : MAYBANK SINGAPORE LIMITED

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 07/12/2021 12:11

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ20-008026

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

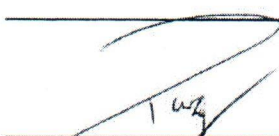
Original Report No : SN09224J0005 Vehicle Registration No: SLU 2332 B  
Name(as shown in NRIC) : Ong Yan Teh NRIC/FIN/Passport No : B1754270B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 987 Bt Timah Rd #01-01 (589628) Singapore( )  
Contact (Tel) : 83381500 Mobile No. : \_\_\_\_\_  
Email Address : jmartauto@gmail.com  
Date of Accident : 16/9/2022 Time of Accident : 10:35 am  
Place of Accident : AYE  
Insurance Company : EQ Insurance

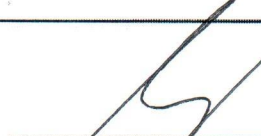
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the accident date should be

16 sept 2022. Thank you.

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 20/09  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: