

NATIONAL Assessment Centre Services

(001) 1-800-333-3333

210822AA00001

Date In: 10/10/2022 13:16	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: N138/E612200996014	E-mail (while there, A/C there)		
Veh No: 8N1E 8883M	i-Motor Claim Form		
D.O.A: 07/10/2022 20:30	i-Motor W/O (while: OD 2022 07 10 2022)		
QC (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW:	Tel:	Fax:
TP Particulars: Veli No: GBE 4925A	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: () Time: ()		
Insured Driver Liability: () (Note: Use Status (WO) 10-0-2011, 10-21-7990, 10-30-10000)		
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 () / Towel-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Toll-free: 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: ()

<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$300)</p> <p>2) DA: Damage Assessment (\$1000) INC (\$50)</p> <p>3) TP: Towing Fee \$100</p> <p>4) PF: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Repairer) \$20</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: 1 Day DA + Shift Survey \$180</p> <p>8) NTUC: National Term (2022)</p> <p>9) DM</p> <p>10) DM: Courtesy Car / Transport Allowance \$5</p> <p>11) DM: Repair Coordination \$10</p> <p>12) DM: Post Repair Inspection \$20</p> <p>13) DM: DV / Collect Excess Coordination \$5</p> <p>14) DM: TP / Hand to INC / Legal INC \$20</p> <p>15) DM: 12th Mile \$10</p>	<p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>
	<p>Disputed Work</p> <p>Not Charged</p>

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	10/10/2022 13:16 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 20:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8882M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WONDERFUL KITCHEN PTE. LTD.
Company Reg No	2XXXXX957E
Email Address	jw882jw@yahoo.com.sg
Mobile Phone No	(Phone) +65-96988882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ferrari
Model	F8
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3902

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-005606

DRIVER

Name of Driver	ONG JUN WU
NRIC No	SXXXX463J
Date Of Birth	16/12/1996
Occupation	Indoor

Date Of Driving Pass	12/02/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96988882
Alt. Phone Number	-
Email Address	jw882jw@yahoo.com.sg
Address	9 MOUNT SOPHIA #02-28
Address complement	-
Postcode	228470
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	GBF4925A
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
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

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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.
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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.

[Signature]

[Signature] 10/16/2022

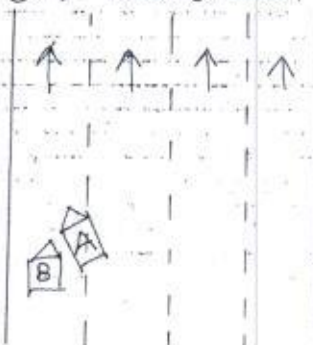
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE Before Bukit Timah Rd



A : SME8882M

B : G1BF4925A

Describe Circumstances of the Accident

On 07/10/22 at about 2030 hrs, I was travelling along CTE before Bukit Timah Exit. While I was switching from 3rd lane to 4th lane, I collided onto the front of vehicle no. GBF4925A.

Declaration

We declare the foregoing particulars are true in every respect.



Accident Report Date
Time

Driver's Signature to be witnessed by
3 Time

 10/10/2022
Person

Date of Accident : 07/10/22 Accident Time: 2030 (24-HR-FORMAT)
 Accident Place : CTE Before Bukit Timah Exit
 Vehicle Reg. No (Car plate No.) : SME8882M Vehicle Make/Model: Ferrari F8
 Insurance Company : EQ Insurance Policy No. DMPPHQ22-005606
 Name of Registered Owner : Company Individual Wonderful Kitchen Pte. Ltd.
 ID of Registered Owner : Co Reg No: 201618957E Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: 9698 8882
 DRIVER'S Name : Ong Jun Wu DRIVER'S NRIC No: S9646463J
 DRIVER'S Date of Birth : 16/12/96 DRIVER'S License Pass Date 12/02/15
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : -
 DRIVER'S Address : 9 Mount Sophia #02-28 Sophia Hills
 DRIVER'S Contact No./ Alt No. : 1) 9698 8882 2) S(228470)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : ju8882ju@yahoo.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: -
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private Use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBF4925A</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Toyota Hiace</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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**Certificate No.: **DMPPHQ22-005606**

Form: MX3

Excess:

Named Driver SGD15,000.00

Nm Driver-Outside SG SGD30,000.00

WdScrn/Snroof/Mnroof SGD1,000.00

1. Index Mark and Registration Number of Vehicles

SME8882M

2. Engine No. and Chassis No.

F154CG492835 / ZFF92LMC000262643

3. Name of Policyholder

WONDERFUL KITCHEN PTE LTD

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

13/07/2022

5. Date of Expiry of Insurance

12/07/2023

6. Person or Classes of Persons entitled to drive*

(a) The Policyholder

(b) The specific person(s) whose name is lodged in the Schedule.

*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 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 and on race track

(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

(e) use by any other persons than those defined as entitled to drive in paragraph 5 above

*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

HP: SSL HOLDINGS PTE LTD
unwsbh/HO/B000082/ANIKA INSURANCE BROK



A Member of Citystate