

# NATIONAL Assessment Centre Services

(0800 1 220 220)

8200855A10001

Date In: 17/10/2022 10:50	Job description	Date & Time Completed	Done by
Ref No: NBN/EG1220102427	SAS e-filing		
Veh No: SMD 7999Y	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 14/10/2022 13:50	I-Motor Claim Form		
QC (TP) Reporting Only	I-Motor W/O (within 24hrs, A/C 2hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (	Tel: (	Fax: (
TP Particulars: (	Veh No: SLP 8220C	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Flavor: (
Insured Driver Liability: (	Ys (Note-Use Status (WO): 12-0-2011, 2-21-79%, 3-30-1904)	
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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Cost: (

Remarks: (	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury: (

Date / Time / Action: (

Invoice Preparation Checklist	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TF: Towing Fee (\$150)		
4) PT: Follow-Through Survey (\$150)		
5) PT: Follow-Through Survey (Recovery) (\$25)		
6) TR: Re-inspection (\$75)		
7) NI: Initial DA + SMRT Survey (\$140)		
8) NTUC Additional Services		
9) QP		
10) NI: Courtesy Car / Transport Allowance (\$5)		
11) NI: Repair Coordination (\$15)		
12) NI: Post Repair Inspection (\$25)		
13) NI: DV / Consent / Excess Coordination (\$5)		
14) NI: DV / Consent / Excess Coordination (\$5)		
15) NI: DV / Consent / Excess Coordination (\$5)		
16) NI: DV / Consent / Excess Coordination (\$5)		
17) NI: DV / Consent / Excess Coordination (\$5)		
18) NI: DV / Consent / Excess Coordination (\$5)		
19) NI: DV / Consent / Excess Coordination (\$5)		
20) NI: DV / Consent / Excess Coordination (\$5)		



## 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	17/10/2022 10:00 (SGT)
Reported by	Both
Date of Accident	14/10/2022 13:50 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7999Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG HONG ENG
NRIC No	SXXXX745I
Email Address	finofzp@gmail.com
Mobile Phone No	(Phone) +65-93897999
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-001535

#### DRIVER

Name of Driver	ONG HONG ENG
NRIC No	SXXXX745I
Date Of Birth	18/01/1977
Occupation	Indoor

Date Of Driving Pass	27/05/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93897999
Alt. Phone Number	-
Email Address	finofzp@gmail.com
Address	23B JOO CHIAT LANE #03-10
Address complement	-
Postcode	428124
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

#### 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	SLP8220C
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  
Gender  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

ONG HONG ENG  
Female  
(Phone) +65-93897999  
-  
-  
-  
PLEASE REFER TO SKETCH PLAN  
SMD7999Y  
Yes  
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 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. 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.

### 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

17/10/2022

### Sketch Plan



Vehicle A = SMD7999Y  
Vehicle B = SLP8220C

Describe Circumstances of the Accident

On the stated time and date, on the stated location. I was stationary on the stated location. Suddenly I felt an Huge Impact from my rear. I alighted and Found Vehicle B 'SLP8220C' rear-ended my vehicle.

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

 17/10/2020  
Witnessed by Reporting Centre Personnel



Date of Accident : 14/10/2022 Accident Time: 1350 (24-HR-FORMAT)  
 Accident Place : Balestier Road towards cte  
 Vehicle Reg. No (Car plate No.) : SMD7999Y Vehicle Make/Model: Nissan X-Trail  
 Insurance Company : EQ Policy No. DMPPHQ22-001535  
 Name of Registered Owner : Company / Individual Indivdual Ong Hong Eng  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S7702745I  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 93897999  
 DRIVER'S Name : Ong Hong Eng DRIVER'S NRIC No: S7702745I  
 DRIVER'S Date of Birth : 18/01/1977 DRIVER'S License Pass Date 27/05/2004  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : 238 Joo Chiat Lane #03-10 S(428124)  
 DRIVER'S Contact No./ Alt No. : 1) 93897999 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : Fino Fzp @ Gmail.com  
 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): 01 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>SLP8220C</u>	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: _____

#### 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 Classic**

Engine No: MR20976042B

**Certificate No. : DMPPHQ22-001535**

Chassis No: JN1JANT32Z0003092

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

SMD7999Y

**2. Name of Policyholder**

ONG HONG ENG

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

24/03/2022

**4. Date of Expiry of Insurance**

23/03/2023

**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.

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured &amp; Named Driver

Unnamed Driver

YEIDR

WindScreen

S\$600.00 (Section 1 - Own Damage)

S\$1,100.00 (Section 1 - Own Damage)

Additional S\$3,000.00

S\$100.00

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\***

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 : Tokyo Century Leasing (Singapore) Pte Ltd

A000137/I. Insurance

Date of Issue : 14/02/2022 16:41

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.