

# NATIONAL Assessment Centre Services (part 1 of 2) **NA0922RPO006**

Date In: <b>25/1/2022 13:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NISM/EG1220/1870/1</b>	SAS e-filing		
Veh No: <b>SAM465C</b>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <b>24/1/2022 23:30</b>	I-Motor Claim Form		
QC <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: QD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW:	Tel:	Fax:
TP Particulars: <b>SJT 10574</b>	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	(Note: Ust. Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) (INC Hotline: 0788 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:	

<b>NA2203314</b>	Invoice Preparation Checklist:
Insured's Particulars:	1) AR: Accident Reporting (\$30)
Owner/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$10/\$40
Assigned Portion: ( )	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Rep/Inspection \$70
	7) NI: I/DA + SMRT Survey \$140
	8) NTUC Additional Services:
	QW:
	*NI: Courtesy Car / Transport Allowance \$5
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$20
	*NI: DV / Collect Excess Coordination \$1
	*TP (Nil): TP (Inc) INC against INC \$30
	9) NI: 12 Mths Mails \$10
	Fee Charged
	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	25/11/2022 13:15 (SGT)
Reported by	Both
Date of Accident	24/11/2022 23:30 (SGT)
Exact Location of Accident	186A Bedok North Street 4, Singapore 461186
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY65C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALOYSIUS LIM JUN MIN
NRIC No	SXXXX671Z
Email Address	aloyuslim@gmail.com
Mobile Phone No	(Phone) +65-90991560
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Maserati
Model	GRANTURISMO
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	4244

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-006075

### DRIVER

Name of Driver	ALOYSIUS LIM JUN MIN
NRIC No	SXXXX671Z
Date Of Birth	18/09/1991
Occupation	Outdoor

Date Of Driving Pass .....	08/04/2010
Driving experience .....	12 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90991560
Alt. Phone Number .....	-
Email Address .....	aloysiuslim@gmail.com
Address .....	912 SIMS AVENUE #10-60
Address complement .....	-
Postcode .....	408972
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	0
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 .....	SJT1057G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96300392

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 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

Sketch Plan

BIK 186A BEDOK NORTH ST 4 CARPARK



A : SMY65C

B : SJT1057G

D.O.A : 24-NOV-2022

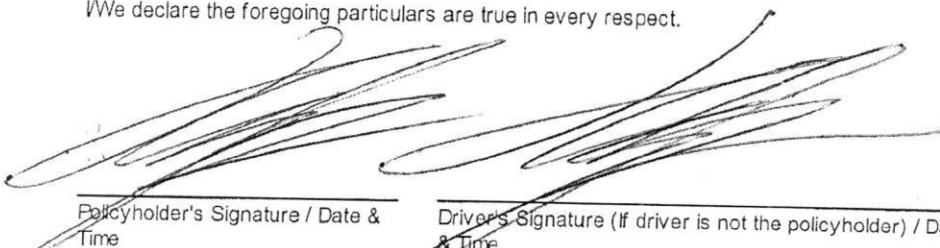
@ 2330hrs

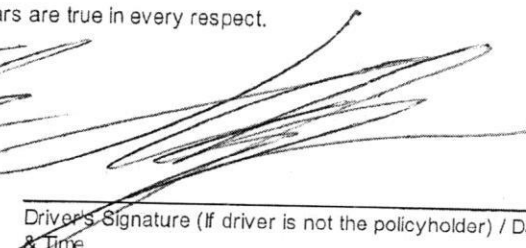
Describe Circumstances of the Accident

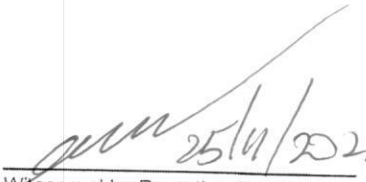
On the stated date and time. My car  
stationary  
was parking at the carpark lot at  
186A Bedok north. at 4. I saw a note  
left on my car stated that my car  
was hit by SST10576.

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

  
Witnessed by Reporting Centre  
Personnel

PLEASE WRITE CLEARLY, LEGIBLY

**AH LIM MOTOR COMPANY – Data Collection**

Accident Reporting For Vehicle No: SMY65C (AUTO/MANUAL)

Insurance Company EQ Make / Model - Mazda A-2

Policy No: DMPPHQ22-006075 Cov: Compre / TP / TPFT

Policy Holder Name - Aloysius Lim Jun Min

IC S9B 9132671Z HP - 90991560

Email Address - AloysiusLJM@gmail.com

Home Address - 912 SIMS AVENUE #10-60 S 408972

Driver Name - Aloysius Lim Jun Min (Female / Male)

Driver NRIC / Fin - 89132671Z Occupation - Indoor / Outdoor

Date Of Birth - 18/09/1991 Driving Licence Pass date 8 Apr 2010

HP - 90991560 Email Address - AloysiusLJM@gmail.com

Relationship to Policy Holder ( If not owner ) - \_\_\_\_\_

Home Address - 912 SIMS AVENUE #10-60 S 408972

Weather - Clear / Dry / Raining / Drizzling / After Rain / Wet / Others - \_\_\_\_\_

No. Of Pax In Own Car - 0 Names / Gender \_\_\_\_\_ (M/F)  
(include driver) \_\_\_\_\_ (M/F)

\_\_\_\_\_ (M/F)

\_\_\_\_\_ (M/F)

Video In Car - Yes / No Injury - Yes / No → If Yes, Conveyance to Hosp? Y / N

Any Witness - Yes / No → If Yes, Witness details \_\_\_\_\_

Third Party's Particulars: Vehicle No. SJT1057G HP# 96300392  
Name: \_\_\_\_\_ Nric/Fin \_\_\_\_\_

Third Party's Particulars: Vehicle No. \_\_\_\_\_ HP# \_\_\_\_\_  
Name: \_\_\_\_\_ Nric/Fin \_\_\_\_\_



**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.: DMPPHQ22-006075

Form: MX3

Excess:

Insured/Named Driver SGD7,000.00

Ins/N Drvr-OutsideSG SGD14,000.00

WdScrn/Snroof/Mnroof SGD750.00

1. Index Mark and Registration Number of Vehicles  
SMY65C

2. Engine No. and Chassis No.  
M139P168329 / ZAMGH45C000056699

3. Name of Policyholder  
ALOYSIUS LIM JUN MIN

4. Effective Date of the Commencement of Insurance for the purpose of the Act  
31/07/2022

5. Date of Expiry of Insurance  
30/07/2023

6. Person or Classes of Persons entitled to drive\*  
(a) The Policyholder  
(b) The specific person(s) whose name is lodged in the Schedule.

EQI Motor Accident  
Hotline

**6311 3211**



\*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

misjb/HO/B000082/ANIKA INSURANCE BROK

A Member of Citystate