

NTDC Assessment Centre Services

Date: 2/12/22	Job description: NA/EQ/22012085/a4	Date & Time Completed:	Done by:
Ref: SMK 3006 C	SAs e-filing	E-mail (engr-in-charge):	
Date: 2/12/22	1000	i-Motor Claim Form	
Ass: 0	Reporting only	i-Motor W/O (within 24 hrs. IP 4hrs)	
		i-Photo Uploaded	
IP Inspector:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
IP Particulars: ()	Veh No: GBH 3033 U	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:- (INC hotline: 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	2nd Bill
Driver/Owner	1) AR: Accident Reporting (\$30)		
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) N1: 1st DA + SMRI Survey \$160		
	8) NTDC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	9) N11: TP (N6 + INC) against INC \$20		
	9) N12: 1st Mobile \$30		
	Invoice date:	Free Charge:	
	Invoice used:	Free Charge:	

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	02/12/2022 13:32 (SGT)
Reported by	Both
Date of Accident	02/12/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PREMISES OF 81 TECHPARK CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3006C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KAH HOE
NRIC No	SXXXX649B
Email Address	leek63@hotmail.com
Mobile Phone No	(Phone) +65-97688733
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-002114

DRIVER

Name of Driver	LEE KAH HOE
NRIC No	SXXXX649B
Date Of Birth	20/05/1973
Occupation	Outdoor

Date Of Driving Pass	19/06/1996
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97688733
Alt. Phone Number	-
Email Address	leek63@hotmail.com
Address	BLK 22 GHIM MOH LINK #05-204
Address complement	-
Postcode	271022
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	Collided into Parked Vehicle
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)	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 ATTACHED 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	GBH3033U
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) -

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.
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.

[Signature]

Policyholder's Signature / Date & Time

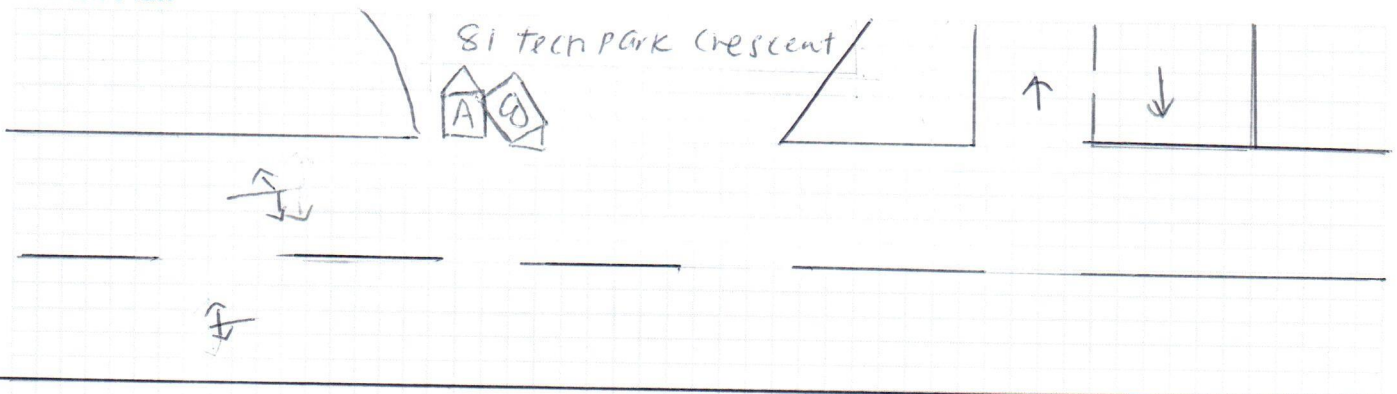
[Signature]

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

[Signature] 2/12/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Tech Park Crescent

(a)
(B)

SMK 3006C
GBH 3033U

Describe Circumstances of the Accident

On 02/12/2022 at about 0945hrs, I parked my vehicle stationary in front of premises of 81 techpark crescent and everything was intact.

However, at about 10am, I was notified that my vehicle(A) was damaged due to a vehicle(B) reverse without proper consent. I wish to state that nobody was inside the vehicle at the point of accident.

(A) SMK3006C

(B) GBH3033U

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

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

2/12/22

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/12/2022		Time: 1000 HRS		(hh:mm) 24 hr format	
Location: Premises of M1 Techpark Crescent.					
Vehicle Number: SMK 3006C					
Insured Name: Lee Kah Hoe					
NRIC / FIN: S 7317649B		Contact Number: 9768 8733			
Make: Toyota		Model: Vios 1.5E			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (/) Third Party () Reporting					
Insurance Company: EQ					
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number: DMPPHQ22-002114					
Name of Driver: (/) Same as Insured					
NRIC / FIN: S 7317649B		Contact Number: 9768 8733			
Date of Birth: 20/05/1973					
Driving Pass Date: 19/06/1996					
Occupation () Indoor (/) Outdoor					
Gender (/) Male () Female					
Email Address: leek63@hotmail.com		() NO EMAIL			
Address of Driver: Blk 22 Ghim Moh Link #05-204 S(271022)					
Was driver an employee of the Insured's Company? () Yes (/) No					
If No, Relationship of the Driver with the Insured					
(/) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (/) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (/) Clear () Raining () Others					
Road Surface (/) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (/) No					
Was anybody injured in the accident? () Yes (/) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (/) No					
Was the Accident reported to the Police? () Yes (/) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B: GBH 3033U					
Veh C:					
Veh D:					
Veh E:					
Veh F:					

0 person including driver

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 Supreme**

Certificate No. : DMPPHQ22-002114

1. Index Mark and Registration Number of Vehicles

SMK3006C

2. Name of Policyholder

LEE KAH HOE

3. Effective Date of the Commencement of Insurance for the purpose of the Act
03/04/2022

4. Date of Expiry of Insurance
02/04/2023

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.

* 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 : Hong Leong Finance Ltd

A000180/Hund & Hobbes
Date of Issue : 07/03/2022 16:24

Authorised Signatory
EQ Insurance Company Limited



Exp No. : DMPPHQ21-002100