

# NATIONAL Assessment Centre Services

(Print & Sign)

SN0822EC000

Date In: 12/12/22 15:53	Job description: SAS e-filing	Date & Time Completed: ✓	Done by:
Ref No: N/A EQ/22012389/T	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SGH6078L	I-Motor Claim Form		
D.O.A: 9/12/22 D:28	I-Motor W/O (within 3hrs, A/C 2hrs)		
OO: (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VW/SP		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Veh No: 55022380	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 repeller.  
 ( ) 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p>NA2300386</p> <p>Incident Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engi-In-Charge):</p> <p>Comments:</p> <p>C.I.</p> <p>L2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$10/\$40</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Ideal DA + SMRT Survey \$140</p> <p>8) NTUC Additional Services:</p> <p>OP:</p> <p>*NI: Courtesy Car / Trip Allowance \$5</p> <p>*NI: Repair Coordination \$10</p> <p>*NI: Post Repair Inspection \$25</p> <p>*NI: DV / Collect Excess Coordination \$5</p> <p>*TP (NI): TP (Non-INC) against INC \$20</p> <p>9) NI: Ideal Move \$10</p> <p>Invoice dated: Fee Charged: _____</p> <p>_____ Fee Charged: _____</p>
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## 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	12/12/2022 15:53 (SGT)
Reported by	Both
Date of Accident	09/12/2022 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOLLAND ROAD TOWARDS TANGLIN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6078L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN FENG
NRIC No	SXXXX967G
Email Address	CHENFENG10520@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97611646
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	999

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-006959

### DRIVER

Name of Driver	CHEN FENG
NRIC No	SXXXX967G
Date Of Birth	24/05/1989
Occupation	Indoor



Date Of Driving Pass	02/03/2013
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97611646
Alt. Phone Number	-
Email Address	CHENFENG10520@HOTMAIL.COM
Address	BLK 549 JURONG WEST ST 42
Address complement	#08-201
Postcode	640549
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	Side Swipe
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)	3
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	-

#### PASSENGER 1

Name	JOHAN
Gender	Male

#### PASSENGER 2

Name	LAUREN
Gender	Female

#### 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 CIRCUMSTANCES OF ACCIDENT.

#### 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	SJD2238D
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

### 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

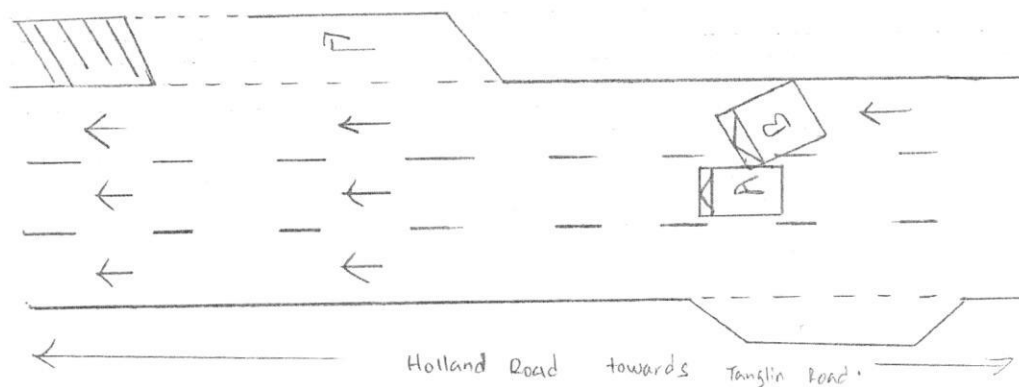
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



VEH A: SGH6078L

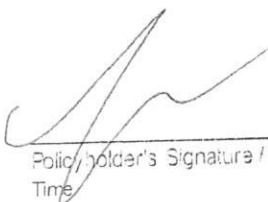
VEH B: SJD2238D

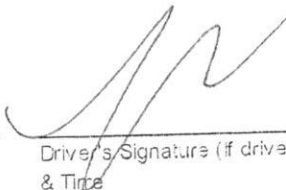
Describe Circumstances of the Accident


On the stated Date and Time, I was Driving my vehicle number  
SGH6078L. I was Travelling straight along Holland Road towards Tanglin  
Road, Suddenly vehicle number SJD2238D cut out abruptly and collided onto  
my vehicle right portion.

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

Date of Accident : 09/12/22 Accident Time: 12:25PM (24-HR-FORMAT)  
 Accident Place : Holland Road towards Tanglin Road  
 Vehicle Reg. No (Car plate No.) : SGH 6078L Vehicle Make/Model: Audi A3  
 Insurance Company : EQ insurance Policy No. DMPPHQ 22 - 006959  
 Name of Registered Owner : Company / Individual CHEN FENG  
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: S89779676  
 : Co Contact No: — Owner's Contact No: 9761 1646  
 DRIVER'S Name : CHEN FENG DRIVER'S NRIC No: —  
 DRIVER'S Date of Birth : 24 MAY 1989 DRIVER'S License Pass Date 02 MAR 2018  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
 DRIVER'S Address : BLK 549 JURONG WEST STREET 42 #08-201 S(640549)  
 DRIVER'S Contact No./ Alt No. : 1) 9761 1646 2) —  
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : chen.feng.10520@hotmail.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): 3 Passenger Name: Johan Gender: M/F  
 Was the accident reported to the police? YES NO Passenger Name: Lauren 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>SJD2238D</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>—</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>



**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 Premier**

**Certificate No. : DMPPHQ22-006959**

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

SGH6078L

**2. Name of Policyholder**

CHEN FENG

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

29/10/2022

**4. Date of Expiry of Insurance**

28/10/2023

**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 : DBS BANK LTD

A000180/Hund & Hobbes  
Date of Issue : 29/08/2022 11:08

Comprehensive Plan - Any Workshop  
Form: MX2  
Excess:  
Insured/Named Driver: S\$500.00  
Unnamed Drivers: S\$1,000.00  
YEID Additional: S\$3,000.00

EQI Motor Accident  
Hotline  
**6311 3211**



Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ21-006367