

NATIONAL Assessment Centre Services

Date In 16/01/2023  
 Ref No NAEQ1 23000 497/d4  
 Veh No SLW688C  
 DOA 13/01/2023 14:25  
 OD/TP/Reporting Only  
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. Aft 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SKQ 3738R 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	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Managed Portion:	3) TP: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Aditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non)INC against INC \$20		

# 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 .....	16/01/2023 15:44 (SGT)
Reported by .....	Both
Date of Accident .....	13/01/2023 14:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SUNSHINE PLAZA CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLW688C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG CHOON LIP ( HUANG JUNLI )
NRIC No .....	SXXXX213D
Email Address .....	singapore91ty@gmail.com
Mobile Phone No .....	(Phone) +65-96886364
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Glc250
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 .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-009639

### DRIVER

Name of Driver .....	NG CHOON LIP ( HUANG JUNLI )
NRIC No .....	SXXXX213D

Date Of Driving Pass .....	27/01/2006
Driving experience .....	17 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96886364
Alt. Phone Number .....	-
Email Address .....	singapore91ty@gmail.com
Address .....	129 PASIR RIS GROVE
Address complement .....	# 10-07
Postcode .....	518179
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 on collision
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 THE ATTACHED STATEMENT

**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 .....	SKQ3738R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

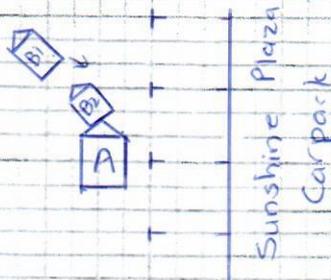
Sketch Plan

Sunshine Plaza Carpark

16/1/23

(A) - SLW688C

(B) - SKQ3738R

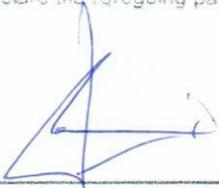


Describe Circumstances of the Accident

On the 13/01/2023 @ about 2.45p.m, at the level 2 of Sunshine Plaza Carpark. I was driving my Vehicle (A) at the above mentioned carpark, and a Vehicle (B) in front of me stopped without turning on any hazard light; ~~the vehicle~~ hence I followed suit. Suddenly, the vehicle (B) started reversing without caution and proper lookout, and collided into the front portion of my Vehicle (A), causing damages to my vehicle.

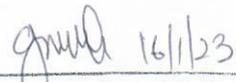
Declaration

I/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

VEHICLE NO: SLW688C

MAKE & MODEL: MERU GLI 250

AUTO  MANUAL

DATE OF ACCIDENT	<u>13 / 01 / 2023</u>	*C.C.
TIME OF ACCIDENT	<u>2.45</u> AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	<u>Sunshine Plaza Carpark</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>Ng Chuan Lip</u>	
EMAIL: <u>Singapore a1ty@gmail.com</u>	Office:	MOBILE: <u>9688 6364</u>
NRIC	<u>S80192130</u>	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO.	<u>EQ</u>	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>DMPPHQ22 - 009639</u>	
NAME OF DRIVER	<input checked="" type="radio"/> AS ABOVE / IF NO:	
NRIC	<u>S80192130</u>	
DATE OF BIRTH	<u>10 / 07 / 1980</u>	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO:	
NAME OF PASSENGER	<u>-</u>	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	<u>27 / 01 / 2006</u>	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: <u>9688 6364</u>	Office:
EMAIL:		
ADDRESS	<u>129 Pasir Ris Grove #10-07 S(518179)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>owner</u>	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes, Who?	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?	
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B NO.	<u>SKQ 3738R</u>	Any Passenger: <u>unknown</u>
NAME		
CONTACT NO		
VEHICLE C NO	Any Passenger:	
VEHICLE D NO	Any Passenger:	
VEHICLE E NO	Any Passenger:	
VEHICLE F NO	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
Who is Reporting	Driver / <input checked="" type="radio"/> Owner / Both	
Original Language Used	<input checked="" type="radio"/> English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	

**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**

**Certificate No. : DMPPHQ22-009639**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

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

SLW688C

**2. Name of Policyholder**

NG CHOON LIP

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

06/12/2022

**4. Date of Expiry of Insurance**

05/12/2023

**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  
permission.

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.

IWE 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 : 05/12/2022 10:39

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ21-008738