

NATIONAL Assessment Centre Services

Date In 20/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/EQ123001888/d4	SAS e-filing		
Veh No GBE1056Y	E-mail (within 8hrs. Aft 2hrs)		
DOA 23/01/2023	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 3210A	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)		
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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
	9) N12: Idac Mobile 30		
Call 1:	Invoice dated	Fee Charged	
Call 2/3:	Invoice dated	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	20/02/2023 18:11 (SGT)
Reported by	Driver
Date of Accident	23/01/2023 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T3 JEWEL BASEMENT CARPARK LOT 26
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1056Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KL CHONG SERVICES
Company Reg No	5XXXX302X
Email Address	9938kimchi@gmail.com
Mobile Phone No	(Phone) +65-86935665
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-001594

DRIVER

Name of Driver	CHONG WONG KAM
NRIC No	SXXXX992F
Date Of Birth	29/07/1955
Occupation	Indoor

Date Of Driving Pass	04/06/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86935665
Alt. Phone Number	-
Email Address	9938kimchi@gmail.com
Address	APT BLK 496D TAMPINES AVENUE 9
Address complement	# 06-536
Postcode	520496
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-G/20230123/7037

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	SMG3210A
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

KL CHONG SERVICES
BRN 52802302X
496D TAMPINES AVE 9
#06-53651520496

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BRN 52802302X
496D TAMPINES AVE 9
#06-53651520496

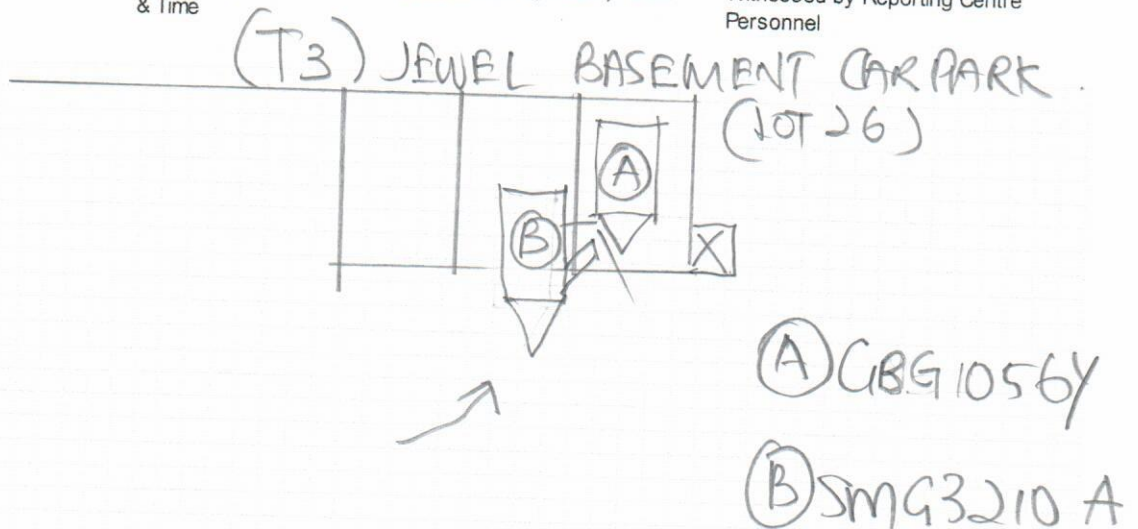
gmmul 20/02/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

- G/20230123/7037 -

Declaration

We declare the foregoing particulars are true in every respect.

KL CHONG SERVICES
BRN 52802302X
496D TAMPINES AVE 9
#06-526 S (520496)

KL CHONG SERVICES
BRN 52802302X
496D TAMPINES AVE 9
#06-526 S (520496)

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

00/02/2023



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7037

The side signal light near to the driver's seat was dislodged and the protective guard was knocked out. Due to this, the driver's door is not able to open fully.

We reported this to the Terminal information counter and called in to 999 and was assisted by the traffic police around 5pm in the presence of the duty and terminal manager of changi airport.

We were given a case card by the traffic police and then reported this case to the police for insurance claim and investigation purposes.

Reference: P/20230123/0046

The terminal manager has provided the video showing the hit and run incident occurring at 2:46 PM to the traffic police.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	CHONG WONG KAM		
ID Type	NRIC NO	ID No	S1202992F
Gender	Male	Age	67
Race	Chinese	Language	English

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/01/2023 19:23

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230123/7037

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7037

Occupation	Electrician	Address	496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496
Mobile No	86935665	Is Informant A Victim?	Yes
Person Name	CHONG WONG KAM (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
23/01/2023 19:23

Classification Of Case:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: UBG 1056Y MAKE/MODEL: NISSAN NV200.

DATE OF ACCIDENT 23/01/2023 TIME 14 HR 45 MIN AM PM

LOCATION OF ACCIDENT (T3) Jewel Basement Carpark (Lot 26)

EXACT PURPOSE USE DURING ACCIDENT SHOP & EAT

CAR OWNER

NAME OF CAR OWNER KL CHONG EMAIL: 9838kimchi@gmail.com

CONTACT NO 8693 5665

NRIC 52802302X

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY EQ INSURANCE

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO DMCPHQ22-001594

ACCIDENT DRIVER

NAME OF DRIVER CHONG WONG KAM

NRIC S1202PP2F

DATE OF BIRTH 28.7.1995

OCCUPATION ELECTRICIAN

DATE OF DRIVING PASS 04.06.1999

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 8693 5665

ADDRESS BLK H96D TAMPINES AVE 9 #06-536 (S) 5204P6.

DRIVER OWN ANY VEHICLE ☒ NO/ IF YES- REGISTRATION NO OWN

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION ☒ CLEAR ☐ RAINING ☐ OTHER: ☐ DRY ☐ WET ☐ OTHER:

ANY INJURIES ☒ NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION:

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SMG 3210A NO OF PASSENGER/S 1

NAME UNKNOWN

CONTACT NO

VEHICLE C NO NO OF PASSENGER/S

VEHICLE D NO NO OF PASSENGER/S

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT 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.

COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPhQ22-001594

1. Index Mark and Registration Number of Vehicles
GBG1056Y

2. Engine No. and Chassis No.
K9KC400D056887 / VSKYBAM20Z0143989

3. Name of Policyholder
KL CHONG SERVICES

4. Effective Date of the Commencement of Insurance for the purpose of the Act
31/05/2022

5. Date of Expiry of Insurance
30/05/2023

6. Person or Classes of Persons entitled to drive*
Goods carrying - (MZ300) Authorised Driver. Any of the following :-
1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

Form: LCVP1
Excess:
Section 1 SGD500.00
YEID-AC Additional SGD3,000.00

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*

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social domestic and pleasure purposes.
THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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.