

NATIONAL Assessment Centre Services (all times)		SU082326005	
Date In: 21/02/2023 15:28	Job description: SAS e-Mailing	Date & Time Completed:	Done by:
Ref No: NBR/EC/12300/9.06/4	E-mail (attach form, AIC 2013)		
Yeh No: SKE 8766C	1-Motor Claim Form		
D.O.A: 21/02/2023 07:15	1-Motor W/O (Whichever is later of 2013 or 2014)		
OD: (9) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whom		
Preferred Wksp / INC Assign Wksp / OW: ( )		Tel: ( )	Fax: ( )
TP Particulars: ( )	Yeh No: SJD 21035	INC: ( ) / Non-INC: ( )	
Owner / Driver: ( )		Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date: ( )	Time: ( )	
Insured/Driver Liability: ( )	95% (Note: Hst Status (W/O): 10-0-30%, R: 21-79%, P: 80-140%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )		
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )		
General Remarks: ( )			
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repairer.			
( ) Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )			
Remarks: ( )			
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			
Injury: ( )			
Date of Injury: ( )			
Place of Injury: ( )			
Weather: ( )			
Road Condition: ( )			
Vehicle Condition: ( )			
Driver's License: ( )			
Witness: ( )			
Police Report: ( )			
Insurance Policy: ( )			
TP Particulars: ( )			
Owner/Driver: ( )			
Policy No: ( )			
Damaged Portion: ( )			
Checked by (Engr-In-Charge): ( )			
Customer's Comments: ( )			
V.L. ( )			
L.P.S. ( )			
Invoice Preparation Checklist:		Amount Paid (\$)	
1) A/R: Accident Recording (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$50)	
3) TP: Towing Fee (\$10/\$15)			
4) PT: Follow-Through Survey (\$15)			
5) PT: Follow-Through Survey (Emergency) (\$30)			
6) TR: Re-inspection (\$25)			
7) NI: New DA, & Short Survey (\$15)			
8) NTUC Additional Fee (\$20)			
9) QC: QC Fee (\$10)			
10) NI: New DA, & Short Survey (\$15)			
11) NTUC Additional Fee (\$20)			
12) TP: Transport Allowance (\$5)			
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200) NTUC Additional Fee (\$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	21/02/2023 15:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 07:15 (SGT)
Exact Location of Accident	Circuit Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8766C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANG HAN CHUNG
NRIC No	SXXXX065A
Email Address	dhanchung@gmail.com
Mobile Phone No	(Phone) +65-91683368
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-005586

#### DRIVER

Name of Driver	DANG HAN CHUNG
NRIC No	SXXXX065A
Date Of Birth	01/05/1984
Occupation	Indoor

Date Of Driving Pass .....	16/10/2013
Driving experience .....	9 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91683368
Alt. Phone Number .....	-
Email Address .....	dhanchung@gmail.com
Address .....	BLK 37 CIRCUIT ROAD #16-439
Address complement .....	-
Postcode .....	370037
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 to Rear
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) .....	2
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 .....	ADELYN DANG
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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJD2103J
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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

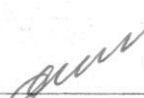
(collectively the "Purposes")

(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

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

 21/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan

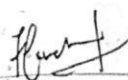
Circuit Link	A	A: SLE 8766C B: STD 2103J
	B	


Describe Circumstance of the Accident

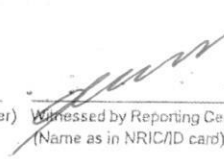
On 21/02/23, at about 07:15am, I was travelling along Circuit link towards Paya Lebar Road. The vehicle in front of me slowed down and stopped. I followed suit and stopped my vehicle. Out of a sudden, I felt an impact from the rear. I then realised vehicle B had collided onto the rear portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 21/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

## ACCIDENT DETAIL

Accident Location	Circuit Link
Accident Date / Time	21/02/2023 / 07:15
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ( )
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ( )

## VEHICLE INFORMATION

Vehicle No.	SLE 8766C	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manual
Vehicle Make / Model	HONDA VEZEL	CC	1496
Insured Name	DANG HAN CHUNG		
NRIC / FIN / UEN		Contact Number	9168 3368
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim	<input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Reporting only	Insurance Company	edinsurance
Type of Policy	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / TPTF	Policy Number	DMPPH Q22-005586

## SAME AS INSURED (✓)

Name Driver	DANG HAN CHUNG		
NRIC / FIN / UEN	S8480065A		
Date of Birth	01/05/1984	Contact Number	9168 3368
Driving Pass Date	16/10/2013	Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Email	dhanchung@gmail.com	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Address	37 Circuit Road #16-439 S(370037)		
Number of passenger include driver. (Please provide name & gender of the passenger)			
DRIVER & 1 FEMALE PASSENGER ADELYN DANG			

Was driver an employee of the Insured's Company? Yes / <input checked="" type="checkbox"/> No
If No, Relationship of the Driver with the Insured
<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / <input type="checkbox"/> Relative / <input type="checkbox"/> Children / <input type="checkbox"/> Sibling / <input type="checkbox"/> Other ( )
Does the driver own any other vehicle? Yes / <input checked="" type="checkbox"/> No If Yes, Please provide veh/model: )
Was any Foreign vehicle involved in this Accident? Yes / <input checked="" type="checkbox"/> No
Was anybody body injured in the Accident? Yes / <input checked="" type="checkbox"/> No
Yes, Injured details:
Convey By Ambulance: Yes / <input checked="" type="checkbox"/> No
Was there any video capture by Car Camera? Yes / <input checked="" type="checkbox"/> No
Was there Accident Report to the Police? Yes / <input checked="" type="checkbox"/> No If Yes, Pls provide Police Report: )

Third Party Vehicle	Third Party Name / NRIC	Contact Number
Vehicle B	SJD2103J	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		

**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. : DMPPHQ22-005586**

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&Named Driver S\$500.00(Section 1 - Own Damage)

Unnamed Driver S\$1,000.00(Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

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

SLE8766C

**2. Name of Policyholder**

DANG HAN CHUNG

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

04/08/2022

**4. Date of Expiry of Insurance**

03/08/2023

**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.

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 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 :

A000211/MDivine Insurance Agency  
Date of Issue : 12/07/2022 16:08

Authorised Signatory  
EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.