

NATIONAL Assessment Centre Services (Call 1-800-833-0000) **81082330000**

Date In: 13/03/2023 16:26	Job description	Date & Time Completed	Done by
Ref No: 138/ED123002591/4	SAS e-tiling		
Veh No: GBJ 6255 R	E-mall (with a Bill, AIC 200)		
D.O.A: 11/03/2023 14:50	1-Motor Claim Form		
OC: TP Reporting Only	1-Motor W/O (with a Bill, AIC 200)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VW/Rep		

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

TP Particulars: () Veh No: **GBJ 6255 R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Folio No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: HSC Status (W/O): 10-0-30%, 10-21-70%, 10-30-100%)

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Accident: ()

Other: ()

Invoice Preparation Charge	Invoice	Invoice
1) All: Accident Processing (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$100/\$40	
4) PE: Follow-Through Survey	\$150	
5) PE: Follow-Through Survey (Post Survey)	\$50	
6) TR: Redirection	\$75	
7) NE: New DA, & Other Survey	\$140	
8) NTUC Additional Services		
9) NTUC		
10) NTUC: Courtesy Car / Tel Allowance	\$5	
11) NTUC: Repair Coordination	\$10	
12) NTUC: Post Repair Inspection	\$10	
13) NTUC: Follow-Through Coordination	\$1	
14) NTUC: TP (Non-INC) / Repair INC	\$10	
15) NTUC: Other	\$0	
Invoice Total		
Fee Charged		

Checked by (Engr-In-Charge): ()

Comments: ()

Signature: ()

Date: ()

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	13/03/2023 16:26 (SGT)
Reported by	Driver
Date of Accident	11/03/2023 14:50 (SGT)
Exact Location of Accident	Jurong East Street 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6255R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SOLID M&Z PTE LTD
Company Reg No	2XXXXX296W
Email Address	muniyandi.r@uesh.sg
Mobile Phone No	(Phone) +65-68188188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-003806

DRIVER

Name of Driver	MUNIYANDI RAJASEKARAN
Passport No/FIN	GXXXX341R
Date Of Birth	15/04/1985
Occupation	Outdoor

Date Of Driving Pass	04/06/2020
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85515069
Alt. Phone Number	-
Email Address	muniyandi.r@uesh.sg
Address	1 JURONG ESAT STREET 32
Address complement	-
Postcode	609477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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 SKETCH PLAN

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	GBC14X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

13/08/2023

Sketch Plan

Sketch Plan

Diagram showing two buildings labeled A and B, with a vertical line indicating a road or boundary. The text "Jurong East St 32" is written vertically next to the diagram.

Handwritten notes:

A = GBS6255R

B = GBL14X

Describe Circumstances of the Accident

I Was traveling along Jurong East St 32,
I Stop at the traffic light giving way to the
Pedestrian Crossing, Suddenly Vehicle B collided
onto the rear of my vehicle

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

M. Raju

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

Witnessed by Reporting Centre
Personnel

13/03/2023

Date of Accident : 11/3/2023 Accident Time : 1450 (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Jurong East St 32

Vehicle No (Car Plate No) : GBJ6255 R Make/Model: CITROEN BERLINGO VAN 1.5

Insurance Company : EQ Policy No: DMCPHQ22-003806

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : SOLID MEZ PTE LTD (202101296W)

Owner Contact No : _____ Owner's Hp 6818 8188 Company Tel _____

Driver Name / IC No : Maniyandi Rajasekaran 68369341Q

Driver's Date of Birth : 15/5/1985 Driver's License Pass Date: 04/06/2020

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: _____

Driver's Address : 1 Jurong East, Street 32, Sg 609477

Driver's Contact No : 1) 8551 5069 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : maniyandi.r@uesh.sg

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 driver

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Nil

Other Party Driver's Particular (if any)

VEH B : <u>GB C14 X</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:



M. Rajan

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

COMMERCIAL VEHICLE PRIVATE (SCH I)

Comprehensive Classic

Certificate No. : DMCPHQ22-003806

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

1. Index Mark and Registration Number of Vehicles

GBJ6255R

2. Name of Policyholder

SOLID M&Z PTE LTD

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

07/11/2022

4. Date of Expiry of Insurance

27/12/2023

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(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*

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.

Hire Purchase : HL Bank

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 04/11/2022 18:03

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.