

NATIONAL Assessment Centre Services

Date In: 08/04/2023 10:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBR/EQT2300349/Y	E-mail (with a short, A/C link)		
Veh No: SJT 492U	I-Motor Claim Form		
D.O.A: 3408/2023 19LX	I-Motor W/O (with: OD link, or link)		
OD: 73 / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SJT 8669Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Notes:
Insured/Driver Liability: ()	(Note: List Status (WO): 10-0-30%, F: 21-70%, P: 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 is for of repair.

() Total Loss Cost: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC E-mail: 0718-0014)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Invoice Preparation Charge:	
1) A/R: Accident Processing (\$300)	
2) D/A: Damage Assessment (\$1000)	INC (\$50)
3) T/F: Towing Fee (\$100)	\$100/\$40
4) P/F: Follow-Through Survey (\$100)	\$100
5) P/F: Follow-Through Survey (Recovery)	\$50
6) T/R: Re/Inspection (\$75)	
7) N/A: New D/A, DMPT Survey (\$100)	
8) N/A: Additional Services:	
9) N/A:	
10) N/A: Courtesy Car / Tel Allowance (\$5)	
11) N/A: Repair Coordination (\$10)	
12) N/A: Post Repair Inspection (\$10)	
13) N/A: DV / Collect Excess Coordination (\$5)	
14) N/A: T/F (Non-INC) (valves INC) (\$10)	
15) N/A: Other Items	
16) N/A: Other Items	
17) N/A: Other Items	
18) N/A: Other Items	
19) N/A: Other Items	
20) N/A: Other Items	
21) N/A: Other Items	
22) N/A: Other Items	
23) N/A: Other Items	
24) N/A: Other Items	
25) N/A: Other Items	
26) N/A: Other Items	
27) N/A: Other Items	
28) N/A: Other Items	
29) N/A: Other Items	
30) N/A: Other Items	
31) N/A: Other Items	
32) N/A: Other Items	
33) N/A: Other Items	
34) N/A: Other Items	
35) N/A: Other Items	
36) N/A: Other Items	
37) N/A: Other Items	
38) N/A: Other Items	
39) N/A: Other Items	
40) N/A: Other Items	
41) N/A: Other Items	
42) N/A: Other Items	
43) N/A: Other Items	
44) N/A: Other Items	
45) N/A: Other Items	
46) N/A: Other Items	
47) N/A: Other Items	
48) N/A: Other Items	
49) N/A: Other Items	
50) N/A: Other Items	
51) N/A: Other Items	
52) N/A: Other Items	
53) N/A: Other Items	
54) N/A: Other Items	
55) N/A: Other Items	
56) N/A: Other Items	
57) N/A: Other Items	
58) N/A: Other Items	
59) N/A: Other Items	
60) N/A: Other Items	
61) N/A: Other Items	
62) N/A: Other Items	
63) N/A: Other Items	
64) N/A: Other Items	
65) N/A: Other Items	
66) N/A: Other Items	
67) N/A: Other Items	
68) N/A: Other Items	
69) N/A: Other Items	
70) N/A: Other Items	
71) N/A: Other Items	
72) N/A: Other Items	
73) N/A: Other Items	
74) N/A: Other Items	
75) N/A: Other Items	
76) N/A: Other Items	
77) N/A: Other Items	
78) N/A: Other Items	
79) N/A: Other Items	
80) N/A: Other Items	
81) N/A: Other Items	
82) N/A: Other Items	
83) N/A: Other Items	
84) N/A: Other Items	
85) N/A: Other Items	
86) N/A: Other Items	
87) N/A: Other Items	
88) N/A: Other Items	
89) N/A: Other Items	
90) N/A: Other Items	
91) N/A: Other Items	
92) N/A: Other Items	
93) N/A: Other Items	
94) N/A: Other Items	
95) N/A: Other Items	
96) N/A: Other Items	
97) N/A: Other Items	
98) N/A: Other Items	
99) N/A: Other Items	
100) N/A: Other Items	

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	03/04/2023 10:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 19:55 (SGT)
Exact Location of Accident	Senja Link, Singapore
Additional Location Information	TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4972U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TENG ENG HONG
NRIC No	SXXXX751A
Email Address	ehteng73@yahoo.com.sg
Mobile Phone No	(Phone) +65-96864534
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-000689

DRIVER

Name of Driver	TENG ENG HONG
NRIC No	SXXXX751A
Date Of Birth	13/03/1973
Occupation	Outdoor

Date Of Driving Pass	11/09/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96864534
Alt. Phone Number	-
Email Address	ehteng73@yahoo.com.sg
Address	BLK 11 LORONG 8 TOA PAYOH #11-306
Address complement	-
Postcode	310011
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ZHENG CHAIYING
Gender	Female

PASSENGER 2

Name	TENG HUI EN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230402/7023

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	SLJ8669Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TENG ENG HONG
Gender	Male
Phone No	(Phone) +65-96864534
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT4972U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHENG CHAI YING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT4972U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TENG HUI EN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT4972U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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;

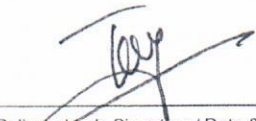
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

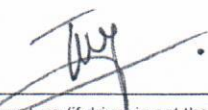
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

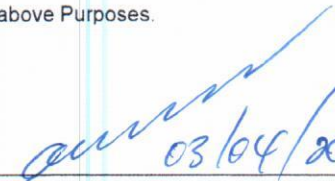
(collectively the "**Purposes**")

(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.

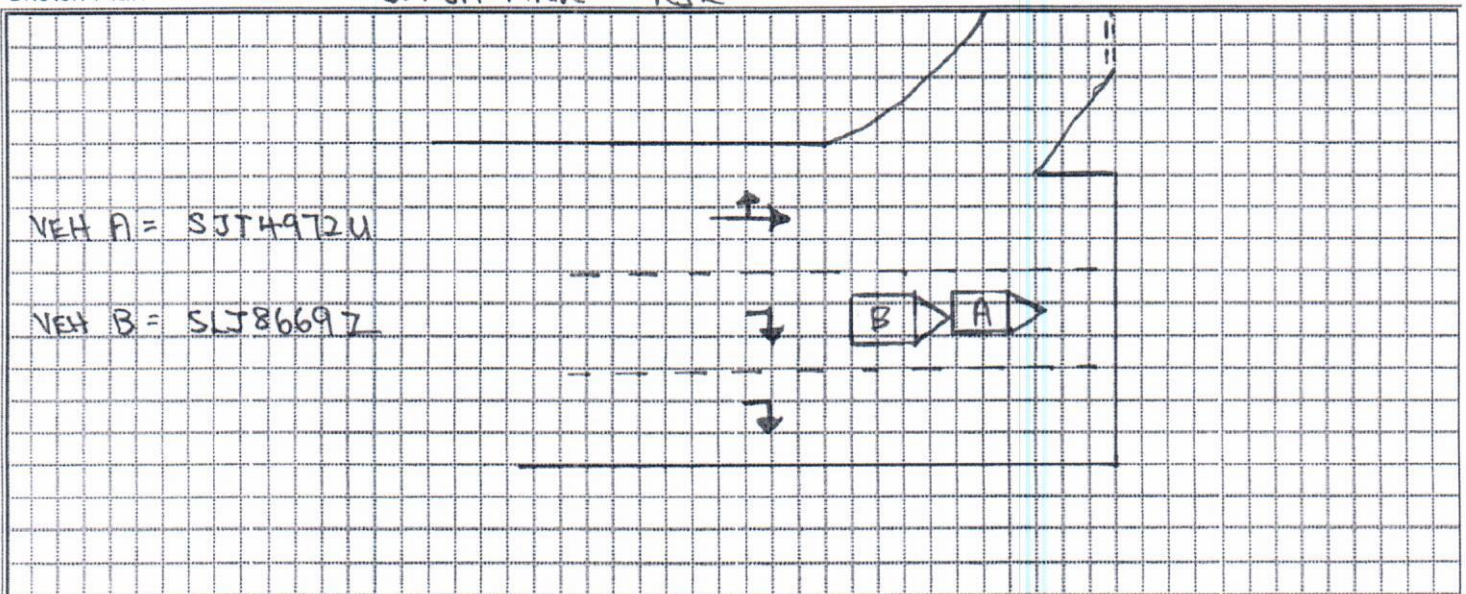

Policyholder's Signature / Date & Time


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


03/04/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SENJA LINK - KTE

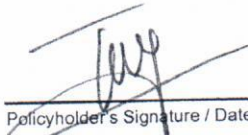


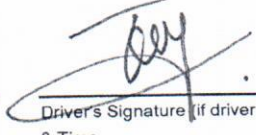
Describe Circumstance of the Accident

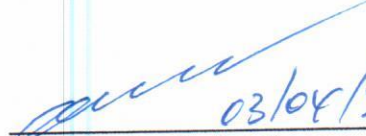
Please refer to Police Report : T/20230402/7023

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

 03/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230402/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230402/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2023 16:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG ENG HONG		Address: 11 LORONG 8 TOA PAYOH #11-306 SINGAPORE 310011			
ID Type / ID No.: NRIC NO / S7308751A		Contact No.: Home/Office: Mobile: 96864534			
Nationality: SINGAPORE CITIZEN		Email: EHTENG73@YAHOO.COM.SG			
Sex: Male	Age: 50	Date of Birth: 13/03/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Technician		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 19:55	Type of Location:
Location: SENJA LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT4972U	Car	TOYOTA	VIOS E AUTO	Silver		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT4972U	EQ INSURANCE COMPANY LTD.	DMPPHQ23- 000689	03/02/2023	02/02/2024



**SINGAPORE
POLICE FORCE**



T/20230402/7023

2 of 3

Report No. T/20230402/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TENG ENG HONG	ID No.	S7308751A
Related Vehicle	SJT4972U (Car)	Contact No.	96864534
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my wife (Zheng Chaiping) and daughter (Teng Hui En) on board vehicle SJT4972U.

We were stationary before the traffic at Senja Link waiting for the lights to turn green.

Suddenly vehicle SLJ8669Z came from behind and hit onto my vehicle's rear portion.

The impact was great and I was holding tightly to my steering and injured and left thumb in the process. As I was stepping hard onto my brake I injured my right pelvic area too.

I quickly check on my family and realised my daughter hit her head onto her headrest.

My wife was lunged forward only to be restrained by her seatbelt.

Later she felt pain on her chest, neck and back areas. I felt pain on my lower back left thumb and pelvic area.

We ignored the pain and self medicated.

The next following day the pain on our body worsen and we all proceeded to unihealth 24hr clinic to payoh to seek treatment and all of us were given 3 days MC



SINGAPORE POLICE FORCE



T/20230402/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230402/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
02/04/2023 16:31

Classification Of Case:

(6)

Date of Accident : 31/3/2023 Accident Time: 1955 (24-HR-Format)
Accident Place : SENJA LINK - KJE
Vehicle. No. (Car Plate No.) : SJT 49724 Make/Model: TOYOTA VIOS
Insurance Company : EQ INSURANCE Policy No: DMPPHQ23-000689
Owner or Company Name /IC No. : TENG ENG HONG 57308751A
Owner or Company Contact No. : 9686 4534 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 13/03/1973 DRIVER'S License Pass Date 11/09/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : BLK 11 LORONG 8 TOA PAYOH #11-306 S310011
DRIVER'S Contact No./ Alt No. : 1) 9686 4534 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : ehteng13@yahoo.com.sg.
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): 03

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident Private use Work purpose

Any Injury (If YES, Pls state): TENG ENG HONG, ZHENG CHAI YING and TENG HUI EN All 03 DAYS MC

Other Party Driver's Particular (if any)

(B)
Vehicle. No: SLJ 8669Z Vehicle. No: _____
Vehicle Make/Model: _____ Vehicle Make/Model: _____
Name Driver: _____ Name Driver: _____
IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

① ZHENG CHAI YING Female

⑤ TENG HUI EN Female

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**PRIVATE CAR****Third Party Fire & Theft****Certificate No. : DMPPHQ23-000689****1. Index Mark and Registration Number of Vehicles**

SJT4972U

Form: MX2

Excess:

Insured&Named Driver S\$0.00(Section 1 - Own Damage)

Unnamed Driver S\$0.00(Section 1 - Own Damage)

2. Name of Policyholder

TENG ENG HONG

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

03/02/2023

4. Date of Expiry of Insurance

02/02/2024

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 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 :

B000087/IVAN INSURANCE BROKERS PTE LTD

Date of Issue : 27/12/2022 17:01

Authorised Signatory
EQ Insurance Company Limited