

NATIONAL Assessment Centre Services (only for use by **SALES**) **SALES** **SALES**

Job description: **SAS e-Milling** Date & Time Completed: **19/05/2023 16:29** Done by: **SALES**

E-mail (within 24hrs, A/C 24hrs): **19/05/2023 18:18**

1-Motor Claim Form

1-Motor W/O (Within 24hrs, A/C 24hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Driver

Forwarded Wksp / INC Assgn Wksp / QW: ()

Pending/Driver: **SALES** Veli No: **SALES** Tel: () Fax: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

Incurred/Driver Liability: () (Note: Inc. Status (WO): 11: 0.30%, 12: 21.70%, 13: 30.140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: () Loading: \$1,000 () / \$2,000 ()

Inter-Insurer Transfer: ()

Walk-In Customer / Customer's Information strictly Confidential & Surveys NO prior of repairer.

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

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

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Vehicle: ()

Location: ()

Date: ()

Time: ()

Weather: ()

Witness: ()

Police: ()

Insurance: ()

Repairer: ()

Owner: ()

Driver: ()

Passenger: ()

Other: ()

Invoice: Preparation Charge: ()

1) A/C: Accident Report: ()

2) A/C: Damage Assessment: ()

3) Towing Fee: ()

4) PC: Follow Up: ()

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100) PC: Follow Up: ()

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	22/05/2023 16:29 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 18:18 (SGT)
Exact Location of Accident	Bedok North Ave 4, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1305J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACCURATE DEPT RECOVERY PTE LTD
Company Reg No	2XXXXX489D
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-93857318
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Sx4
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	Private car
Transmission	Auto
CC	1586

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-008043

DRIVER

Name of Driver	YONG LIP SIONG
NRIC No	SXXXX102G
Date Of Birth	08/10/1985
Occupation	Outdoor

Date Of Driving Pass	22/07/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93857318
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 304 BUKIT BATOK STREET 31 #06-69
Address complement	-
Postcode	650304
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 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	CHEN JIA WEI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230520/2047

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	SLE803G
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	YONG LIP SIONG
Gender	Male
Phone No	(Phone) +65-93857318
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJZ1305J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN JIA WEI
Gender	Male
Phone No	(Phone) +65-86465040
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJZ1305J
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)

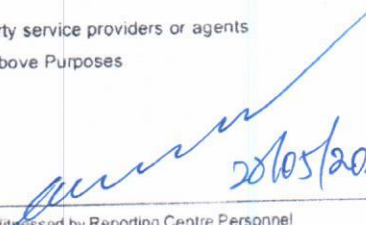
I understand, acknowledge, agree and consent that:

- (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

X
Policyholder's Signature / Date & Time



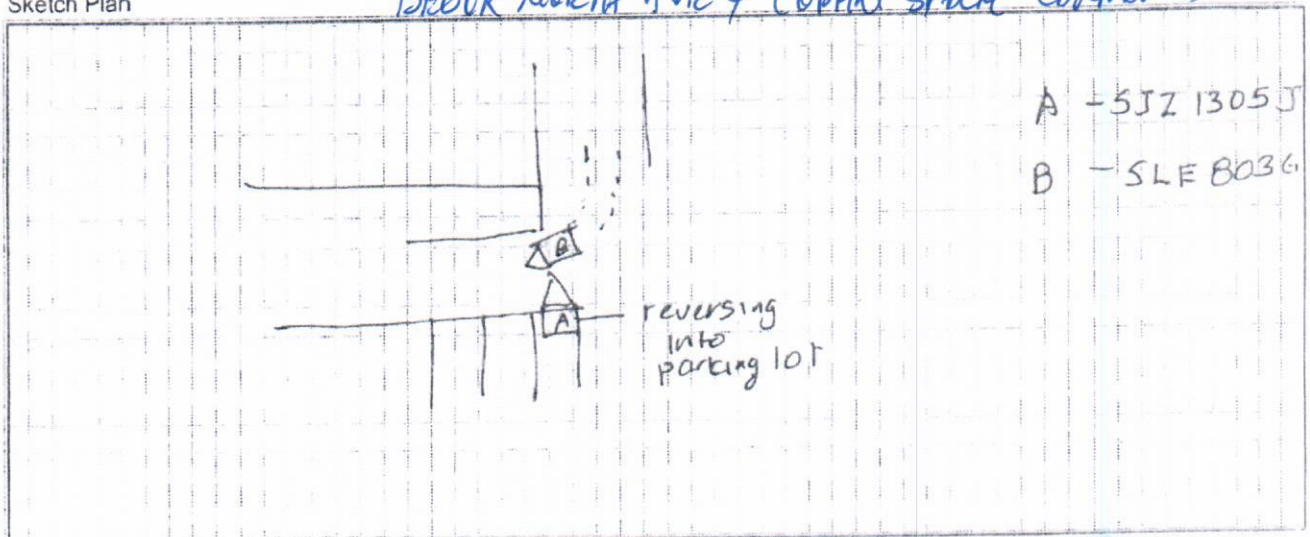

Driver's Signature (if driver is not the policyholder) / Date & Time


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

20/05/2023

Sketch Plan

BEDOK NORTH AVE 4 (OPPOSITE SPARK CARPARK)



Describe Circumstance of the Accident

Refer to police report - 1/20230520/2047

Declaration

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

Policyholder's Signature / Date & Time

x



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

[Signature]

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

[Signature] 22/05/2023



**SINGAPORE
POLICE FORCE**



T/20230520/2047

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20230520/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2023 13:21	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars		
Name of Informant: YONG LIP SIONG		Address: APT BLK 304 BUKIT BATOK STREET 31 #06-69 SINGAPORE 650304
ID Type / ID No.: NRIC NO / S8533102G		Contact No.: Home/Office: Mobile: 93587318
Nationality: SINGAPORE CITIZEN		Email: tommy85_19@hotmail.com
Sex: Male	Age: 37	Date of Birth: 08/10/1985
Race: Chinese		Type of Informant: Driver
Occupation: DEBT COLLECTOR		Language:
Driving Licence Information: Class:		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2023 18:20	Type of Location: Car Park
Location: BEDOK NORTH AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved					Condition	No. of Passenger
Vehicle No.	Type	Make	Model	Color		
SJZ1305J	Car				Slightly Damaged	1
SLE803G	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230520/2047

2 of 3

Report No. T/20230520/2047

CONTINUATION OF REPORT

Driver				
Name	YONG LIP SIONG		ID No.	S8533102G
Related Vehicle	SJZ1305J (Car)		Contact No.	93587318
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	19/05/2023		Date Discharge	19/05/2023
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	POON SONG-EN		ID No.	S7918955C
Related Vehicle	NIL		Contact No.	88756430
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 19/05/2023 at around 1218hrs. I was driving my company (Accurate debt recovery pte ltd) vehicle (SJZ1305J) along open space carpark of 102 Bedok north avenue 4. I was trying to park the car into one of the available parking lot. When another vehicle (SLE803G) that was turning right in the carpark hit my on the front right. Both me and the driver immediately got out of the cars and check the damages and exchanged our particulars. We agreed to inform our respective insurance. The other party then left the location. However, my vehicle bumper was dislodged due to the accident and as such was towed to a workshop. At the workshop, I felt some pain on the right shoulder and the back area. As such I went to Mount Alvernia Hospital to see the doctor. I was given 5 days of MC starting from 19/05/2023. I do not have my MC with me right now and do not know the MC reference number.

My vehicle has in-car camera but I am not sure if has recorded the accident.

My vehicle sustained damages to the bumper, and I believe the Car wiper tank was damaged. The vehicle hasn't been assessed yet to know the extent of the damage.

The car accident reporting center advised me to lodge a police report. I had a passenger with me during the accident. Name: Chen Jia Wei, NRIC: S8316226J, H/P: 86465040. He was also injured during the accident. He complained of neck pain. Both of us went to the hospital together and he was also given 5 days of MC. I do not know MC reference number.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230520/2047

3 of 3

Report No. T/20230520/2047

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/

SGT 3 PRAKASH S/O SANGHA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/05/2023 13:21

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

Personal Particulars of Owner & Driver (Vehicle A)

JACK

Date of Accident: 19 / 05 / 23 (dd/mm/yy) Time of Accident: 18 : 18 (24-HR-FORMAT)

Vehicle No.: SJZ 1305 J Vehicle Make & Model: SUZUKI SX 4

*Transmission: ☐ Manual ☒ Auto *C.c.: 1.6

Exact location of Accident: Bedok North Ave 4 (Carpark open space)

Policyholder's Name: Accurate Debt Recovery Pte Ltd NRIC/FIN/REG No.: -

*Policyholder's email address: reporting@mycar.sg

Driver's Name: Yong Lip Siong NRIC/FIN/REG No.: S 85331026

*Driver's email address: tonmy85-19@hotmail.com

Driver's Contact No.: 93587318 Company Contact No (If any): -

Date of birth: 8/10/85 Driving Pass Date: 22/7/11

Driver's Address: BLK 304 Bukit Barok St. 31 # 06-69 (650304)

Insurance Company: EQ Insurance

Policy No.: DMPP14022-008043 Type of Coverage: ☒ Comprehensive ☐ Third Party/Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other -

Occupation (nature job) ☐ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 02

*Passenger Name: passenger Gender: ☒ Male / Female

*Passenger Name: - Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Yong Lip Siong / passenger

Injured Person in Which Vehicle: SJZ 1305 J Any injured conveyed to hospital by ambulance? : ☐ Yes ☐ No

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No.: - Vehicle No: SLE 803G

Driver's Contact No: - Insurance Company: -

*No. of Passenger/(including Driver): -

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): - Vehicle No: -

Driver's Contact No: - Insurance Company: -

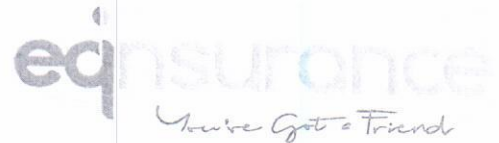
*No. of Passenger/(including Driver): -

(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): - Contact No: -

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
Comprehensive Classic****Certificate No. : DMPPHQ22-008043**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Employees: S\$500.00

Non-employee: S\$1,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SJZ1305J

2. Name of Policyholder

ACCURATE DEBT RECOVERY PTE LTD

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

28/10/2022

4. Date of Expiry of Insurance

27/10/2023

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.

* 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 :

A000211/MDivine Insurance Agency

Date of Issue : 05/10/2022 17:02

Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ21-007117**