

NATIONAL Assessment Centre Services (Call 1 800 661 1111) **SN10923500006**

Date In: 24/05/2023 11:00	Job Description	Date & Time Completed	Done by
Ref No: NBB/Ed 2300 52714	SAS e-filing		
Yelt No: SEY 12887	E-mail (within 24hrs, A/C 2013)		
D.O.A: 28/05/2023 06:50	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Yelms: OD 2013, TP 1013)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/In		

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

TP Particulars: Yelt No: **SMR 3968P** INC () / Non-INC ()

Owner / Drivers: () Tel: ()

Policy No: () Period: () Cover Type: ()

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 10: 0-30%, F: 21-70%, 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 rep/ren.

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

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

Remarks: () (INC 1013: 0788:0013)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Incident: ()

Location: ()

Time of Incident: ()

Weather: ()

Witness: ()

Police Report: ()

Medical Report: ()

Other: ()

Invoice / Preparation Charge	Amount
1) AR: Accident Reporting (\$30)	\$30
2) DA: Damage Assessment (\$100)	\$100
3) TP: Towing Fee	\$10/\$15
4) PE: Follow-Through Survey	\$15
5) PE: Follow-Through Survey (Emergency)	\$50
6) TR: Acknowledgement	\$25
7) NI: 1st Day DA / SMET Survey	\$140
8) NIUC Additional Services:	
* NO: Courtesy Car / Tel Allowance	\$5
* NI: Repair Coordination	\$15
* NI: Post Repair Inspection	\$20
* NI: DV / Collect Excess Coordination	\$10
* NI: (1) TP (Non-INC) applies INC	\$10
* NI: (2) TP (Non-INC) applies INC	\$10
* NI: (3) TP (Non-INC) applies INC	\$10
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* NI: (100) TP (Non-INC) applies INC	\$10

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	24/05/2023 17:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/05/2023 06:50 (SGT)
Exact Location of Accident	810 Yishun Ring Rd, Singapore 760810
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU1288Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PARI SUBRAMANIAN MOHANAM
NRIC No	SXXXX760C
Email Address	parism13@gmail.com
Mobile Phone No	(Phone) +65-96930352
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004638

DRIVER

Name of Driver	PARI SUBRAMANIAN MOHANAM
NRIC No	SXXXX760C
Date Of Birth	13/04/1956
Occupation	Indoor

Date Of Driving Pass	19/12/1975
Driving experience	47 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96930352
Alt. Phone Number	-
Email Address	parism13@gmail.com
Address	BLK 810 YISHUN RING ROAD #07-4185
Address complement	-
Postcode	790810
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	Hit and run / Vandalism / Damaged whilst parked
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?	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?	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	SMR3968P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SALEEN
Contact Number	(Phone) +65-98206305

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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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.

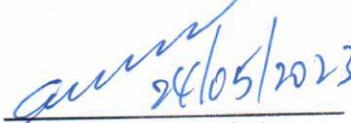
(collectively the "Purposes")

- (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

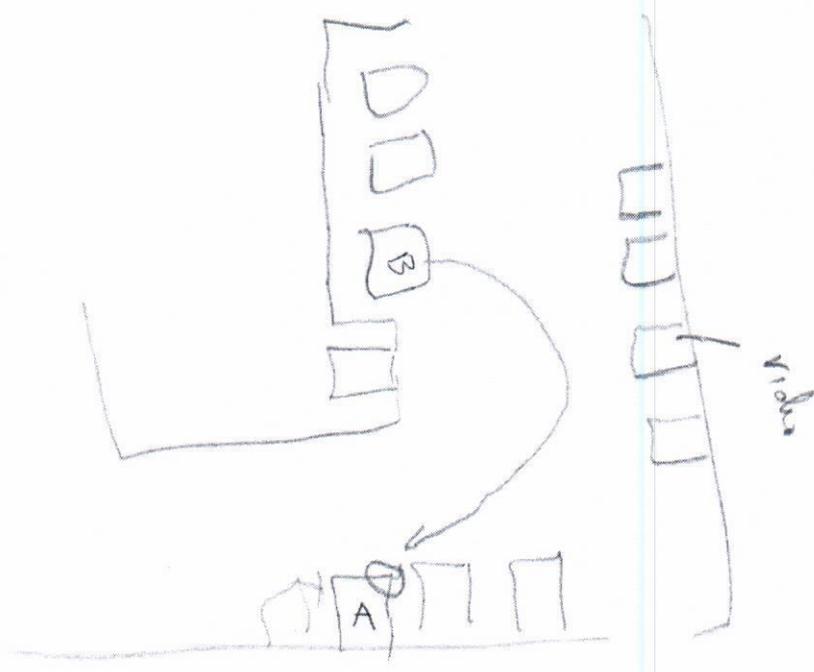
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan

Refer to attached sketch																			
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A = SFU 1288 Z

B = SMR 3968P

BLK 810 Yishun Ring Rd

Carpark



[Signature]
24/05/2023

Describe Circumstance of the Accident

On 23 May 2022 at about 0910hrs, I left home and took the lift to my car park lot. When I arrived at my car, I was not able to open the door. I went to the front and was shocked to see the damage on my front right. The car was shifted much left and also was touching the other car. Much later neighbours came to update me on the accident that occurred at about 0650hrs. It was raining heavily.

Got the particulars of the owner of the car that hit my car. Her daughter updated me.
Ms Saleen 98206305
Car No SMR 3968P Honda Fit
She went to report to Ache and Insurance Agent.

Declaration

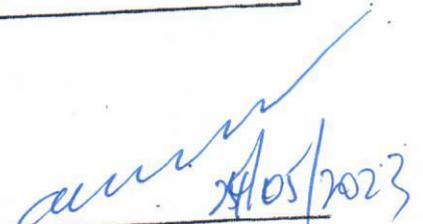
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

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



24/05/2023

11/1

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 23/05/2023	TIME OF ACCIDENT : 0650hrs
VEHICLE NO : SFU 1288 Z	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Toyota Camry 2.5	LOCATION : BIK 810 Yishun Ring Road Carpark
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : EQ Insurance	POLICY NO : DMPPH22-004638
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Pari Subramanian Mohanam	NRIC : S1194760c
ADDRESS : SHT BIK 810 Yishun Ring Rd 07-4185 760810	CONTACT NO : 96930352
EMAIL ADDRESS : Parism13@gmail.com	VIDEO RECORDING : YES / NO with driver
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 13/04/1956	DRIVING PASSING DATE : 19/12/1975
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : _____
ANY INJURIES : NO, IF YES : _____	POLICE REPORT : NO / IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SMR 3968 P	VEHICLE C REG NO : _____
DRIVER NAME : Saleen	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : 9820 6305	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / 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 Supreme**

Certificate No. : DMPPHQ22-004638

Form: MX2

Excess:

Insured&Named Driver

Unnamed Driver

YEIDR

WindScreen

S\$750.00(Section 1 - Own Damage)

S\$1,250.00(Section 1 - Own Damage)

Additional S\$3,000.00

S\$100.00

1. Index Mark and Registration Number of Vehicles

SFU1288Z

2. Name of Policyholder

Pari Subramanian Mohanam

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

06/07/2022

4. Date of Expiry of Insurance

05/07/2023

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 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 : UNITED OVERSEAS BANK LIMITED

A000209/Agnes Tan Sock Leng
Date of Issue : 07/06/2022 12:55

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.