

NATIONAL Assessment Centre Services (incl. 12/2011) 210822864002

Down In: 15/06/2023 13:06	Job description	Date & Time Completed	Done by
Ref No: NSA/EOT/22006049/V	SAS e-filing		
Val No: SDY 37 G	E-mail (with In, AIC In)		
D.O.A: 18/06/2023 12:00	In-Motor Claim Form		
CC: TP: Reopening Only	In-Motor W/O (with: OD In, AIC In)		
TP Insured:	In-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wksp / INC Assgn Wksp / OW: ()
 TP Particulars: Vch No: **PC 66794** INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: Inc Status (WO): 10-0-30%, F: 21-79%, P: 90-140%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
 () Walk-In Customer / Customer's Information strictly Confidential & Strictly NO refer of repairer.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Cost ()
 Repairer: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
 ()
 ()
 ()
 ()
 ()

Invoice Preparation Charge	Amount	Done by
1) AIC: Accident Passbook (280)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$100	
4) PE: Follow Through Survey	\$100	
5) FT: Follow Through Survey (Basic Fee)	\$100	
6) TR: Disbursement	\$100	
7) NI: New DA, P-SMRT Survey	\$100	
8) NTUC Additional Fee (\$100)	\$100	
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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	15/06/2023 13:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/06/2023 12:00 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	TOWARDS SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV37G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOO SOON SOO
NRIC No	SXXXX912E
Email Address	ssfoo123@gmail.com
Mobile Phone No	(Phone) +65-96811322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Amg
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	1991

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-007197

DRIVER

Name of Driver	FOO SOON SOO
NRIC No	SXXXX912E
Date Of Birth	21/08/1958
Occupation	Indoor

Date Of Driving Pass	01/12/1983
Driving experience	39 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96811322
Alt. Phone Number	-
Email Address	ssfoo123@gmail.com
Address	17A SIGLAP VIEW
Address complement	-
Postcode	455799
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	Side Swipe
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 AND ATTACHMENT STATEMENT

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	PC6697U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	QIN XUCHUN
Passport No/FIN	GXXXX652U

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.

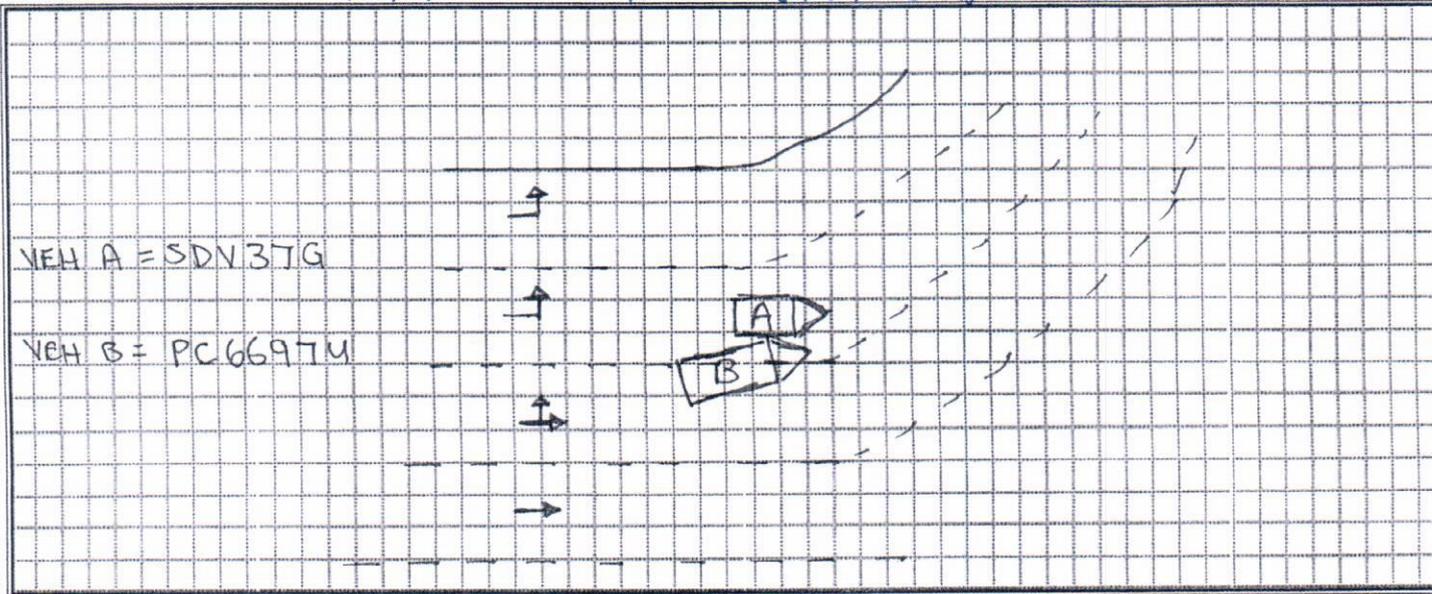
Policyholder's Signature / Date & Time

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

15/06/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

MARINA BOULEVARD - SHEARES AVENUE



At about 12 pm on Wednesday 14 June 2023, my car (SDV37G) was on the second turning lane from Marina Boulevard into Sheares Avenue. Just before I turn, the bus (PC6697U) suddenly hit my car on the rear right portion of the car and the right rear rim was also damaged. I got a shock and as I am on the second lane, continuous traffic next to me and behind and the road in front was clear, instead of turning left, I have no choice but to veer towards Marina Boulevard to park at the left hand side of the road at Marina Boulevard, expecting the bus to do the same so that we could both look at the damage of our cars without causing a massive jam. When I stopped my car and get out, he did not follow me. I waived for him to drive straight to me but he just sat in the minibus and did not come down for a long while until the police arrived. At the instruction of the police, he moved his minibus forward to park at the side of Marina Boulevard in front of my car. The police took down both our details.



Foo Soon See

NRIC = S1310912E



15/06/2023

Date of Accident : 14/6/2023 Accident Time: 1200 (24-HR-Format)

Accident Place : MARINA BOULEVARD - SHEARES AVENUE

Vehicle. No. (Car Plate No.) : SDV37G Make/Model: _____

Insurance Company : EQ INSURANCE Policy No: DMPPHQ22-007197

Owner or Company Name /IC No. : FOO SOON SOO S1310912E

Owner or Company Contact No. : 96811322 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 21/8/1958 DRIVER'S License Pass Date 1/12/1983

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: OWNER

DRIVER'S Address : 17A SIGLAP VIEW S455799

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : ssf00123@gmail.com

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): 01

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): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) PC66974</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>QIN XUCHUN</u>	Name Driver: _____
<u>S PASS</u> IC No. Driver/Contact: <u>K3007910</u>	IC No. Driver/Contact: _____

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

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**

Certificate No.: **DMPHQ22-007197**

1. Index Mark and Registration Number of Vehicles

SDV37G

2. Engine No. and Chassis No.

26092030069179 / WDD1770512J113618

3. Name of Policyholder

FOO SOON SOO

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

30/08/2022

5. Date of Expiry of Insurance

18/10/2023

6. 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.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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.

7. Limitations 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.

Form: MX2

Excess:

Insured/Named Driver SGD1,500.00

Unnamed Drivers SGD2,000.00

YEID Additional SGD3,000.00

EQI Motor Accident
Hotline

6311 3211



HP: Hong Leong Finance Ltd
unwsbh/H0/B000006/ANIKA INSURANCE BROK



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited