

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 22/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/EOI/23006432/d4	SAS e-filing		
Veh No: G8H 2966J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/06/2023 19:39	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SNA 79234	INC () / Non-INC ()
Owner / Driver: (	Tel:)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; 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 repairer.

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

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

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amf (\$)	Ac
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



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	22/06/2023 15:11 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 19:39 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2966J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUNSEN CONSTRUCTION PTE LTD
Company Reg No	1XXXXX321M
Email Address	stevenng98@yahoo.com.sg
Mobile Phone No	(Phone) +65-92325467
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-001256

DRIVER

Name of Driver	NG BOON HENG
NRIC No	SXXXX214J
Date Of Birth	19/11/1965
Occupation	Indoor

Date Of Driving Pass	05/05/1982
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92325467
Alt. Phone Number	-
Email Address	stevenng98@yahoo.com.sg
Address	APT BLK 408 BEDOK NORTH AVENUE 2
Address complement	# 08-36
Postcode	460408
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 THE ATTACHED 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	SNA7923U
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)	.....	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



恒城建築私人有限公司
HUNSEN CONSTRUCTION PTE LTD
1084 Eunos Ave 7A #01-21 Singapore 409534
Tel: 6844 0700 6844 0500 Fax: 6844 0110
Email: stevenng98@yahoo.com.sg
: hunsen98@singnet.com.sg

Policyholder's Signature / Date & Time

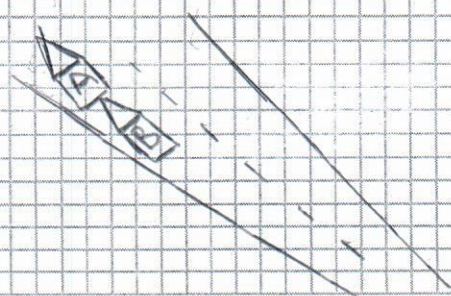
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

22/6/23
Paya Lebar Road

A - GIBH 2966 J
B - SNA 7923U



Describe Circumstance of the Accident

I was driving at Paya Lebar road waiting at a Junction to merge to the main road whilst waiting Vehicle B rear ended me from the back.

Declaration

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



恒城建築私人有限公司
HUNSEN CONSTRUCTION PTE LTD

1084 Eunos Ave 7A #01-21 Singapore 409534

Tel : 6844 0700 6844 0500 Fax : 6844 0110

Email : stevenng98@yahoo.com.sg

: hunsen98@singnet.com.sg

Policyholder's Signature / Date & Time

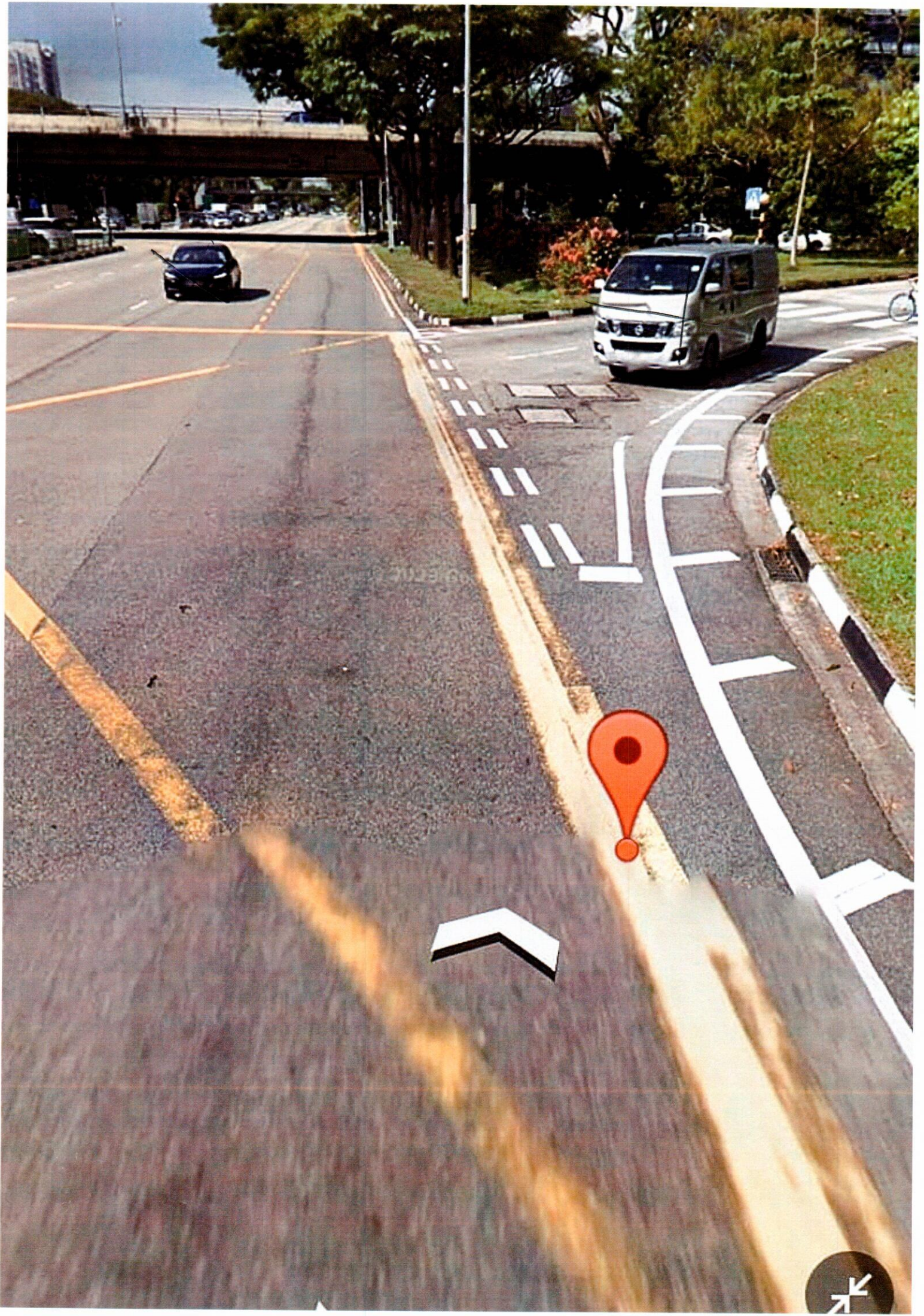
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

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

Payal Rd

Payal Rd













IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 21/6/23	TIME OF ACCIDENT : 1939
VEHICLE NO : G8H2966J	TRANSMISION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Toyota Dyna	LOCATION : Paya Lebar Road
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : EQ	POLICY NO : DMCPHQ23-001256
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)
NAME OF OWNER : Hunsen Construction PTE LTD	NRIC : 198804321M
ADDRESS : APT B1K 408 Bedok North Ave 2 #08-36 S(460408)	CONTACT NO : 92325467
EMAIL ADDRESS : Stevenng98@yahoo.com.sg	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Ng Boon Heng	NRIC : <u>S1454214J</u> CONTACT NO : <u>92325467</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : 1 MALE () FEMALE ()
DATE OF BIRTH : 19 / 11 / 1965	DRIVING PASSING DATE : 5 / 5 / 1982
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS :
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : SNA 79234	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT : 91812807	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

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. : DMCPHQ23-001256**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBH2966J

2. Name of Policyholder

HUNSEN CONSTRUCTION PTE LTD

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

12/04/2023

4. Date of Expiry of Insurance

11/04/2024

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

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*


- 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 : UNITED OVERSEAS BANK LIMITED

A000074/Tradlink Agencies Pte Ltd
Date of Issue : 28/03/2023 12:58


Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ22-001192