

NATIONAL Assessment Centre Services. part 1 Jan 2003 : SN09213 F000J -OK

| | | | |
|---|---|-----------------------|---------|
| Date In: 15/3/21 17:23 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LIP21093366/64 | SAS e-filing | | |
| Veh No: SJV 1715 | E-mail (within 3hrs, ATC 2hrs) | | |
| ICOA: 1413/21 20:30 | I-Motor Claim Form | | |
| (1) <input checked="" type="checkbox"/> TP: Reporting, Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/WK312 | | |

| | | | |
|---|--------------|-----------------------|---------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: (| Fax: (|
| TP Particulars: | Veh No: 7175 | INC () / Non-INC () | |
| Owner / Driver: (| | Tel: (| |
| Policy No: (| Period: (| Cover Type: (| |
| Confirmed by: (| | Date: (| Time: (|
| Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] | | | |
| Year of Registration: () Warranty: YBS () / NO () | | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | | |

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

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

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

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| | |
|------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |

| | |
|-----------|---|
| NA2102256 | 1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100): INC (\$10) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claimant against INC Only (wef 10 Jan 2003) 6) TR: Re-inspection \$75 7) NI: Issue DA + SMRT Survey \$160 8) NTUC Additional Services:- ON: *NS: Courtesy Car / Tpt Allowance \$3 *NG: Repair Co-ordination \$10 *NT: Post Repair Inspection \$25 *NB: DV / Collect Excess Coordination \$3 TP (N11) : TP (N11 INC) against INC \$20 9) N12: Issue Mobile \$0 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 Authorised 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 | 15/03/2021 17:23 (SGT) |
| Date of Accident | 14/03/2021 20:30 (SGT) |
| Exact Location of Accident | 582 Buangkok Green, Singapore 530582 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SJV171E |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | ONG ZU YAO |
| NRIC No | SXXXX828A |
| Email Address | JERRYONGZY@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-91475330 |
| Alternative Phone No | +65-91475330 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Infiniti |
| Model | Q50 |
| 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 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------|
| Name of Insurance Company | Liberty Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SD20V00996/VPC2/R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------|
| Name of Driver | ONG ZU YAO |
| NRIC No | SXXXX828A |
| Date Of Birth | 04/01/1984 |
| Occupation | Indoor |



| | |
|--|---------------------------------|
| Date Of Driving Pass | 30/11/2004 |
| Driving experience | 16 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91475330 |
| Alt. Phone Number | +65-91475330 |
| Email Address | JERRYONGZY@HOTMAIL.COM |
| Address | BLK 602C PUNGOL CENTRAL #13-652 |
| Address complement | - |
| Postcode | 823602 |
| 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 | 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 material 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 |

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

REFER TO POLICE REPORT T/20210315/7011

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SHC7175Y |
| 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.
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 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. 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

Vehicle A - SUV/HIE

Vehicle B - 7175



Buangkok Green

Blk 582

Open Space Carpark

Describe Circumstances of the Accident

Pls refer to police report.

REPORT No. T/20210315/7011

Declaration

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



Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09213F000J Vehicle Registration No: 5JV171E
Name (as shown in NRIC) : ONG ZU YAO NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 602C PUNNIKOL CENTRAL #13-652 Singapore (823602)
Contact (Tel) : _____ Mobile No.: 91475330
Email Address : ~~je~~ Jerryongzy@hotmail.com
Date of Accident : 14/03/2021 Time of Accident: 2030 hrs
Place of Accident : 582 BUANLIKOK GREEN (530582)
Insurance Company: LIBERTY INSURANCE


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

3rd Party full carplate detail : SHC7175Y



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**



T/20210315/7011

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

1 of 3

Report No. T/20210315/7011

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 15/03/2021 13:17 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ONG ZU YAO | | | Address: 602C PUNGGOL CENTRAL #13-652 SINGAPORE 823602 | | |
| ID Type / ID No.: NRIC NO / S8400828A | | | Contact No.: Home/Office: Mobile: 91475330 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: jerryongzy@hotmail.com | | |
| Sex: Male | Age: 37 | Date of Birth: 04/01/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Sales supervisor | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 14/03/2021 20:30 | Type of Location: Car Park |
| Location: BUANGKOK GREEN | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 30 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

| | | | | | | |
|------------------------------------|------|------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SJV171E | Car | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20210315/7011

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

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Report No. T/20210315/7011

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|
| Driver | | | |
| Name | ONG ZU YAO | ID No. | S8400828A |
| Related Vehicle | SJV171E (Car) | Contact No. | 91475330 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the stated date and time my vehicle is park at buangkok green blk 582 open space carpark. When i went to collect my car about to leave i saw a note on my windscreen. My car front left portion was damaged. I called the Hp number left on the note and found out from a eye witness that a yellow colour citycab hyundai ioniq taxi bearing carplate 7175 had reverse and collided to my vehicle(SJV171E). The eye witness also have video footage of the accident but as it was night time he couldn't see the full carplate number. I have tried to call up comfort delgro and the customer service officer told me that is this yellow hyundai ioniq bearing this carplate number 7175 but they are not able to provide me the full number plate. I hope the police able to help resolve this matter.



**SINGAPORE
POLICE FORCE**



T/20210315/7011

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

3 of 3

Report No. T/20210315/7011

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 /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
15/03/2021 13:17

Classification Of Case:

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD20V00996 /NPC2 /R00
Form MX1

Date of Issue

20-JAN-2020

1. Index Mark and Registration No. of Vehicle:

SJV171E

2. Chassis number of Vehicle:

JN1BCAV37Z0590101

3. Name of Policyholder:

ONG ZU YAO

4. Effective date of Commencement of Insurance
for the purposes of the Act:

26-DEC-2019 15:44 PM

5. Date of Expiry of Insurance:

25-DEC-2021 23:59 PM

6. Persons 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 so 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. 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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, NCD Protection

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

HL BANK

PRODUCER NAME:

WEARNES AUTOMOTIVE PTE LTD

CLXL 20200120

Ver. 1.260705

Date of Accident : 14/3/2021 Accident Time: 2030 (24-HR-Format)
 Accident Place : Blk 582 Buangkok green (Open space carpark)
 Vehicle Reg. No. (Car Plate No.) : STV171E
 Vehicle Make/Model : Infiniti Q50
 Insurance Company : Liberty Insurance Policy No. SD20V00996/VPC2/R00
 Owner or Company Name / IC No. : Ong Zu Yao 58400828A
 Owner or Company Contact No. : _____ Owner's Hp 91475330 Company Tel _____
 DRIVER'S Name / IC No. : Ong Zu Yao 58400828A
 DRIVER'S Date Of Birth : 04/01/1984 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : 602C Ruyong 1 (Central) #13-652 S(823602)
 DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : iemmyongzy@hotmail.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): NIL
 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

Other Party Driver's Particular (if any)

Vehicle Reg. No: 7175
 Vehicle Make/Model: Hyundai i30
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____