

**NATIONAL Assessment Centre Services:** (wef 1 Jan'08) 200822620003

Date In: 13/06/2022 19:08	Job description	Date & Time Completed	Done by
Ref No: N/A/EO12005598/Y	SAS e-filing		
Veh No: 8C1 4572-J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/06/2022 18:18	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: SDP 9197 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%; 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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]: ( )		

Injury: \_\_\_\_\_

Date/Time	ACTIONS

Statement Particulars	Amount (\$)	Amount (INC Bill)	Amount (Non-INC Bill)
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);		INC (\$80)	
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: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
<b>OT*</b>			
*N5: Courtesy Car / Tpt Allowance		\$5	
*N6: Repair Co-ordination		\$10	
*N7: Post Repair Inspection		\$25	
*N8: DV / Collect Excess Coordination		\$5	
TP (N11): TP (Non-INC) against INC		\$20	
9) N12: Idao Mobile		\$0	
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

# 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 ..... 13/06/2022 19:08 (SGT)  
Date of Accident ..... 09/06/2022 18:10 (SGT)  
Exact Location of Accident ..... 154 Bukit Batok Street 11, Singapore 650154  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT4472J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PANG YORK SHIM (FENG XUESEN)  
NRIC No ..... SXXXX735A  
Email Address ..... jason@wendytp.com.sg  
Mobile Phone No ..... (Phone) +65-97935102  
Alternative Phone No ..... +65-97935102

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1986

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ22-004054  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PANG YORK SHIM (FENG XUESEN)  
NRIC No ..... SXXXX735A

Date Of Birth .....	18/01/1977
Occupation .....	Indoor
Date Of Driving Pass .....	18/10/2002
Driving experience .....	19 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97935102
Alt. Phone Number .....	+65-97935102
Email Address .....	jason@wendytp.com.sg
Address .....	BLK 118 BUKIT BATOK WEST AVENUE 6 #06-278
Address complement .....	-
Postcode .....	650118
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 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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20220610/7067

#### 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 .....	SDP919T
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**

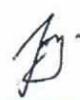
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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)**

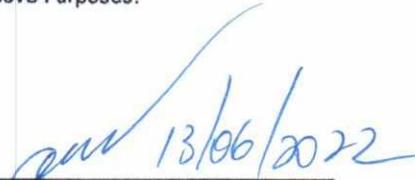
I understand, acknowledge, agree and consent that :

(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

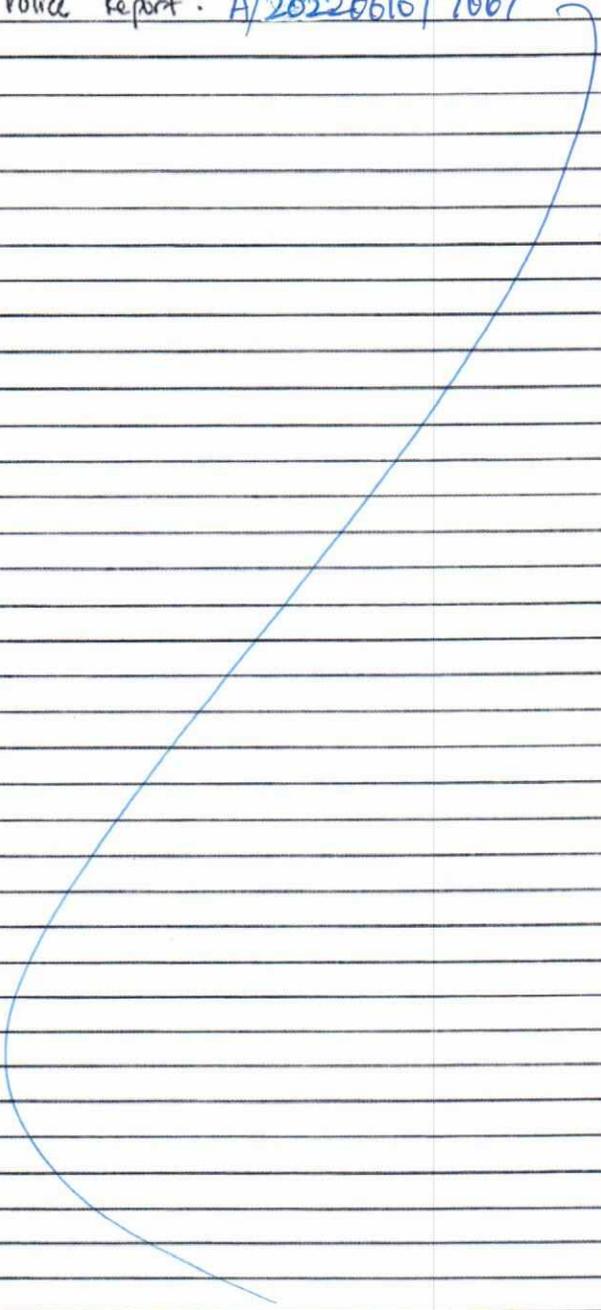
BK 154 BUKIT BARUK STREET 11 (CARPARK)



A - 861472J  
 B - 8DP919T

**Describe Circumstances of the Accident**

Refer to Police Report. A/20220610/7067



**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

 13/06/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



A/20220610/7067

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20220610/7067

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 10/06/2022 14:40	Vide Report No.	Station Diary No.
Name Of Informant PANG YORK SHIM	Address 118 BUKIT BATOK WEST AVENUE 6 #06-278 SINGAPORE 650118	
ID Type / ID No. NRIC NO / S7702735A	Contact No. Home/Office:	Mobile: 97935102
Nationality SINGAPORE CITIZEN	Email Address JASON@WENDYTPT.COM.SG	
Occupation Customer service officer/clerk	Sex Male	Age 45
Institution/School Name	Date of Birth 18/01/1977	Race Chinese
Date/Time Of Incident 09/06/2022 14:27 - 09/06/2022 18:10	Location Of Incident 154 BUKIT BATOK STREET 11 #01-00 SINGAPORE 650154	

**Brief details.**

A car plate number SDP919T had knock into my car SKT4472J. My car was parking stationary inside Blk 154 bukit batok west ave 6 carpark. After he knock, he wait a while then he drove off. My car camera capture the whole incident.

<b>Subjects Involved</b>
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2022 14:40
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Kreta Ayer NPP Kiosk 1



**SINGAPORE  
POLICE FORCE**



A/20220610/7067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220610/7067

Person Name	PANG YORK SHIM		
ID Type	NRIC NO	ID No	S7702735A
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Customer service officer/clerk	Address	118 BUKIT BATOK WEST AVENUE 6 #06-278 SINGAPORE 650118
Mobile No	97935102	Is Informant A Victim?	Yes
Person Name	PANG YORK SHIM (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
10/06/2022 14:40

Classification Of Case:

This report is lodged at Kreta Ayer NPP Kiosk 1

M

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 09 / 06 / 2022 (dd/mm/yy) Time of Accident: 18 : 10 ( 24-HR-FORMAT)

Vehicle No.: SKT4472J Vehicle Make & Model: TOYOTA HARRIER

\*Transmission :  Manual  Auto \*C.c : 1986

Exact location of Accident: 154 BUKIT BATOK STREET 11 CARPARK

Policyholder's Name: PANG YORK SHIM NRIC/FIN/REG No.: S7702735A

\*Policyholder's email address : JASON@WENDYTPT.COM.SG

Driver's Name: PANG YORK SHIM NRIC/FIN/REG No.: S7702735A

\*Driver's email address : JASON@WENDYTPT.COM.SG

Driver's Contact No.: 97935102 Company Contact No (If any): \_\_\_\_\_

Date of birth: 18/01/1977 Driving Pass Date: 18/10/2002

Driver's Address: BLK 118 BUKIT BATOK WEST AVENUE 6, #06-278, SINGAPORE (650118)

Insurance Company: EQ

Policy No.: DMPPHQ22-004054 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 HIT & RUN

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver): 0

\*Passenger Name: \_\_\_\_\_ 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' Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report field:  Yes /  No (If YES) Which Police Station: CENTRAL DIVISION HQ

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SDP919T

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

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

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



*You're Got Friends*

**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. : **DMPPHQ22-004054**

Classic Plan - EQ Authorised Workshop Only

**1. Index Mark and Registration Number of Vehicles**

SKT4472J

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

**2. Name of Policyholder**

PANG YORK SHIM

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

09/06/2022

**4. Date of Expiry of Insurance**

08/06/2023

**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 : Tokyo Century Leasing (Singapore) Pte Ltd

A000211/MDivine Insurance Agency

Date of Issue : 19/05/2022 14:57

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : **DMPPHQ21-004226**