

NATIONAL Assessment Centre Services			
Date In: 30/06/22	Job description	Date & Time Completed	Done by
Ref No. NA/EQT22006256/r3	SAS e-filing		
Veh No: FB19725	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/06/22	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: SKQ 2843B	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: (INC hotline: 6788 6616)	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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:-			
	ON:			
	*N5: Courtesy Car / Tp 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 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Cal. 1:				
Cal. 2 / 3:				





## 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	30/06/2022 15:24 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA ONE EAST TOWER CARPRAK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT1972J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBE CAR PTE LTD
Company Reg No	2XXXXX563H
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMMFHQ21-000009

#### DRIVER

Name of Driver	ANG KAR YONG (HONG JIA YONG) @ AARON ANG
NRIC No	SXXXX721H
Date Of Birth	20/01/1988
Occupation	Outdoor





Date Of Driving Pass	09/04/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97736159
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 753 WOODLANDS CIRCLE #05-552
Address complement	-
Postcode	730753
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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 REPORT

#### 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	SKQ2843B
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ANG KAR YONG (HONG JIA YONG) @ AARON ANG
Gender	Male
Phone No	(Phone) +65-97736159
Address	BLK 753 WOODLANDS CIRCLE #05-552
Address Complement	-
Post Code	730753
Approximate Age Years Old	34
Injuries Sustained	LEFT ANKLE SPRAINED & LEFT LOWER BACK PAIN
Injured person in which vehicle?	FBT1972J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



## 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

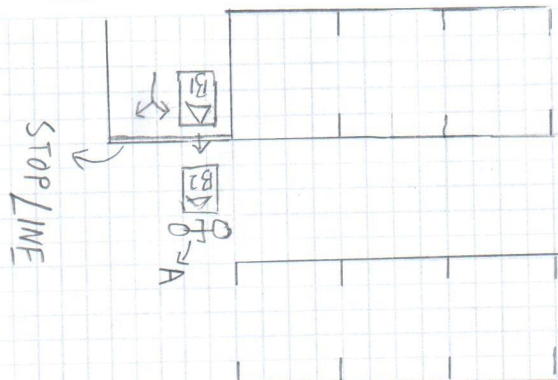
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore or one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - FBT 1972J

B - SKQ 2843B

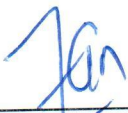
Marine One East tower carpark

**Describe Circumstances of the Accident**


Refer to police report

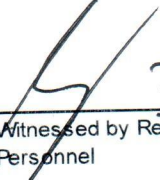
**Declaration**

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

 30/06/22  
Witnessed by Reporting Centre Personnel



Waiting For  
Vehicle  
29/06/22

Date of Accident : 28-06-22 Accident Time: 2030 (24-HR-Format)  
Accident Place : MARINE ONE EAST TOWER CARPARK  
Vehicle No. (Car Plate No.) : FBT 1972J Make/Model: \_\_\_\_\_  
Insurance Company : \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Owner or Company Name/IC No. : TRIBE CAR PTE LTD  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 6844 5225 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : ANG KAR YONG (CHONG JIA YONG) @ AARON ANG  
DRIVER'S Date of Birth : 20-01-1988 DRIVER'S License Pass Date 09-03-2010  
Relationship of Owner & Driver : Spouse/Parents/Children/Sibling/Employee/Others: HIRER  
DRIVER'S Address : BLK 753 WOODLANDS CIRCLE #05-552  
DRIVER'S Contact No./ Alt No. : 1) 9773 6159 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : KHIERTHII@ROSETLIMO.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): 1  
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): Yes, driver

**Other Party Driver's Particular (if any)**

Vehicle. No: SKQ 2843B

Vehicle. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

**\*NEW – Passenger's Name & Gender:**



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

Report No. T/20220629/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2022 12:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG KAR YONG			Address: 753 WOODLANDS CIRCLE #05-552 SINGAPORE 730753		
ID Type / ID No.: NRIC NO / S8801721H			Contact No.: Home/Office: Mobile: 97736159		
Nationality: SINGAPORE CITIZEN			Email: AARONAKY@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 20/01/1988	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2022 20:30	Type of Location: Car Park
Location:  STRAITS VIEW				
Weather: Indoor		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT1972J	Motorcycle	YAMAHA	Aerox	Blue	Seriously Damaged	0
SKQ2843B	Car	VOLKSWAGO N	Golf	White	Slightly Damaged	0





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

Report No. T/20220629/7017

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ANG KAR YONG	ID No.	S8801721H
Related Vehicle	FBT1972J (Motorcycle)	Contact No.	97736159
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/06/2022	Date	29/06/2022
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	KEE SHWU PING	ID No.	S7625551B
Related Vehicle	SKQ2843B (Car)	Contact No.	98893973
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.**

I was riding my rented motorcycle from Tribecar in the carpark of Marina One towards the East Tower motorcycle parking lots. Was doing food delivery at that time. Got hit by the car from my left when I was going straight towards the parking lot. Car failed to slow down and stop at the stop line to check for on coming vehicle before moving off resulting in the collision.

The impact caused the bike to be flung few meters away and I landed on the car's bonnet before dropping down to the ground.

Motorcycle suffered damages to the left coverset whereas the car suffered some scratches on the front bumper.

I wish to state that as a result, I sprained my left ankle as well as left lower back pain.



**SINGAPORE  
POLICE FORCE**



T/20220629/7017

3 of 3

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

Report No. T/20220629/7017

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
29/06/2022 12:36

Classification Of Case:



## View Booking

Category Standard Motorcycle

Car Yamaha Aerox 155  
FBT1972J  
Tribebike

[Controls \(/cars/2647/controls\)](/cars/2647/controls)

Location Woodlands Ave 4 - Blk 757A (/locations/937)

Driver Aaron, Ang  
\*\*\*\*\*721H  
97736159

[Details \(/drivers/6183\)](/drivers/6183)

Pickup 28 Jun 2022, 10:00

Dropoff 01 Jul 2022, 17:00

Duration 3 day(s) 7 hour(s)

Trip Start 28 Jun 2022, 10:02:46

Trip End -

Reference A-280622-2221903

Addition Driver(s) 0

Entering Malaysia No

Client IP 132.147.113.199

Created 27 Jun 2022, 12:19

Updated 28 Jun 2022, 10:02

Subtotal (\$) 92.50

GST (\$) 6.48

Total (\$) 98.98

## Rental Fees

28 Jun, 10:00 to 01 Jul, 10:00 24.00/day 72.00

10:00 to 11:00 2.50/hr 2.50

92.50

11:00 to 14:00	3.50/hr	10.50
14:00 to 17:00	2.50/hr	7.50
		92.50

### Command Log

Cmd Type	Cmd ID	Sent By	Created At
Unlock	4686593	Aaron Ang	2022-06-28 10:02:21

### Mileage Readings

Mileage (Customer)	-
Mileage Start	-
Mileage End	-

### Fuel Readings

Fuel Level Start	-
Fuel Level End	-

Images uploaded @ Start Trip

+

### Quick Links

[Home \(/\)](#) [Our Rates \(/our-rates\)](#) [Help \(https://help.tribecar.com/\)](#) [Terms & Conditions \(/terms\)](#) [Privacy \(/privacy\)](#) [Contact Us \(/contact\)](#)



**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.

**MOTORCYCLE FLEET  
Third Party, Fire & Theft****Certificate No.: DMMFHQ21-000009**

Form: MY100-1

Excess:

All Claims

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

FBT1972J

**2. Engine No. and Chassis No.**

G3P2E0081641 / MH3SG6410MJ062131

**3. Name of Policyholder**

TRIBECAR PTE LTD

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

06/12/2021

**5. Date of Expiry of Insurance**

17/08/2022

**6. Person or Classes of Persons entitled to drive\***

Any Authorised Employees of the Policyholder's / Insured and is driving on their order or with their 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\***

- 1) Use only for The Policyholder's / Insured business or profession
- 2) Use for social, domestic and pleasure purpose by any Authorised Employees of The Policyholder's / Insured.

**THE POLICY DOES NOT COVER**

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) 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.

EQI Motor Accident  
Hotline**6311 3211**