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Professed Wksp ( INC Assign Wksp / GW: (		Tel:	Fax:	)
TP Perticulars Yell Not SU	7697K	INC( ) / Non-INC	( ) '	1
Owner / Driver: (		Tel:		317 Filedonia
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1) Apply for Transport Allowance ( )/ Co	nerman Cat ( ).			at man de alleman -
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cast > \$30	001 ( )	1	-	-
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SN0823260006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/02/2023 13:31 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/02/2023 13:31 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate
- 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 06/02/2023 13:31 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/02/2023 09:25 (SGT) **Exact Location of Accident** 811 Tampines Ave 4, Block 811, Singapore 520811 Additional Location Information CAR PARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLU4055M

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YANG YANTING NRIC No SXXXX771F **Email Address** ytyang09@gmail.com Mobile Phone No (Phone) +65-96314773 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Model 3 Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Mazda

Private use

No - Claiming third party Private car

Auto 1496

## INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number ERGO Insurance Pte. Ltd. DMPG22014909

#### DRIVER

Name of Driver YANG YANTING NRIC No SXXXX771F Date Of Birth 09/09/1981 Occupation Indoor

Date Of Driving Pass 21/07/2003 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96314773 Alt. Phone Number Email Address ytyang09@gmail.com Address BLK 810 TAMPINES AVENUE 4 #10-173 Address complement Postcode 520810 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 Chain Collision 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) 5 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 PASSENGER 1 Name WONG KUM FONG, IVY Gender Female PASSENGER 2 Name HELPER Gender Female PASSENGER 3 Name SON Gender Male PASSENGER 4 Name DAUGHTER Gender Female 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?

## PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230206/7028

#### ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes Yes

WITH OWNER

Reasons for not uploading a video of the accident

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address

Private car

SLC7697K

Toyota

Prius

MOHAMMAD ISA BIN AZIZ (Phone) +65-98146890

-

-

Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

Address complement

Insurance Company Name

## INJURED PERSONS DETAILS

## INJURED 1

Postcode

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained

Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

YANG YANTING

Male

(Phone) +65-96314773

-

SLIGHT INJURY SLU4055M

Yes

No

WONG KUM FONG, IVY

Female

(Phone) +65-97874970

-

-

-

SLIGHT INJURY

SLU4055M

Yes

No



Date of Accident	: OS(01/2013 Accident Time: 0925 Nr. (24-HR-Format)
Accident Place bur 81	TAMPINES AVE 4(T37) CARPARK
Vehicle. No. (Car Plate No.)	SLU 4055M Make/Model: MAZDA 31+B2-0
Insurace Company	ER(10 Policy No: 0 MP(22014900
Owner or Company Name /IC No.	!
Owner or Company Contact No.	Owner's Hp 963 14773 Company Tel
DRIVER'S Name / IC No.	YANG YANGTING (S8128771F)
DRIVER'S Date Of Birth	: 09/09/1981 DRIVER'S License Pass Date 21/07/2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BUK SID TAMPINES AUE 4. 410-173.
DRIVER'S Contact No./ Alt No.	(1)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	ytyangog egnail. rom
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type :	Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including Dri	ver): 04 passenger
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera. YES NO peing used at the time of accident Private use. Work purpose
Other Pa	rty Driver's Particular (if any)
Vehicle. No: SLC 769°	· chiefe, i.o.
Vehicle Make\Model: 704 07 A	PREVIA Vehicle Make\Model:
Name Driver: MOHAMMAD 13	
C No. Driver/Contact: 981468	

\* NEW - Passenger's name & gender:



### Certificate of Insurance

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

Certificate/Policy Number

DMPG22014909

Vehicle Registration Number

SLU4055M

Cover Type

Superior Comprehensive

Policy Type

Private Car

YANG YANTING

Name of Policyholder/Insured Commencement Date of Insurance

30/11/2022

**Expiry Date of Insurance** 

29/11/2023

Excess

EXCESS: (SECTION I).....ADD'L EXCESS: UNNAMED DRIVERS (SECTION I). 700.00 500.00 S\$ 300.00 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) 100.00 EXCESS: WINDSCREEN 3,000.00 YOUNG & INEXP DRIVERS (SECTION I)

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner:

UNITED OVERSEAS BANK LTD

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder

2. Any Person who is driving on the Policyholder's order or 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.

#### \* Limitations as to Use:

- Use only for social domestic and pleasure purposes
   Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 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 (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.

Karl-Heinz Jung

Authorized Signature

Contact Number: 68370010 A000496 DIA INSURANCE AGENCY PTE LTD Vehicle Chassis Number: JM6BN2478J0193616, Vehicle Engine/Motor Number: PE21019914 PC1, 22/10/2022 13:50

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 06 Feb 2023

Singapore NRIC

771F

SLU4055M

No

11 Mar 2023

MAZDA

MAZDA3 HATCHBACK SPORTS 2.0 AT EU6

White

2017

PE21019914

JM6BN2478J0193616

121.0 kW (162 bhp)

\$19,846.00

30 Nov 2017

30 Nov 2017

0

\$19,846.00

Yes

29 Nov 2027

\$13,892.00

29 Nov 2027

B - Car above 1600cc or 97kW (130bhp)

10

\$49,000.00

\$23,111.00

\$37,003.00

OK

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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' law yers/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
- (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
- (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' law yers/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-law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

RKING

Describe Circumstances of the Accident	
ONTHU DATE OSTO 212023 & ABOUT O925 HP PRIVING ALONG BUX & 11 TAMPINES AVE 4 (130 MY VEHICLE WAS STRAIGHT & SLC 7697K I DR. HIS VEHICLE O WT OF THE CARPARK LOT & IA	S, I WAS
PRIVING ALONG BUC SIT TAMPINES AVE 4 (13)	T) CARPARK, VER DROVE
MY VEHICLE WAS STRAIGHT & SLC7697K I DR.	VER DROVE
MY VEHICLE WAS STRAIGHT I SLC 7697K I DR.	TINTOTHE
FROM LEFT OF MY VEHICLE. AT THAT TIME	THERE
ARE 3 ADULIS & 2 CHILDREN INSIDE MY VEHIC	Le.
Polick Phiport 1/2023(206/7028	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	/
	/
/	
/	
Declaration	

Whe 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





Police Station Of Origin:

Traffic Police

Clear

Traffic Flow:

Type of Collision:

Between Moving Vehicles - Head To Side

Two Way

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Traffic Volume:

ambulance:

Anyone conveyed by

Light

No

Report No. T/20230206/7028

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 06/02/2023 12:15 Informant's Particulars Name of Informant: Address: YANG YANTING 810 TAMPINES AVENUE 4 #10-173 SINGAPORE 520810 ID Type / ID No.: Contact No.: NRIC NO / S8128771F Home/Office: Mobile: 96314773 Nationality: Email: SINGAPORE CITIZEN YTYANG09@GMAIL.COM Sex: Age: Date of Birth: Type of Informant: Male 41 09/09/1981 Vehicle Owner Race: Language: Institution / School Name: Chinese English Occupation: **Driving Licence Information:** Class: 3 Date of Expiry: General Information of the Accident Injury Drink Date/Time of Type of Type of Location: Others Drive: Accident: Accident: Car Park 05/02/2023 09:25 No Location: **TAMPINES AVENUE 4** Weather: Road Surface: Road Speed Limit:

ehicle Invo	lved				
Туре	Make	Model	Color	Conditio	No of
Car				Conditio	0
Car	MAZDA		\/\/hito		-
	Type Car	Car	Type Make Model Car	Type Make Model Color	Type Make Model Color Conditio

Dry

Traffic Control:

Not Controlled

Vehicle No.	Insurance Company	Insurance No	T#cation	
SLU4055M		Effective	Expiry Date	
0000000		Dmpg22014909	30/11/2022	29/11/2023





T/20230206/7028

2 of 3

Report No. T/20230206/7028

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

### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved							
Any Pedestrian In	nvolved: No							
No. of Pedestrian	Use of Pedestrian Crossing: NA							
Passenger							The second second	
Name	WONG KUM FONG, IVY			ID No.		S833	S8334347H	
Related Vehicle	SLU4055M (Car)			Contact No.		97874970		
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Clas	s: 3 of Expiry: NIL	
Date	05/02/2023		Date		NIL			
No. of Days gran	ited Medical Leave 03 Degree of			of Slight				
Vehicle Owner		Association of						
Name	YANG YANTING			ID No	•	S812	28771F	
Related Vehicle	SLU4055M (Car)			Contact No.		96314773		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Clas	s: 3 of Expiry: NIL	
Date	05/02/2023		Date		NIL			
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t		

## Brief Details.

I NRIC S8128771F driver of SLU4055M was driving along the straight road of carpark code T37 at Tampines Ave 4 blk 811. And driver SLC7697K drive out his vehicle from his parking lot and collided on the left side of my moving vehicle. During the event there were 3 adults and 2 children in my vehicle. Attached video from my car cam





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

3 of 3 Report No. T/20230206/7028

CONTINUATION OF REPORT

Sketch	Dlan
Skelch	Plan

Informant is not able to provide sketch

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: 06/02/2023 12:15
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP169	