| KATTONAL Assessment Centre Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S. (1111) 2000) SMILED 2. 18000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Veli No: SEO 7570C / E-melle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (within thee, AlC 2019)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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SN08234B0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/04/2023 09:32 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab

VERSION: 1 (11/04/2023 09:32 (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 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.

4. The issue ainto acceptance of this Portin by insurance companies is not an admission of policy flability of 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/04/2023 09:32 (SGT) Both Policyholder and Actual Driver 10/04/2023 07:00 (SGT) Jln Bahar, Singapore TOWARDS BOON LAY Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGQ7570C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

KOH LEONG SXXXX948D

bhavani3001@gmail.com (Phone) +65-92202584

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Mazda

2

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. DMPG23001278

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

BHAVANISWARI D/O BATUMALIA SXXXX647J 30/01/1984

Indoor

Date Of Driving Pass 25/01/2014 Driving experience 9 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-92202584 Alt. Phone Number **Email Address** bhavani3001@gmail.com Address **BLK 121 PENDING ROAD #11-166** Address complement Postcode 670121 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Friend 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 Collision - Head to Rear Type of Accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

YP7184B

Commercial vehicle

| -0   |             |            |         |
|------|-------------|------------|---------|
| C Ac | cident repo | ort SN0823 | 34B0001 |

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number

| Address                                 | -                    |
|-----------------------------------------|----------------------|
| Address complement                      | _                    |
| Postcode                                |                      |
| Insurance Company Name                  | Lonpac Insurance Bhd |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | _                    |

## INJURED PERSONS DETAILS

### INJURED 1

| Name of injured person<br>Gender                    | BHAVANISWARI D/O BATUMALIA<br>Female |
|-----------------------------------------------------|--------------------------------------|
| Phone No                                            | (Phone) +65-92202584                 |
| Address                                             | -                                    |
| Address Complement                                  | -                                    |
| Post Code                                           |                                      |
| Approximate Age Years Old                           | -                                    |
| Injuries Sustained                                  | SLIGHT INJURY                        |
| Injured person in which vehicle?                    | SGQ7570C                             |
| Were seat belts worn?                               | Yes                                  |
| 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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' 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 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' 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.

| Kolt                                   |                                                                      | Jeur 11/04/202;                            |
|----------------------------------------|----------------------------------------------------------------------|--------------------------------------------|
| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre<br>Personnel |
| Sketch Plan                            |                                                                      |                                            |

Them

Buttap

A

S607570C

Buttap

A

Bootlap

| Describe Circumstances of the Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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## Declaration

We declare the foregoing particulars are true in every respect.

KOH

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



| Date of Accident                                                                                            | : 10 04. 23 Accident Time: OTODWIS (24-HR-Format)                |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Accident Place                                                                                              | : Jalan Battak Kd Thas Bon Las                                   |
| Vehicle. No. (Car Plate No.)                                                                                | : \$607570C Make/Model:                                          |
| Insurace Company                                                                                            | : <u>PR60</u> Policy No: <u>DMP623001278</u>                     |
| Owner or Company Name /IC No.                                                                               | : KOHLEONG (CA26948D)                                            |
| Owner or Company Contact No.                                                                                | :Owner's HpCompany Tel                                           |
| DRIVER'S Name / IC No.                                                                                      | : BHAVAHISWARI DO Baturalio (58401647)                           |
| DRIVER'S Date Of Birth                                                                                      | : 30'01-1984 DRIVER'S License Pass Date 25.01.2014               |
| Relationship of Owner & Driver                                                                              | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others:      |
| DRIVER'S Address                                                                                            | : 121 Fendine Rd # 11-166 S(670121)                              |
| DRIVER'S Contact No./ Alt No.                                                                               | 2) 0/220 2584                                                    |
| DRIVER'S Occupation                                                                                         | : INDOOR \ OUTDOOR (e.g. working inside or outside office)       |
| Email Address                                                                                               | : phavani 3001@gmail.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 D                                                                           | river): Mover only                                               |
| Was there any video Captured by ca<br>Exact purpose for which vehicle wa<br>Any Injury (If YES, Pls state): | s being used at the time of accident: Private use \ Work purpose |
|                                                                                                             | earty Driver's Particular (if any)                               |
| Vehicle. No: \P7194B                                                                                        | (Lonfac) 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:



## 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

: DMPG23001278

Vehicle Registration Number

SGQ7570C

Cover Type

Superior Comprehensive

**Policy Type** 

Private Car

Name of Policyholder/Insured

KOHLEONG

Commencement Date of Insurance

24/01/2023

**Expiry Date of Insurance** 

23/01/2024

**Excess** 

EXCESS: (SECTION I).....

ADD'L EXCESS: UNNÁMED DRIVERS (SECTION I)... ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)

EXCESS: WINDSCREEN

YOUNG & INEXP DRIVERS (SECTION I)

FLASH

24-Hour Helpline: 6100 1620

S\$

S\$

500.00 500.00

3,000.00

500.00 300.00 100.00

### Finance Company/Hire Purchase Owner:

\*Persons or Classes of Persons entitled to drive:

- 1. The Policyholder
- 2. BHAVANISWARI D/O BATUMALIA
- 3. 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:

- 1) Use only for social domestic and pleasure purposes
- 2) 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. Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100027 G & C GENERAL INSURANCE AGENCY Contact Number: 63468832 Vehicle Chassis Number: JM0DY10Y270212448, Vehicle Engine/Motor Number: ZY376552 PC1, 05/01/2023 15:22

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                          |                          |
|----------------------------------------------------|--------------------------|
| Owner ID Type:                                     | Singapore NRIC           |
| Owner ID:<br>Vehicle Details                       | 948D                     |
| Vehicle No.:                                       | SGQ7570C                 |
| Vehicle to be Exported:                            | No                       |
| Intended Deregistration Date:                      | 06 May 2023              |
| Vehicle Make:                                      | MAZDA                    |
| Vehicle Model:                                     | MAZDA2 SP                |
| Primary Colour:                                    | Black                    |
| Manufacturing Year:                                | 2006                     |
| Engine No.:                                        | ZY376552                 |
| Chassis No.:                                       | JM0DY10Y270212448        |
| Maximum Power Output:                              | 82.0 kW (109 bhp)        |
| Open Market Value:                                 | \$12.140.00              |
| Original Registration Date:                        | 24 Jan 2007              |
| First Registration Date:                           | 24 Jan 2007              |
| Transfer Count:                                    | 4                        |
| Actual ARF Paid:<br>Intended PARF Rebate Details   | \$13,354.00              |
| PARF Eligibility:                                  | Forfeited                |
| PARF Eligibility Expiry Date:                      |                          |
| PARF Rebate Amount:<br>Intended COE Rebate Details | \$0.00                   |
| COE Expiry Date:                                   | 30 Nov 2026              |
| COE Category:                                      | A - Car (1600cc & below) |
| COE Period(Years):                                 | 10                       |
| PQP Paid:                                          | \$51,641.00              |
| COE Rebate Amount:                                 | \$18,418.00              |
| Total Rebate Amount:                               | \$18,418.00              |
| o information and the Hill the                     |                          |

The information contained herein is correct as at 10 Apr 2023  $\,$