

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

|                                 |                                          |                       |         |
|---------------------------------|------------------------------------------|-----------------------|---------|
| Date In: 26/06/2023             | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/HP23006451/d4        | SAS e-filing                             |                       |         |
| Veh No: SFF 1684                | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 04/06/2023 19:00         | i-Motor Claim Form                       |                       |         |
| OD / TP / <u>Reporting Only</u> | 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:

SKJ 3580P

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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2301883

## Invoice Preparation Checklist

Amf (\$)

1st Bill

## Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

ON\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

## Auditors Comments:-

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Cat. 1:

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 Actual 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              | 26/06/2023 09:49 (SGT)           |
| Reported by                     | Actual Driver                    |
| Date of Accident                | 04/06/2023 19:00 (SGT)           |
| Exact Location of Accident      | Singapore                        |
| Additional Location Information | (MARINA BAY SANDS ) MBS CAR PARK |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SFF168Y |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | YARGAY MCI PTE. LTD. |
| Company Reg No           | 1XXXXX810M           |
| Email Address            | kypang1@gmail.com    |
| Mobile Phone No          | (Phone) +65-92295488 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|                                                                              |                     |
|------------------------------------------------------------------------------|---------------------|
| Manufacturer                                                                 | Mercedes            |
| Model                                                                        | MI300               |
| 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 - Reporting only |
| Vehicle Category                                                             | Private car         |
| Transmission                                                                 | Auto                |
| CC                                                                           | 2996                |

#### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI22V14280/VPE/R07        |

#### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | PANG JING-JING , KYM |
| NRIC No        | TXXXX525E            |
| Date Of Birth  | 19/01/2000           |
| Occupation     | Indoor               |

|                                                              |                      |
|--------------------------------------------------------------|----------------------|
| Date Of Driving Pass                                         | 28/09/2020           |
| Driving experience                                           | 2 YEARS AND 9 MONTHS |
| Gender                                                       | Female               |
| Mobile Number                                                | (Phone) +65-83835488 |
| Alt. Phone Number                                            | -                    |
| Email Address                                                | kypang1@gmail.com    |
| Address                                                      | 14F HILLSIDE DRIVE   |
| Address complement                                           | -                    |
| Postcode                                                     | 548934               |
| Is the driver the policyholder?                              | No                   |
| If No, Relationship of the Driver with the Insured           | OWNER'S DAUGHTER     |
| 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   | Collided into Parked Vehicle |
| 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)                                                             | 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

\*PLEASE BE INFORMED THAT VEHICLE HAD ALREADY REPAIRED.

#### 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 | SKJ3580P    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|                                               |                      |
|-----------------------------------------------|----------------------|
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-98153153 |
| 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.

### 3. 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.

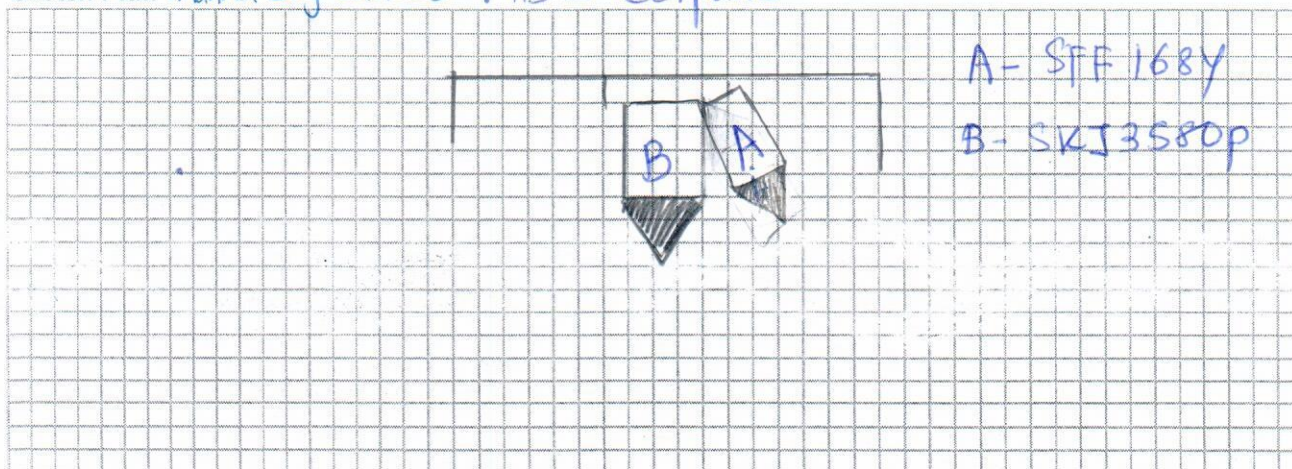


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan (Maina Bay Sands) MBS Carpark





**Describe the Circumstance of the Accident**

on the above stated date and time, I was at MBS Carpark (Machin Bay Sands Carpark). Vehicle B were parked on the lot and there were no driver inside the car. I wanted to park my car beside vehicle B so I reversed my car to park into the lot. My vehicle hit the rear left portion of vehicle B's while reversing to park.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**Yargay MCI Pte Ltd**

ESTABLISHED SINCE 1988



23 New Industrial Road #06-05 Solstice Business Center Singapore 536209 ▶ Tel: (65) 6288-5488 ▶ Fax: (65) 6285-5488

Co. Reg. No. 198801810-M  
GST Reg. No. M2-0083281-7

5<sup>th</sup> June 2023

TO WHOM IT MAY CONCERN

IDAC – CAR ACCIDENT REPORTING DIVISION

Dear Sir or Madam

**LETTER OF AUTHORISATION – CAR ACCIDENT FILING REPORT**

**CAR: SFF 168 Y MERCEDEZ ML300**

This letter serves to inform that our Company has authorised the personnel mentioned below to assist the Company to file a Car Accident Report, whom is a staff of our Company & driver of the car during the accident occurs.

Pang Jing-Jing, Kym

IC: T0002525-E

The Car insurance is covered under Liberty Insurance, Certificate Number:

SI22V14280 / VPE /R07 expiring on 5<sup>th</sup> Dec 2023.

Should you require additional information, please do not hesitate to contact the undersigned for clarification.

Regards

Lynda Tan

Personnel Manager

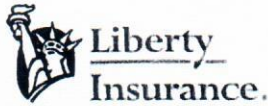




## IDAC ACCIDENT STATEMENT

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DATE OF ACCIDENT : 04/06/2023                                                  | TIME OF ACCIDENT : 19:00                                                          |
| VEHICLE NO : SFF 168Y                                                          | TRANSMISSION : AUTO / MANUAL                                                      |
| MAKE & MODEL :                                                                 | LOCATION : MBS car park<br>(Marina Bay Sands)                                     |
| EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT<br>/ PRIVATE USE / PRIVATE HIRE | CLAIM TYPE :<br>OD / THIRD PARTY / REPORTING ONLY                                 |
| INSURANCE COMPANY : liberty                                                    | POLICY NO : SI22VI4280/VPE/R07                                                    |
| TYPE OF COVERAGE :<br>COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT        | VEHICLE TYPE :<br>(SALOON /<br>COUPE/MPV/VAN/LORRY/MOTORCYCLE)                    |
| NAME OF OWNER : YARGAY MCI PTE LTD                                             | NRIC : 1998801810M                                                                |
| ADDRESS :                                                                      | CONTACT NO : 9229 5488                                                            |
| EMAIL ADDRESS : kym.pangi@gmail.com                                            | VIDEO RECORDING : YES / NO                                                        |
| NAME OF DRIVER : AS ABOVE / IF NO :<br>Pang Jing-jing, kym                     | NRIC : 1000252SE CONTACT NO : 8383 5488                                           |
| DRIVER OWNER RELATIONSHIP : child                                              | PASSENGER : MALE ( ) FEMALE ( )                                                   |
| DATE OF BIRTH : 19 / 01 / 2000                                                 | DRIVING PASSING DATE : 28 / 09 / 2020                                             |
| OCCUPATION : INDOOR / OUTDOOR                                                  | ADDRESS : 14F Hillside Drive<br>S-548934                                          |
| ANY INJURIES : NO, IF YES :                                                    | POLICE REPORT : NO / IF YES WHERE ?                                               |
| WEATHER CONDITION : CLEAR / RAINING / OTHERS                                   | ROAD SURFACE : DRY / WET / OTHERS                                                 |
| VEHICLE B REG NO : SKJ 3580P                                                   | VEHICLE C REG NO :                                                                |
| DRIVER NAME :                                                                  | DRIVER NAME :                                                                     |
| NRIC :                                                                         | NRIC :                                                                            |
| CONTACT : 9815 3153                                                            | CONTACT :                                                                         |
| VEHICLE D REG NO :                                                             | ANY WITNESS ? NO, IF YES :                                                        |
| DRIVER NAME :                                                                  | NAME :                                                                            |
| NRIC :                                                                         | CONTACT :                                                                         |
| CONTACT :                                                                      |                                                                                   |
| WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO)<br>IF YES, AGAINST WHOM :         | WERE SEAT BELTS WORN ? : YES / NO<br>WERE INJURY CONVEYED BY AMBULANCE : YES / NO |





www.libertyinsurance.com.sg



# 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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|
| <b>Name of Policyholder:</b><br>YARGAY MCI PTE LTD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | <b>Certificate No.:</b><br>SI22V14280/ VPE / R07 |
| <b>Date of Issue:</b><br>20 Oct 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Effective Date of Commencement:</b><br>06 Dec 2022 00:00 | <b>Date of Expiry:</b><br>05 Dec 2023 23:59      |
| <b>Registration No.:</b><br>SFF168Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Chassis No.:</b><br>WDC1641822A698075                    | <b>Type of Certificate:</b><br>MX4               |
| <b>Persons or Classes of Persons entitled to drive*:</b><br>Any person who is driving on the Policyholder's order or with their permission.<br><br>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.<br>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. |                                                             |                                                  |
| <b>Limitations as to use:</b><br>Use only for social, domestic and pleasure purposes and for the Policyholder's business.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                  |
| <b>The Policy does not cover:</b><br>A) Use for hire or reward.<br>B) Use for racing, pace-making, reliability trials or speed-testing.<br>C) Use for the carriage of goods (other than samples) in connection with any trade or business.<br>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

## For Information Only:

|                          |                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coverage(s):             | Comprehensive, Unlimited Windscreen, NCD Protection                                                                                                                   |
| Sum Insured:             | MARKET VALUE AT THE TIME OF LOSS                                                                                                                                      |
| Excess:                  | Section I - Named Drivers S\$900, Section I - Unnamed Drivers S\$1400, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | OCBC BANK LTD                                                                                                                                                         |
| Name of Producer:        | HIAH MOH WATT (A7095-2)                                                                                                                                               |