

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SWR823640003

Date In: 28/06/2023 11:27	Job description	Date & Time Completed	Done by
Ref No: NPA/EQI28006569/4	SAS e-filing		
Veh No: SNA 7025H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/2023 08:40	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: F160 2786P 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		Amnt (\$)	Amnt
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OT*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	30/06/2023 11:27 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2023 08:40 (SGT)
Exact Location of Accident	Teban Gardens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA7035H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	APETROAIE GABRIELA
NRIC No	SXXXX369G
Email Address	tokdiw@hotmail.com
Mobile Phone No	(Phone) +65-96272734
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

## INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004783

## DRIVER

Name of Driver	AZMAN BIN OSMAN
NRIC No	SXXXX214G
Date Of Birth	06/11/1974
Occupation	Indoor

Date Of Driving Pass	11/11/2014
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96272734
Alt. Phone Number	-
Email Address	tokdiw@hotmail.com
Address	BLK 171 BUKIT BATOK WEST AVENUE 8
Address complement	-
Postcode	650171
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Major/Minor Rd
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	2
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	APETROAIE GABRIELA
Gender	Female

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ2786P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

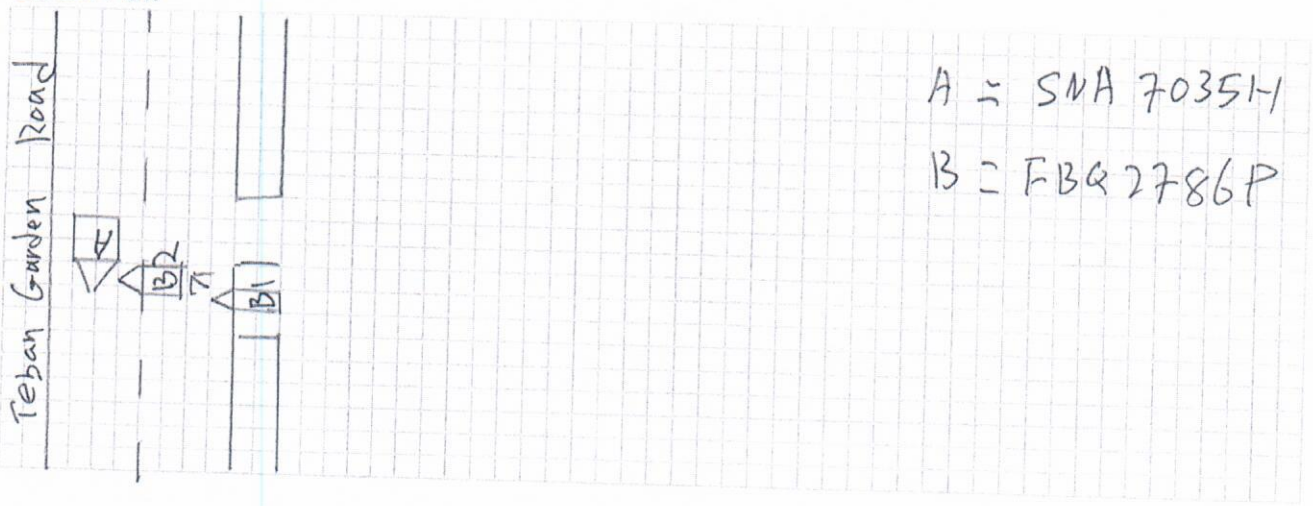
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
30/06/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**




**Describe Circumstances of the Accident**

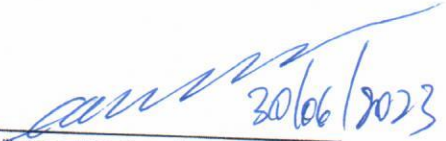
I was traveling along Tebuk Garden Road,  
Suddenly a motor cycle came out from the  
small road from the left and collided onto the  
front left portion of my car.

**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

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

30/06/2023



Date of Accident : 28/6/2023 Accident Time: 0840 (24-HR-Format)  
 Accident Place : Teban Gardens Road  
 Vehicle. No. (Car Plate No.) : SMA 7035H Make/Model: Mercedes Benz GLA180 (R18BI)  
 Insurance Company : EQ Policy No: DMPPH Q 22-004783  
 Owner or Company Name /IC No. : Apetroaie Gabriela (574843696)  
 Owner or Company Contact No. : 96272734 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Azman Bin Osman (572372146)  
 DRIVER'S Date Of Birth : 06/11/1974 DRIVER'S License Pass Date 11/11/2014  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 171 Bukit Batok West Ave 8 #04-353  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) SL 650171  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : tokdiw@hotmail.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): 2 Pax include driver  
 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): NO

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

Vehicle. No: <u>FBQ 2786P</u>	Vehicle. No: _____
Vehicle Make/Model: <u>NTUC</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW - Passenger's name & gender:**

① Apetroaie Gabriela - f

**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

**PRIVATE CAR  
Comprehensive Classic**

**Certificate No. : DMPPHQ22-004783**

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&Named Driver S\$500.00(Section 1 - Own Damage)

Unnamed Driver S\$1,000.00(Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

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

SNA7035H

**2. Name of Policyholder**

Apetroaie Gabriela

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

23/07/2022

**4. Date of Expiry of Insurance**

22/07/2023

**5. Person or Classes of persons entitled to drive\***

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.



\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing,pace-making,reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act,1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : DBS BANK LTD

A000209/Agnes Tan Sock Leng  
Date of Issue : 12/06/2022 23:35

\_\_\_\_\_  
Authorised Signatory  
EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 369G

### Vehicle Details

Vehicle No.: SNA7035H  
Vehicle to be Exported: No  
Intended Deregistration Date: 05 Aug 2023  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: GLA180 (R18 BI)  
Primary Colour: Brown  
Manufacturing Year: 2015  
Engine No.: 27091030652588  
Chassis No.: WDC1569422J124945  
Maximum Power Output: 90.0 kW (120 bhp)  
Open Market Value: \$27,630.00  
Original Registration Date: 14 Jan 2016  
First Registration Date: 14 Jan 2016  
Transfer Count: 1  
Actual ARF Paid: \$25,682.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 13 Jan 2026  
PARF Rebate Amount: \$15,409.00

### Intended COE Rebate Details

COE Expiry Date: 13 Jan 2026  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$56,989.00  
COE Rebate Amount: \$13,894.00  
**Total Rebate Amount: \$29,303.00**

The information contained herein is correct as at 30 Jun 2023

OK