

NATIONAL Assessment Centre Services (wef 1 Jan 06)

SN0828740002

Date In: 04/07/2023 16:36	Job description	Date & Time Completed	Done by
Ref No: MP88/2023/28006707/y	SAS e-filing		
Veh No: SUG 23604	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 03/07/2023 15:15	i-Motor Claim Form		
OD / <u>TP</u> / 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: Vch No: QX 5220X 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		Amt (\$)	Amt
			Est. 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:-			
	OD*			
	*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 \$30			
	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	04/07/2023 16:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2023 15:15 (SGT)
Exact Location of Accident	48 Toh Guan Rd, Singapore 608586
Additional Location Information	48 ENTERPRISE HUB OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2360U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG CHENG TIONG (WENG ZHENGZHONG)
NRIC No	SXXXX764B
Email Address	chengtiong.ong@gmail.com
Mobile Phone No	(Phone) +65-97633217
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-003850

DRIVER

Name of Driver	ANG CHENG TIONG (WENG ZHENGZHONG)
NRIC No	SXXXX764B
Date Of Birth	07/04/1983
Occupation	Indoor

Date Of Driving Pass	22/05/2007
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97633217
Alt. Phone Number	-
Email Address	chengtiong.ong@gmail.com
Address	BLK 533 BEDOK NORTH STREET 3 #09-750
Address complement	-
Postcode	460533
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230704/7036

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	QX5220X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Government
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) -

 Accident report SN0823740002

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that :

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

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

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

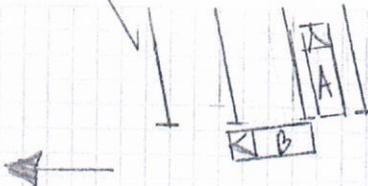
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

48 704 GUANE ROAD



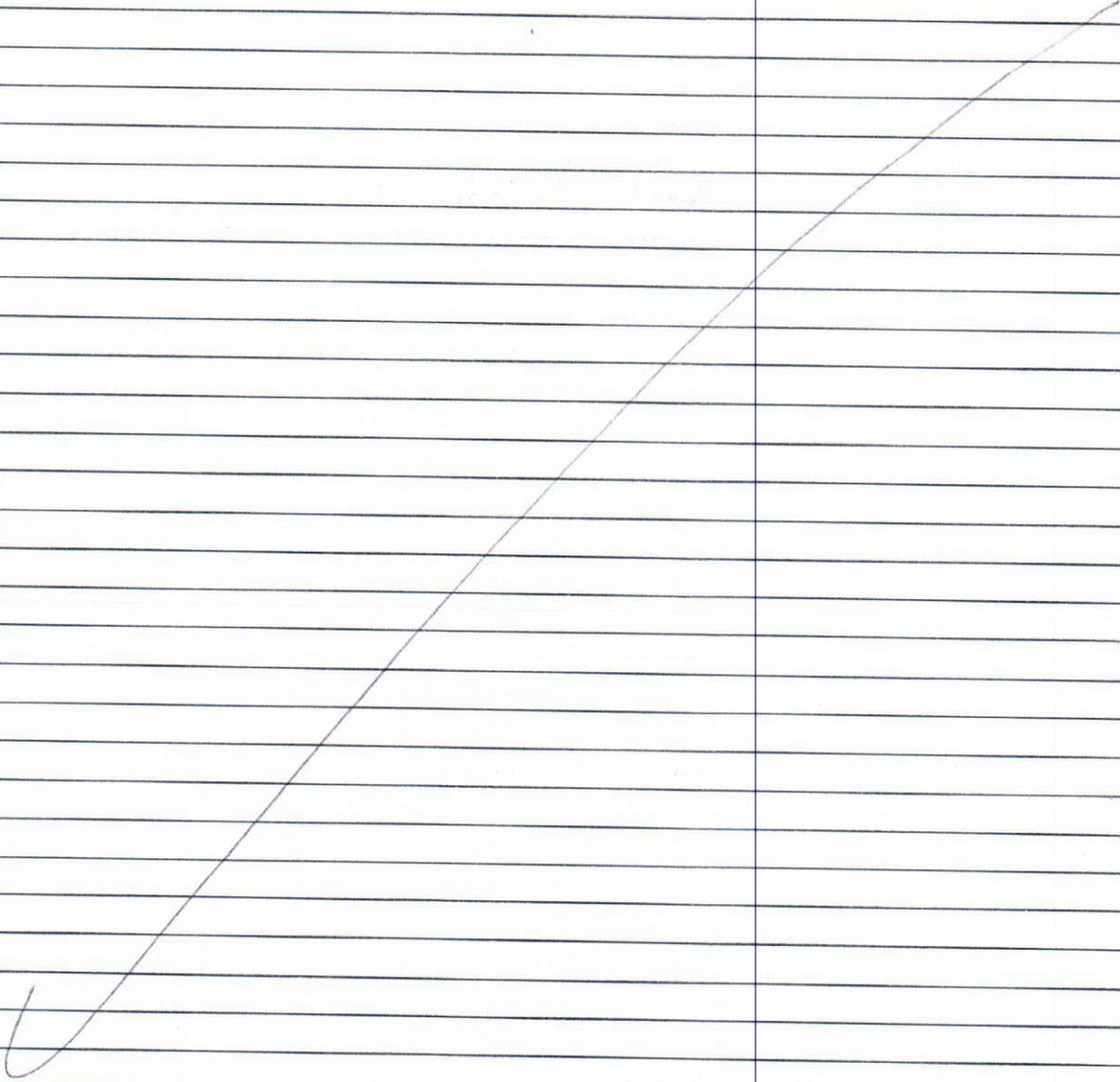
48 Enterprise Hub

- (A) SNB 23604
- (B) QX 5220X

[Handwritten signature]
04/07/2023

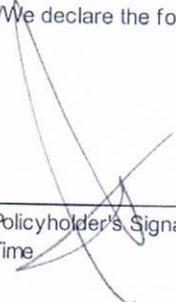
Describe Circumstances of the Accident

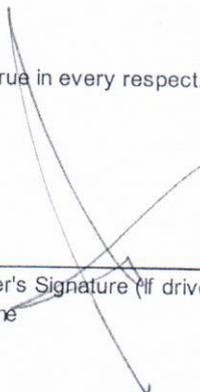
Refer to Police report no: C/20230704/7036

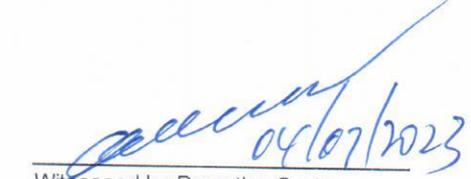


Declaration

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


04/07/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20230704/7036

1 of 3

Report No. T/20230704/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 14:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ANG CHENG TIONG		Address: 533 BEDOK NORTH STREET 3 #09-750 SINGAPORE 460533	
ID Type / ID No.: NRIC NO / S8310764B		Contact No.: Home/Office:	Mobile: 97633217
Nationality: SINGAPORE CITIZEN		Email: CHENGTIONG.ANG@GMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 07/04/1983	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: SELF EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/07/2023 15:15	Type of Location: Straight Road	
Location: TOH GUAN ROAD EAST				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Conditio	No of	
QX5220X	Car					0	
SNG2360U	Car	MAZDA	MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6	Grey		0	



**SINGAPORE
POLICE FORCE**

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



T/20230704/7036

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Report No. T/20230704/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG2360U	EQ INSURANCE COMPANY LTD.	DMPPHQ23-003850	27/04/2023	26/04/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG CHENG TIONG	ID No.	S8310764B
Related Vehicle	SNG2360U (Car)	Contact No.	97633217
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 03.07.2023 at about 1400hrs, I parked my vehicle at 48 Enterprise Hub (Toh Guan Road East) lot. At about 1530, I didn't realised there's a damage on my vehicle, As I was about to move off there's a Police Officer Flag down my vehicle. His name was Bryan. He told me that his vehicle had collide onto my stationary vehicle. His plate number is QX 5220X. I lodge this police report to claims the insurance. We exchange particular. That's all



**SINGAPORE
POLICE FORCE**



T/20230704/7036

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

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Report No. T/20230704/7036

CONTINUATION OF REPORT

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:
04/07/2023 14:01

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476162

Classification Of Case:

5

Date of Accident : 03-07-2023 Accident Time: 1515 (24-HR-Format)

Accident Place : Open Space Cp @ 48 Enterprise Hub / 48 off Guan Rd

Vehicle No. (Car Plate No.) : SNG 23601 Make/Model: MAZDA6 sedan 2.0AT east

Insurance Company : EQ Policy No: DMPPHQ23-005850 executive KUB

Owner or Company Name / IC No. : ANG Cheng Tiong (Weng Zhengzhong)

Owner or Company Contact No. : _____ Owner's Hp 97633217 Company Tel

DRIVER'S Name / IC No. : _____ S 831070A13

DRIVER'S Date Of Birth : 07-04-1993 DRIVER'S License Pass Date 22-05-2007

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : 733 Bedok North #3 #09-750

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Chengtiong.ang @ 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 Driver): NIL

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): NIL

Other Party Driver's Particular (if any)

Vehicle No: QX 5220X	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:

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. : DMPPHQ23-003850

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&Named Driver S\$600.00(Section 1 - Own Damage)

Unnamed Driver S\$1,100.00(Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

1. Index Mark and Registration Number of Vehicles

SNG2360U

2. Name of Policyholder

Ang Cheng Tiong

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

27/04/2023

4. Date of Expiry of Insurance

26/04/2024

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.

EQI Motor Accident
Hotline
6311 3211



* 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 : AUTOTRUST TRADERS PTE LTD

A000008/Lee Kok Leong
Date of Issue : 17/04/2023 19:16

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: 764B

Vehicle Details

Vehicle No.: SNG2360U
Vehicle to be Exported: No
Intended Deregistration Date: 09 Sep 2023
Vehicle Make: MAZDA
Vehicle Model: MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6
Primary Colour: Grey
Manufacturing Year: 2017
Engine No.: PE20939780
Chassis No.: JM6GL1071H0125466
Maximum Power Output: 121.0 kW (162 bhp)
Open Market Value: \$22,790.00
Original Registration Date: 27 Oct 2017
First Registration Date: 27 Oct 2017
Transfer Count: 1
Actual ARF Paid: \$23,906.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 26 Oct 2027
PARF Rebate Amount: \$16,734.00

Intended COE Rebate Details

COE Expiry Date: 26 Oct 2027
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$49,012.00
COE Rebate Amount: \$20,237.00
Total Rebate Amount: \$36,971.00

The information contained herein is correct as at 04 Jul 2023

OK