

# NATIONAL Assessment Centre Services

Date In: 15/7/22	Job description	Date & Time Completed	Done by
Ref No: NME9122006717/T	SAS e-filing		
Veh No: Y21396R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/3/22	I-Motor Claim Form		
OD: TP / Reporting Only	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: PAS	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: NA22025H3	Invoice Preparation Checklist		Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) HT: Follow-Through Survey (Resurvey) \$30			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idap DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tp 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: Idap Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

## 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 : DMCG21008870  
Vehicle Registration Number : YQ1396R  
Cover Type : Comprehensive  
Policy Type : Commercial Vehicle (Hire Use)  
Name of Policyholder/Insured : BLH SERVICES PTE.LTD  
Commencement Date of Insurance : 25/09/2021  
Expiry Date of Insurance : 24/09/2022  
Excess : EXCESS: (SECTION I).....  
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).  
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..  
YOUNG&INEXP DRIVERS(SECTION I)  
DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC  
Finance Company/Hire Purchase Owner : LTD



**24-Hour Helpline: 6100 1620**

S\$	500.00
S\$	300.00
S\$	100.00
S\$	2,500.00

**\*Persons or Classes of Persons entitled to drive:**

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

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

**\* Limitations as to Use:**

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover:

- 1) Use for racing pace-making reliability trail or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
- 3) Use for the carriage of passengers for hire or reward

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

A000500	AA INTERNATIONAL INSURANCE AGENCY	Contact Number: 64646022
Vehicle Chassis Number : FD9JPN10068, Vehicle Engine Number : J05EUL10694		CH1, 16/07/2021 10:57

# ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 03 / 2022 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: Junction of Gambas and Woodland ave 12

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ1396R  
 b) INSURANCE COMPANY: ERGO  
 c) POLICY NUMBER: DMCG2108870  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HINO 500  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: BLH Semiarik Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201908629W CONTACT: 91004537  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Meinderisma Pieter Sybe (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S85180325 CONTACT: 93881392  
 c) ADDRESS: Yishun St 71 Bk 716 #05-276

\*d) DATE OF BIRTH: 29 / 06 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/02/2069

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_

- b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/ NO)

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PAB MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: SOH HOCK CHOON  
 c) NRIC/FIN/PASSPORT: S6922979A CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = Tomchin@blhs.sg

fax =

VIDEO = YES, with tp



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Y01376R  
Whit, Hino

Ref: report No: L/20220329/008

SSI 713020 Ridhwan-J

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

TP

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 one micro SD card (Sandisk 32GB, white-Srs)

2

3

4

5

6

7

8

9

10

from S8518032J, Meindertsmg Pieter Sybe QD: 34

(Name, NRIC or Passport No. / Rank and No.)

of B/716 Sishin A71 #05-226 S760716 HP: 93881392

(Address / Police Station / NPC / NPP)

on 29/03/20 at 1915hr.

(Date)

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

(Signature)

Meindertsmg Pieter Sybe S8518032J

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

SSI 713020 Ridhwan-J

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

- JO Noah = 6547 6090

- lodge traffic accident report ASAP



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT

Y01576R  
Whit, H.120

Ref: report No: L/20220329/

S/S 7130220 Ridhwan-J

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

TP

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 one micro SD card (Sandisk 32GB, Whit-S/S)

2

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from S8518032J, Meindertsmas Pieter Sybe OP: 34

(Name, NRIC or Passport No. / Rank and No.)

of B/716 Sishin A71 #05-226 S760816 HP: 93881392

(Address / Police Station / NPC / NPP)

on 29/03/22 at 1915hr.

(Date)

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

(Signature)

Meindertsmas Pieter Sybe S8518032J

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

S/S 7130220 Ridhwan-J

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

- IO Noah = 6547 6090

- lodge frontpc accident report ANSP



## 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 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. 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	15/07/2022 12:08 (SGT)
Reported by	Driver
Date of Accident	29/03/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF GAMBAS AND WOODLANDS AVE 12
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1396R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLH SERVICES PTE LTD
Company Reg No	2XXXXX629W
Email Address	TOMCHIN@BLHS.SG
Mobile Phone No	(Phone) +65-91004537
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fd9jpna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5123

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG21008870

#### DRIVER

Name of Driver	MEINDERTSMA PIETER SYBE
NRIC No	SXXXX032J
Date Of Birth	29/06/1985
Occupation	Outdoor

Date Of Driving Pass .....	11/02/2009
Driving experience .....	13 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93881392
Alt. Phone Number .....	-
Email Address .....	TOMCHIN@BLHS.SG
Address .....	BLK 716 YISHUN ST 71
Address complement .....	#05-276
Postcode .....	760716
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 Bicyclist
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? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO :T/20220329/2102

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PAB
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	SOH HOCK CHOON
NRIC No	SXXXX779A
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

### 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.

### 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.

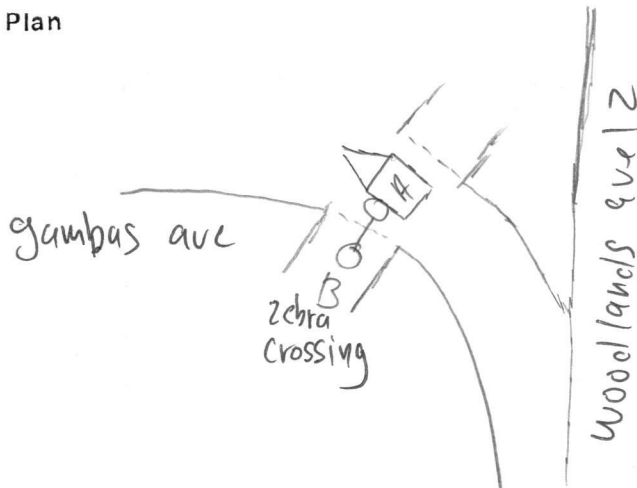


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: YQ1396R  
B: PAB

Describe Circumstances of the Accident

Refer to police report 1/20220329/2102

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



# SINGAPORE POLICE FORCE



T/20220329/2102

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20220329/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2022 22:37	Vide Report No.: L/20220329/0095	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: MEINDERTSMA PIETER SYBE			Address: APT BLK 716 YISHUN STREET 71 #05-276 SINGAPORE 760716	
ID Type / ID No.: NRIC NO / S8518032J			Contact No.: Home/Office:	Mobile: 93881392
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 29/06/1985	Type of Informant: Driver	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2022 18:30	Type of Location: Bend
Location:  WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
M812	Power-assisted Bicycle				No Damage	0
YQ1396R	Lorry				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220329/2102

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 73890  
Tel No: 1800-7679999

2 of 3

Report No. T/20220329/2102

**CONTINUATION OF REPORT**

<b>Cyclist</b>				
Name	SOH HOCK CHOON		ID No.	S6922779A
Related Vehicle	YQ1396R (Lorry)		Contact No.	84988539
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	MEINDERTSMA PIETER SYBE		ID No.	S8518032J
Related Vehicle	NIL		Contact No.	93881392
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 29/03/2022 at about 1830hrs, I was driving YQ1396R along Woodlands Ave 12 towards Gambas Ave. I then turned left on the zebra crossing to turn to Gambas Ave towards Woodlands Ave 7. Initially, I slowed down before the zebra crossing. When I confirmed that no one was crossing, I continued moving forward and slowed down to stop before the dotted line to give way to oncoming traffic. Before stopping, I heard a loud bang. I exited my vehicle and saw a power-assisted bicycle on road next to the left side of my vehicle. The owner was standing at the grass patch and sat on the pavement. The rider informed that he had pain on his back and wanted to go to the hospital. Coincidentally, a Ambulance passed by and asked if the rider needed medical assistance. He informed he needed and the paramedics activated Traffic Police.

While the paramedics was checking on the rider, I told the rider that I had in car camera footage and that it was his fault in hitting my vehicle. The rider then informed that he did not want to go to the hospital and wanted to do a private settlement instead. But I waited for Traffic Police to come and investigate. When Traffic Police arrived, they took my sd card and advised me to lodge a traffic accident report. They also took a statement. No damage to my vehicle. I am not injured as well.

I am now lodging this report under traffic police instruction.



**SINGAPORE  
POLICE FORCE**



T/20220329/2102

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20220329/2102

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 2 AHMAD MUWAFFAQ BIN  
AHMAD MAZHAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2022 22:37

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:

NP168