

NATIONAL Assessment Centre Services

Date In: 22/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/EG122-007000/13	SAS e-filing		
Veh No: 9B57004S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/22 0030	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: 5NB6832A	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 (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	22/07/2022 17:16 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 00:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT JUNC OF HILL ST & COLEMAN ST.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7004S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	1855 THE BOTTLE SHOP PTE. LTD.
Company Reg No	2XXXXX912H
Email Address	gui_duan_91@hotmail.com
Mobile Phone No	(Phone) +65-62701855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22008278

DRIVER

Name of Driver	QUEK GUI DUAN(GUO GUIDUAN)
NRIC No	SXXXX865H
Date Of Birth	10/09/1991
Occupation	Outdoor

Date Of Driving Pass	16/11/2012
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93889318
Alt. Phone Number	-
Email Address	gui_duan_91@hotmail.com
Address	BLK 64 KALLANG BAHRU
Address complement	#12-393
Postcode	330064
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

Type of Accident	No Collision
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)	3
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	LEON
Gender	Male

PASSENGER 2

Name	AH HENG
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SNB6832A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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' 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

21/7/2022

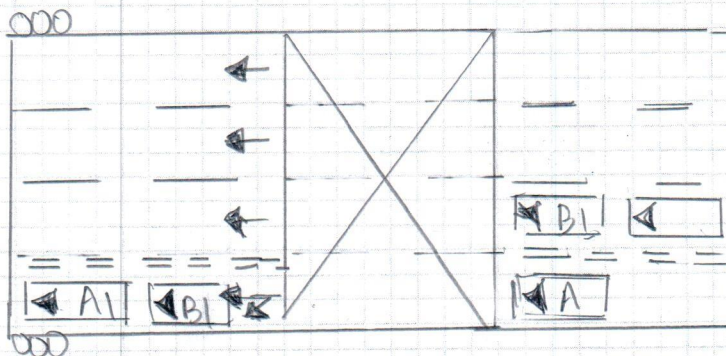
22/07/22

Sketch Plan

JUNC OF HILL ST & COLEMAN ST

A - GBJ7004S

B - SNB6832A



Describe Circumstances of the Accident

I was travelling straight along Hill street on the extreme left lane. When approaching the red traffic light junction of Coleman St, I stopped my veh. Suddenly veh B stop behind my veh and knock my driver side door and told me that my veh hit onto his left side mirror. I get out from my veh and check there's no any damage on my veh. Then i check the veh B only the side mirror flip inward. cr. Then we change particulars. After we left about 20 minutes, he send me the photo of his side mirror dropped off.

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

21/7/2022

shym 22/07/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 26/07/22 (DD/MM/YYYY), TIME: 00:30 (HH:MM)

LOCATION: HILL ST 1 COLEMAN ST JUNC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ7004S
 b) INSURANCE COMPANY: ERGO
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: NISSAN NV350 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: 1855 THE BOTTLE SHOP PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 62701855
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: QUEK GUI DUAN (GUO CHIDUAN) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 89132865H CONTACT: 93889318
 c) ADDRESS: BLK 64 KALANJ BAHU
#12-393 (330064)

*d) DATE OF BIRTH: 10/09/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/11/2012

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

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: SNB6832A MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(3)

Leon (M)

AM HENG (M)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

21/07/22

company stamp

Email = gui_duan_91@hotmail.com

Fax =

VIDEO = NO

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 : DMCG22008278
Vehicle Registration Number : GBJ7004S
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : 1855 THE BOTTLE SHOP PTE LTD
Commencement Date of Insurance : 18/07/2022
Expiry Date of Insurance : 17/07/2023
Excess :
EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00



24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

*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 hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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

A000542	INSURHUB LLP	Contact Number: 67478625
Vehicle Chassis Number : JN1MC2E26Z0031271, Vehicle Engine/Motor Number : YD25052176B		CP1, 14/06/2022 16:01