

NTUC Assessment Centre Services: (Print & Sign)

50082290001

Ref No: 19/09/2022 12:21

File No: NBB/EFT/220916/Y

Ch No: YP 388B

O.A: 10/09/2022 14:00

D: 72 / Reporting Only

P Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with this, ABC etc)		
1-Motor Claim Form		
1-Motor W/O (V/Motor OD, 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/WKSP		

Offered WKSP / INC Assign WKSP / QW:

P Particulars: Yeh No: 6156 6988R INC () / Non-INC ()

Owner / Driver: Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/ Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Next Date: () Action: ()

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NA2202561

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Workshop:

1.1:

2/3:

Invoice Preparation Details	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	
3) TF: Towing Fee	\$100/\$40
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Post-survey)	\$30
For claiming against TNC Only (max 16 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: fcs DA + SMRT Survey	\$160
8) NTUC Additional Services	
OD:	
*NI: Courtesy Car / Tpl Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
TP (Nil): TP (Via INC) against INC	\$10
9) NI: 1 day Mobile	\$10
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	19/09/2022 12:25 (SGT)
Reported by	Driver
Date of Accident	10/09/2022 14:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3488B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	IYDA MARINE SERVICES PTE LTD
Company Reg No	1XXXXX876H
Email Address	dannyly88@gmail.com
Mobile Phone No	(Phone) +65-82761002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22009858

DRIVER

Name of Driver	THANN MYINT HTUN
Passport No/FIN	GXXXX355N
Date Of Birth	22/06/1972
Occupation	Outdoor

Date Of Driving Pass	27/11/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82761002
Alt. Phone Number	-
Email Address	dannyly88@gmail.com
Address	BLK 435A BUKIT BATOK WEST AVENUE 5 #12-1026
Address complement	-
Postcode	651435
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	Chain 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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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/20220912/7078

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	GBG6948R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ8500S
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBH5903X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THANN MYINT HTUN
Gender	Male
Phone No	(Phone) +65-82761002
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	YP3488B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

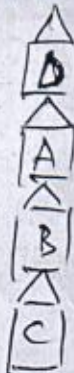


Policyholder's Signature / Date & Time

Sketch Plan

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

Along KPE



Witnessed by Reporting Centre Personnel

VEHD: GBH 5903X

VEHA: YP 3488B

VEHB: GRG 6948K

VEHC: SLZ 8500S


Describe Circumstances of the Accident


Refer to Police Report, T/20220912/7078

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220912/7078

1 of 3

Report No. T/20220912/7078

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2022 21:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THANN MYINT HTUN		Address: 435A BUKIT BATOK WEST AVENUE 5 #12-1026 SINGAPORE 651435			
ID Type / ID No.: FIN NO / G6184355N		Contact No.: Home/Office:		Mobile: 82761002	
Nationality: MYANMAR		Email: papamamachn@gmail.com			
Sex: Male	Age: 50	Date of Birth: 22/06/1972	Type of Informant: Driver		
Race: Burmese		Language: English		Institution / School Name:	
Occupation: driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/09/2022 14:00	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YP3488B	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220912/7078

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

2 of 3

Report No. T/20220912/7078

CONTINUATION OF REPORT

Driver			
Name	THANN MYINT HTUN	ID No.	G6184355N
Related Vehicle	YP3488B (Lorry)	Contact No.	82761002
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle YP3488B was travelling straight along KPE towards City. Suddenly the vehicle in front stopped and I also managed to stop in time, i quickly check my rearview mirror and saw the vehicle behind me also managed to stop.

Suddenly there was a huge impact from behind.

The impact propelled my vehicle forward to hit onto the front vehicle.

My right knee hit onto the dashboard due to the impact.

I alighted and realised that i was involved in a 4 vehicle chain collision and I am the 2nd vehicle.

The order of the vehicles are as follows:

1. GBH5903X
2. YP3488B
3. GBG6948R
4. SLZ8500S

TP and ambulance came to the scene and someone was conveyed to the hospital.

TP gave me a case card, Report No. G/20220910/0117.

The day after I started to feel pain on my neck, shoulders and lower back areas.

I then proceeded to RC's Family Clinic near my place to seek treatment and i was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220912/7078

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

3 of 3

Report No. T/20220912/7078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
12/09/2022 21:44

Classification Of Case:

(5)

Date of Accident: 10/09/22 Accident Time: 1400 (24-HR-FORMAT)

Accident Place: Along KPE

Vehicle Reg. No (Car plate No.): YP3488B Vehicle Make/Model: Mitsubishi Canter

Insurance Company: ERGO Policy No.: DMC G 2200 9858

Name of Registered Owner: Company / Individual IYDA Marine Services Pte Ltd.

ID of Registered Owner: Co Reg No: 1999058764 Owner's NRIC No: _____

Co Contact No: _____ Owner's Contact No: _____

DRIVER'S Name: Thann Myint Htun DRIVER'S NRIC No: G6184355N

DRIVER'S Date of Birth: 22/06/1972 DRIVER'S License Pass Date: 27/11/2018

Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employed \ Others:

DRIVER'S Address: 435A Bafit Bafit West Ave 5 #12-1026 S(651435)

DRIVER'S Contact No. / Alt No.: 1) 8276 1002 2) _____

DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address: dannyly88@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): 1 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Thann Myint Htun

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBG 6948R</u>	Vehicle Reg No: <u>SLZ 8500S</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBH 5903X</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Certificate of Insurance

ERGO

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 : DMCG22009858
Vehicle Registration Number : YP3488B
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : NYDA MARINE SERVICES PTE LTD
Commencement Date of Insurance : 25/07/2022
Expiry Date of Insurance : 24/07/2023
Excess :

Fast Response Accident Reporting Hotline

24-Hour Helpline: 6100 1620

EXCESS: (SECTION I).....	S\$	800.00
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

Finance Company/Hire Purchase Owner : GOLDBELL FINANCIAL SERVICES PTE LTD

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.

- 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

A000503	KCB INVESTMENTS PTE LTD	Contact Number: 63913811
Vehicle Chassis Number : FEB71EA20191, Vehicle Engine/Motor Number : 4P10C21006		CP1, 18/07/2022 14:28