

NATIONAL Assessment Centre Services (Ref: 1-2-4-5) **SU0822A50004**

Date In: **05/10/2022 15:34** Job description: **SAS e-filing** Date & Time Completed: Done by:  
Ref No: **NBA/EG1220098864** E-mail (with 3rd, 4th, 5th):  
Veh No: **234 7834** I-Motor Claim Form  
D.O.A: **04/10/2022 14:05** I-Motor W/O (with 3rd, 4th, 5th):  
OD: **TP / Reporting Only** I-Photo Uploaded  
Assessment/Survey Report  
Asst's Report by Fax / Hand to Owner/Whar

Preferred Wksp / INC Assgn Wksp / OW: Tel: Fax:  
TP Particulars: Veh No: **SKJ 5058T** INC ( ) / Non-INC ( )  
Owner / Driver: Tel:  
Policy No: Period: Cover Type:  
Confirmed by: Date: Title:  
Insured Driver Liability: ( ) (Note: 1st Status (WO) 11-0-2014, P-21-79%, P-30-110%)  
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 Cost: to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co:  
Remarks: (INC Ref: 0788-6616) 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 / Action:

**NBA202274**  
Inmate's Particulars:  
Owner/Driver:  
Contact No:  
Damaged Portion:  
Checked by (Engr-In-Charge):  
Comments:

Invoice Preparation Checklist		Amount	Ref
1) AR: Accident Reporting	(530)		
2) DA: Damage Assessment	(5100) INC (55)		
3) TP: Towing Fee	\$20/\$40		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$70		
7) NI: NI: DA + NI: Survey	\$140		
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## 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	05/10/2022 15:34 (SGT)
Reported by	Both
Date of Accident	04/10/2022 14:05 (SGT)
Exact Location of Accident	1 Farrer Park Station Rd, Singapore 217562
Additional Location Information	FARRER PARK HOSPITAL BEFORE CAR PARK GANTRY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU783U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KUAH CHENG TEE
NRIC No	SXXXX563A
Email Address	ct_kuah@yahoo.com
Mobile Phone No	(Phone) +65-83578388
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21014517

#### DRIVER

Name of Driver	KUAH CHENG TEE
NRIC No	SXXXX563A
Date Of Birth	30/09/1975
Occupation	Outdoor

Date Of Driving Pass	06/11/2004
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83578388
Alt. Phone Number	-
Email Address	ct_kuah@yahoo.com
Address	17 FERNVALE LANE #18-17
Address complement	-
Postcode	797498
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	Collision - Head to Rear
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)	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	KUAH YANGXI
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 PLAN

#### 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	SKJ5058T
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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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

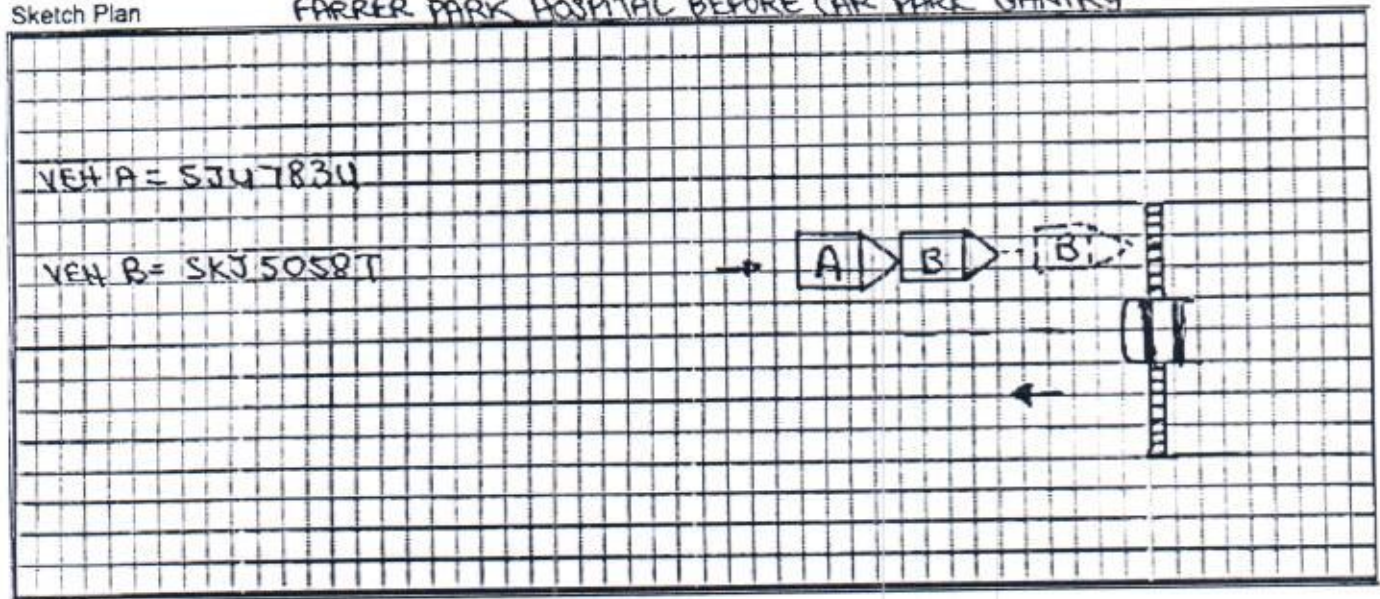
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

05/10/2022

Sketch Plan

FARRER PARK HOSPITAL BEFORE CAR PARK GANTRY.





Describe Circumstance of the Accident

On the stated date and time, I was driving vehicle A along the stated venue. I was stopping behind a car before the car park barrier. Suddenly, the car in front vehicle B reverse and hit onto my front portion. A security guard witness at the scene saw the whole incident. Her name is Rini and mobile number 8123 0204.

Declaration

I/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  
(Name as in NR C-10 card)

05/10/2022

J

Date of Accident : 04/10/2022 Accident Time: 14:05 (24-HR-Format)  
Accident Place : FARRER PARK HOSPITAL BEFORE CAR PARK GENTRY  
Vehicle No. (Car Plate No.) : SJU 7834 Make/Model: MERCEDES C180  
Insurance Company : ERGO Policy No: DMPG21014517  
Owner or Company Name /IC No. : KUAH CHENG TEE S7534563A  
Owner or Company Contact No. : 83578388 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 30/09/1975 DRIVER'S License Pass Date 05/11/2004  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others OWNER  
DRIVER'S Address : 17 FERNVALE LANE #18-17 S791498  
DRIVER'S Contact No / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : ct\_kuah@yahoo.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): 02  
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>(8) SKJ 5058T</u>	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:

① KUAH YANGXI Female



**ERGO****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 : DMPG21014517  
 Vehicle Registration Number : SJU783U  
 Cover Type : Superior Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : KUAH CHENG TEE  
 Commencement Date of Insurance : 18/12/2021  
 Expiry Date of Insurance : 17/12/2022

**FLASH**  
 Fast-Response Accident Reporting Machine™

**24-Hour Helpline: 6100 1620**

Excess :  
 EXCESS: (SECTION I) S\$ 500.00  
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I) S\$ 500.00  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00  
 EXCESS: WINDSCREEN S\$ 100.00  
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

Finance Company/Hire Purchase Owner : DBS BANK LTD

\*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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) 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 (\*).

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

AG30588	JETTA INSURANCE AGENCY PTE LTD	Contact Number: 67931383
Vehicle Chassis Number: W202050402R305174	Vehicle Engine Number: Z74D1031802175	PC1: 20/11/2021 11:44