

NATIONAL Assessment Centre Services

Date In 23/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/EG122012822/d4	SAS e-filing		
Veh No SKZ 7899K	E-mail (within 8hrs, APT 2hrs)		
DOA 23/12/2022	i-Motor Claim Form		
OD/TP 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:	Veh No: SJS 3577P	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

NA2203546

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		
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:-		
	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 \$0		
	Invoice date: /	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	23/12/2022 15:06 (SGT)
Reported by	Driver
Date of Accident	23/12/2022 08:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS LINK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7899K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG SIOW LOONG
NRIC No	SXXXX644I
Email Address	jescilia.how@gmail.com
Mobile Phone No	(Phone) +65-97229222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1595

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22007434

DRIVER

Name of Driver	HOW XIAO XUE JESCILIA
NRIC No	SXXXX830J
Date Of Birth	10/01/1986
Occupation	Indoor

Date Of Driving Pass	22/02/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86858586
Alt. Phone Number	-
Email Address	jescilia.how@gmail.com
Address	APT BLK 676D PUNGGOL DRIVE
Address complement	# 03-738
Postcode	824676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ANG SIOW LOONG
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

PLEASE 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	SJS3577P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HOW XIAO XUE JESCILIA
Gender	Female
Phone No	(Phone) +65-86858586
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WRIST AND BACK PAIN
Injured person in which vehicle?	SKZ7899K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ANG SIOW LOONG
Gender	Male
Phone No	(Phone) +65-97229222
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND PAIN AND BACK PAIN
Injured person in which vehicle?	SKZ7899K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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.

 23.12.22

Policyholder's Signature / Date & Time

 23/12/2022

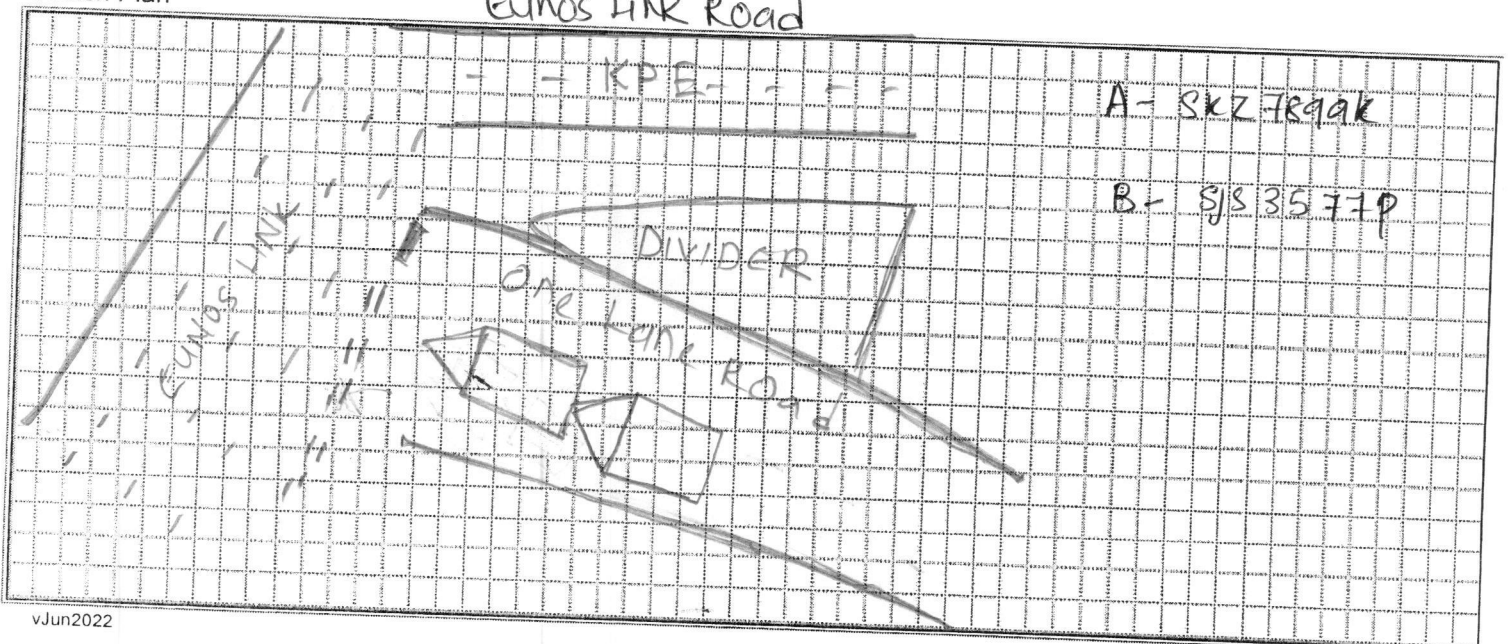
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 23/12/2022

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

Sketch Plan

Eunos Link Road





Describe Circumstance of the Accident


Morning around 8.27am I was from KPE Road was exiting to Eunus Link Road using the give way lane, then there is a oncoming vehicle on my right side so I completely stopped and about 20 to 30 seconds later I heard a bang from the rear portion of my vehicle and it was Vehicle B hit the rear portion of my vehicle. After the loud bang + was still in my car around a minute due to the collision impact, then after a minute we stood out of the car and took photos of the impact. we exchange contact numbers and Vehicle B owner ask us to claim under her Insurance.

Declaration

I/We declare the foregoing particulars are true in every respect.

 23.12.22
Policyholder's Signature / Date & Time

 23/12/2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 23/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 23/12/2022 (DD/MM/YYYY) TIME: 08:27 (HH:MM)

LOCATION: Eunos Link Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 7899K
 b) INSURANCE COMPANY: ERAU
 c) POLICY NUMBER: DMPG22007434
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MERCEDES BENZ A200 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ANG SIOW LOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81206441 CONTACT: 9722 9222
 c) ADDRESS: APT BLK 676D PUNGGOL DRIVE # 03-738
S824676

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: HOW XIAO XUE JESILIA
 b) NRIC/FIN/PASSPORT: S8600830J (MALE / FEMALE)
 c) ADDRESS: APT BLK 676D PUNGGOL DRIVE # 03-738
S824676

d) DATE OF BIRTH: 10/01/1986 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 22/02/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

5. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 3577P 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: _____

Email = jescilia.hav@gmail.com

fax =

VIDEO = NO

No. of passengers
 (including driver)

(1)

male passenger

No. of passengers
 (including driver)

()

No. of passengers
 (including driver)

()

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 : DMPG22007434
Vehicle Registration Number : SKZ7899K
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : ANG SIOW LOONG
Commencement Date of Insurance : 20/06/2022
Expiry Date of Insurance : 19/06/2023

FLASH
Fast-Response Accident Reporting Hotline™

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 :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. HOW XIAO XUE JESCILIA
3. 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

A000019	TH INSURANCE SPECIALIST AGENCY PTE LTD	Contact Number: 63487767
Vehicle Chassis Number : WDD1760432J096902, Vehicle Engine Number : 27091030160561		PC1, 26/05/2022 15:46

IMPORTANT NOTICE

The Certificate of Insurance (CI) is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the CI must be returned to us. If the CI is lost or has been destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Road Traffic Regulations. The CI must be returned if the insurance is suspended during its currency. If you have sold your vehicle, you must complete this portion and surrender the original CI to us. The insurance is invalid when the vehicle is sold.

This is to notify you that I have sold my vehicle No. _____ on _____.

Please effect the necessary cancellation.

Name: _____ NRIC/ROC: _____

Signature: _____ Date: _____

This Certificate of Insurance is subject to:

PREMIUM PAYMENT WARRANTY (for Corporate Policyholders) or
PAYMENT BEFORE COVER WARRANTY (for Individual Policyholders)

In the event of an accident stay calm and take the following steps:

1. Call our 24-hour Fast-Response Accident Reporting Hotline (FLASH) +65 6100 1620 to receive immediate assistance.
A Field Officer will be dispatched to the accident scene to render assistance and guide you through the electronic filing of your accident report.
2. While waiting for our Field Officer to arrive, exchange particulars (name, NRIC number, vehicle number, insurer and contact details) with the other parties involved in the accident.
3. If the other parties involved in the accident are unable to wait for our Field Officer to arrive, do take photographs of the position and damage to the vehicles if possible.
4. If there are witnesses, note down their names, NRIC numbers, addresses and telephone numbers.
5. Do not admit or discuss liability.
6. Lodge a police report for the following motor accident cases:
 - a. Injury cases;
 - b. Non-injury case involving a government vehicle or damage to government property;
 - c. Non-injury case involving a foreign vehicle;
 - d. Non-injury case involving a pedestrian or cyclist

Notice

With effect from 1 June 2008, under the regime of the Motor Claims Framework, all motorists in Singapore involved in a Non-Injury Motor accident are required to report the accident with their damaged vehicle through FLASH or insurers Authorized Workshops/Reporting Centers within 24 hours or the next working day of the accident. Kindly note that failure to report all accidents within 24 hours or by the next working day may result in a loss of your No Claim Discount (NCD) upon renewal of your policy and/or denial of your claim in respect of that particular incident as per the guidelines under the Motor Claims Framework (MCF) introduced by the General Insurance Association of Singapore.

For more information on the Motor Claims Framework, please visit the General Insurance Association website, www.GIA.com.sg

Reporting An Accident in Malaysia

If your vehicle is involved in an accident/lost in Malaysia, you are required to make a report at a police station in Malaysia.
For assistance, you may contact our 24 Hrs hotline @ +65 6100 1620

Claim under Comprehensive Cover

You must inform us within fourteen (14) days of the occurrence of an accident if you intend to make a claim under your Policy for repairs to your vehicle. If a claim against a third party is unsuccessful, the Policyholder is not allowed to make an Own Damage claim under his Comprehensive Cover Policy.

Excess Definitions

1) Young and Inexperienced Drivers

This refers to any authorized person (whether named or unnamed) who is under the age of 22 and/or with a driving license of less than 2 years from date first obtained.

2) Basic Excess

This refers to the excess amount expressed under Excess (Section 1) / Excess (Section 2) / Excess (All Claims).

3) Windscreen

Applicable to Comprehensive cover, subject to the amount as shown.

Please refer to the Policy for full and complete details of the insurance coverage.

Cancellation and Other Charges

1) Cancellation of Policy

i) Refund premium is based on 80% of the pro-rata premium for the unexpired period for Private Car and on short period rates for Commercial Vehicle

ii) There is no refund if the refund premium is below S\$25 (excluding GST)

iii) An administration charge of S\$25 + GST will be levied if the Policy is cancelled before the commencement date of the period of cover

2) Other Applicable Charges

i) Substitution of Vehicle Registration No: S\$25 + GST

ii) Duplicate Certificate of Insurance: S\$10 + GST

Policy Owners' Protection Scheme

Your Policy is protected under the Policy Owners' Protection Scheme administered by Singapore Deposit Insurance Corporation (SDIC). For more information on the Policy Owners' Protection Scheme, please visit SDIC's website (www.sdic.com.sg) or ERGO's website (www.ergo.com.sg).