

NATIONAL Assessment Centre Services

Date In 04/01/2023	Job description	Date & Time Completed	Done by
Ref No NA1E6123000109/d4	SAS e-filing		
Veh No GBB1969P	E-mail (within 8hrs. Aft 2hrs)		
DOA 14/12/2022 0900	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	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: Vch No: GBJ9076X 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		
Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	OT*		
	*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		

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 04/01/2023 17:43 (SGT)
Reported by Driver
Date of Accident 14/12/2022 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information EUNOS AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB1969P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A & E SERVICE PTE LTD
Company Reg No 2XXXXX328K
Email Address dtouch1987@gmail.com
Mobile Phone No (Phone) +65-97704238
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG22012907

DRIVER

Name of Driver GOH CHYE THIAM
NRIC No SXXXX397I

Date Of Driving Pass 01/10/1980
 Driving experience 42 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-80198211
 Alt. Phone Number -
 Email Address dtouch1987@gmail.com
 Address APT BLK 3 PINE CLOSE
 Address complement # 01-151
 Postcode 392003
 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 Side Swipe
 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? 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 GBJ9076X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver

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

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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

[Signature] 4/11/23

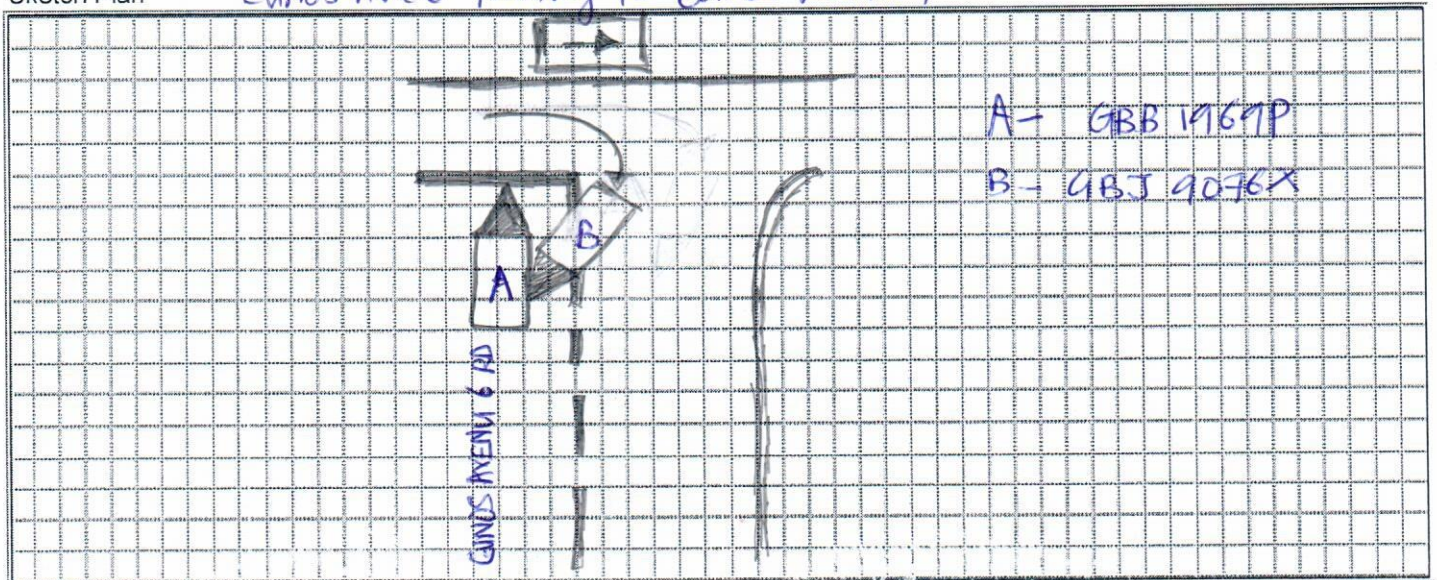
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 4/11/2023

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

Sketch Plan

Eunos Ave 6 turning to Bunos Road 4




Describe Circumstance of the Accident

I was on Avenue 6 Road T-junction wanted to turn right to Euros Road 4. I was stationary at the turning lane and I stopped to look to see any vehicle coming from my left side as I wanted to turn right. I got indicate the signal to turn right. When I was about to turn, suddenly from nowhere vehicle B came from my left side. And he hit the right back side of my vehicle.

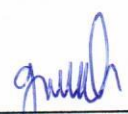
Declaration

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

Policyholder's Signature / Date & Time

 4/1/23

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

 4/1/2023

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

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of A&E SERVICE PTE. LTD. (202105328K)

Date: 19/12/2022

The Following Are The Brief Particulars of :

UEN : 202105328K

Company Name. : A&E SERVICE PTE. LTD.

Former Name if any :

Incorporation Date. : 10/02/2021

Company Type : EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Status : Live Company

Status Date : 10/02/2021

Principal Activities

Activities (I) : ELECTRICAL WORKS (43210)

Description :

Activities (II) : GENERAL CONTRACTORS (NON-BUILDING CONSTRUCTION) (42101)

Description :

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
10000	10000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
10000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency

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Business Profile (Company) of A&E SERVICE PTE. LTD. (202105328K)

Date: 19/12/2022

Registered Office Address	:	20 ANG MO KIO INDUSTRIAL PARK 2A #02-20 AMK TECHLINK SINGAPORE (567761)
Date of Address	:	10/02/2021
Date of Last AGM	:	30/06/2022
Date of Last AR	:	27/07/2022
FYE As At Date of Last AR	:	31/12/2021

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality/Citizenship	Source of Address	Date of Appointment
Address		Position Held		
CHIA EILEEN	S8702482B	SINGAPORE CITIZEN	ACRA	10/02/2021
120C RIVERVALE DRIVE #11-394 RIVERVALE GARDENS SINGAPORE (543120)		Director		
JULETTE LEE GEOK MING	S8934264C	SINGAPORE CITIZEN	ACRA	10/02/2021
21 BUKIT BATOK CRESCENT #15-75 WCEGA TOWER SINGAPORE (658065)		Secretary		

Shareholder(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Source of Address	Address Changed
1 CHIA EILEEN	S8702482B	SINGAPORE CITIZEN	ACRA	21/06/2018

Authentication No. : B22057757J

INFORMATION RESOURCES

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Business Profile (Company) of A&E SERVICE PTE. LTD. (202105328K)

Date: 19/12/2022

Shareholder(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Source of Address	Address Changed
Address				
120C RIVERVALE DRIVE #11-394 RIVERVALE GARDENS SINGAPORE (543120)				
Ordinary(Number)	Currency			
10000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA221219156943

DATE : 19/12/2022

This is computer generated. Hence no signature required.

Authentication No. : B22057757J

INFORMATION RESOURCES

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Business Profile (Company) of A&E SERVICE PTE. LTD. (202105328K)

Date: 19/12/2022



Authentication No. : B22057757J

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 12 / 2022) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Eunus Avenue & turning to Eunus Road 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB1969P
b) INSURANCE COMPANY: ERGO
c) POLICY NUMBER: DMCG 22012907
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA-DYNA Auto (MANUAL)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working 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: APE SERVICE PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 202105328K CONTACT: 97704238
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH CHYE THIAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1430397I CONTACT: 80198211
c) ADDRESS: APT BLK 3 PINE CLOSE # 01-151, 8392003

* d) DATE OF BIRTH: (31 / 07 / 1960) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 0111011980

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Employee

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: GBJ9076X 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 passengers (including driver) (1)

No of passengers (including driver) ()

No of passengers (including driver) ()

Email = dtouch1987@gmail.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)



24-Hour Helpline: 6100 1620

Certificate/Policy Number : DMCG22012907
Vehicle Registration Number : GBB1969P
Cover Type : Third Party Fire & Theft
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : A&E SERVICE PTE. LTD.
Commencement Date of Insurance : 14/09/2022
Expiry Date of Insurance : 13/09/2023
Excess :

Finance Company/Hire Purchase Owner : THIAM HENG AUTO (S) PTE 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 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

A000415	THIAM HENG AUTO (S) PTE LTD	
Vehicle Chassis Number : JTFAT35Y803001978, Vehicle Engine/Motor Number : 1KD1852359		CP1, 13/09/2022 17:39