

# NATIONAL Assessment Centre Services

Date In: 05/01/2023 11:05  
 Ref No: KA230001284  
 Vch No: 10 40 728  
 D.O.A: 04/01/2023 01:50  
 TP Insurer:

Job description: SAS e-filing  
 E-mail (within 3hrs, AIC 2hrs)  
 I-Motor Claim Form  
 I-Motor W/O (within 2hrs, 24 hrs)  
 I-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed  
 Done by

Preferred Wksp / INC Assign Wksp / QW: ( )  
 TP Particulars: Vch No: SK 38165 INC ( ) / Non-INC ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Est Status (WO): N: 0-30%, 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 repeller.  
 ( ) Total Loss Cost: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) INC Hotline: 0788 6616  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )  
 Date/TIME: ( )  
 Actions: ( )

KA2300041  
 Instant Particulars:  
 Driver/Owner:  
 Contact No:  
 Damaged Portion:  
 Checked by (Engr-In-Charge):  
 TP Insurer:

Invoice Preparation Checklist:  
 1) AR: Accident Reporting (\$30)  
 2) DA: Damage Assessment (\$100) INC (\$50)  
 3) TP: Towing Fee \$10/\$45  
 4) PT: Follow-Through Survey \$125  
 5) PT: Follow-Through Survey (Repair) \$30  
 6) TR: Roadside \$75  
 7) NI: New DA, Short Survey \$140  
 8) NTUC Additional Fee: ( )  
 9) NI: New DA, Short Survey \$140  
 10) NI: New DA, Short Survey \$140  
 11) NI: New DA, Short Survey \$140  
 12) NI: New DA, Short Survey \$140  
 13) NI: New DA, Short Survey \$140  
 14) NI: New DA, Short Survey \$140  
 15) NI: New DA, Short Survey \$140  
 16) NI: New DA, Short Survey \$140  
 17) NI: New DA, Short Survey \$140  
 18) NI: New DA, Short Survey \$140  
 19) NI: New DA, Short Survey \$140  
 20) NI: New DA, Short Survey \$140  
 21) NI: New DA, Short Survey \$140  
 22) NI: New DA, Short Survey \$140  
 23) NI: New DA, Short Survey \$140  
 24) NI: New DA, Short Survey \$140  
 25) NI: New DA, Short Survey \$140  
 26) NI: New DA, Short Survey \$140  
 27) NI: New DA, Short Survey \$140  
 28) NI: New DA, Short Survey \$140  
 29) NI: New DA, Short Survey \$140  
 30) NI: New DA, Short Survey \$140  
 31) NI: New DA, Short Survey \$140  
 32) NI: New DA, Short Survey \$140  
 33) NI: New DA, Short Survey \$140  
 34) NI: New DA, Short Survey \$140  
 35) NI: New DA, Short Survey \$140  
 36) NI: New DA, Short Survey \$140  
 37) NI: New DA, Short Survey \$140  
 38) NI: New DA, Short Survey \$140  
 39) NI: New DA, Short Survey \$140  
 40) NI: New DA, Short Survey \$140  
 41) NI: New DA, Short Survey \$140  
 42) NI: New DA, Short Survey \$140  
 43) NI: New DA, Short Survey \$140  
 44) NI: New DA, Short Survey \$140  
 45) NI: New DA, Short Survey \$140  
 46) NI: New DA, Short Survey \$140  
 47) NI: New DA, Short Survey \$140  
 48) NI: New DA, Short Survey \$140  
 49) NI: New DA, Short Survey \$140  
 50) NI: New DA, Short Survey \$140  
 51) NI: New DA, Short Survey \$140  
 52) NI: New DA, Short Survey \$140  
 53) NI: New DA, Short Survey \$140  
 54) NI: New DA, Short Survey \$140  
 55) NI: New DA, Short Survey \$140  
 56) NI: New DA, Short Survey \$140  
 57) NI: New DA, Short Survey \$140  
 58) NI: New DA, Short Survey \$140  
 59) NI: New DA, Short Survey \$140  
 60) NI: New DA, Short Survey \$140  
 61) NI: New DA, Short Survey \$140  
 62) NI: New DA, Short Survey \$140  
 63) NI: New DA, Short Survey \$140  
 64) NI: New DA, Short Survey \$140  
 65) NI: New DA, Short Survey \$140  
 66) NI: New DA, Short Survey \$140  
 67) NI: New DA, Short Survey \$140  
 68) NI: New DA, Short Survey \$140  
 69) NI: New DA, Short Survey \$140  
 70) NI: New DA, Short Survey \$140  
 71) NI: New DA, Short Survey \$140  
 72) NI: New DA, Short Survey \$140  
 73) NI: New DA, Short Survey \$140  
 74) NI: New DA, Short Survey \$140  
 75) NI: New DA, Short Survey \$140  
 76) NI: New DA, Short Survey \$140  
 77) NI: New DA, Short Survey \$140  
 78) NI: New DA, Short Survey \$140  
 79) NI: New DA, Short Survey \$140  
 80) NI: New DA, Short Survey \$140  
 81) NI: New DA, Short Survey \$140  
 82) NI: New DA, Short Survey \$140  
 83) NI: New DA, Short Survey \$140  
 84) NI: New DA, Short Survey \$140  
 85) NI: New DA, Short Survey \$140  
 86) NI: New DA, Short Survey \$140  
 87) NI: New DA, Short Survey \$140  
 88) NI: New DA, Short Survey \$140  
 89) NI: New DA, Short Survey \$140  
 90) NI: New DA, Short Survey \$140  
 91) NI: New DA, Short Survey \$140  
 92) NI: New DA, Short Survey \$140  
 93) NI: New DA, Short Survey \$140  
 94) NI: New DA, Short Survey \$140  
 95) NI: New DA, Short Survey \$140  
 96) NI: New DA, Short Survey \$140  
 97) NI: New DA, Short Survey \$140  
 98) NI: New DA, Short Survey \$140  
 99) NI: New DA, Short Survey \$140  
 100) NI: New DA, Short Survey \$140

## 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              | 05/01/2023 11:05 (SGT)      |
| Reported by                     | Driver                      |
| Date of Accident                | 04/01/2023 07:50 (SGT)      |
| Exact Location of Accident      | Eunos Technolink, Singapore |
| Additional Location Information | OPEN SPACE CAR PARK         |
| Country/State of Loss           | Singapore                   |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YQ4077S |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                            |
|--------------------------|----------------------------|
| Is company?              | Yes                        |
| Name Of Registered Owner | VIMBOX MOVERS PTE LTD      |
| Company Reg No           | 2XXXXX496N                 |
| Email Address            | jeff.huang@vinboxmovers.sg |
| Mobile Phone No          | (Phone) +65-85879128       |
| 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 - Reporting only |
| Vehicle Category   | Commercial vehicle  |
| Transmission   | Manual              |
| CC   | 2998                |

#### INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMCG22011022             |

#### DRIVER

|                 |            |
|-----------------|------------|
| Name of Driver  | NG GUO WEI |
| Passport No/FIN | GXXXX501N  |
| Date Of Birth   | 27/11/1998 |
| Occupation      | Outdoor    |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 26/03/2019                     |
| Driving experience .....   | 3 YEARS AND 10 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-85879128           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | jeff.huang@vinboxmovers.sg     |
| Address .....  | BLK 42 CHAI CHEE STREET #08-64 |
| Address complement .....   | -                              |
| Postcode .....   | 461042                         |
| 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 .....   | Collided into Parked Vehicle |
| 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 SKETCH 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 ..... | SJK3816S    |
| 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 be 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 be 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)

Sketch Plan

EUNOS TECHLINK OPEN CARPARK.

Ⓐ YQ4077S

Ⓑ SJK3816S



Describe Circumstance of the Accident

I WAS LEAVING THE PARKING LOT AT EVINOS TECHLINK.

AS I WAS LEAVING, I DID NOT NOTICE THERE WAS A

AS A RESULT,  
VEHICLE PARKED BESIDE ME MY VEHICLE COLLIDED  
^

ONTO HIS VEHICLE. AS THERE WAS NOBODY IN THE

VEHICLE, I LEFT A NOTE WITH MY CONTACT DETAILS ON

IT.

Declaration

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



*[Signature]*

*[Signature]* 05/01/2023

Important Note: If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 04 01 2022

Time of Accident: 09 50

Form: IR-3 (FORM 3)

Vehicle No: 7049775

Vehicle Make & Model: FUSION

Private Hire (P.H.): ☐

Place of Accident: FUNOS TECHLINK OPEN CARPARK

Employer Name: VIMBOX MOVERS PTE LTD

For F.N. if company

Driver's Name: NG GHO WEI 88622501N

As Above: ☐

IDAC Ref No: 8587 9128

Company Contact No: 06964 0000

Address: 42 CHAI CHEE STREET SINGAPORE 461042 #08-64

Owner's Email Address: jett.huang@vimboxmovers.sg

Insurance Company: ERGO

Date of Birth: 27/11/1998

Date of Accident: 26/03/2019

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sublim / Relative / Employee / Other (Specify): ☒ Employee

What do you wish to claim? (Please TICK one only)

☐ Total Loss / ☐ Other Vehicle (If only you want to claim repair) / ☒ Reporting Delay and Purpose

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job): ☐ Indoor / ☒ Outdoor

☐ Personal / ☒ Work purpose

No. of Passengers (including Driver): 1

Passenger Name:

Gender: Male / Female: ☐

Passenger Name:

Gender: Male / Female: ☐

Weather condition & Road conditions at the day of accident:

☒ Clear & Dry / ☐ Rainy & Wet / ☐ After Rain & Wet / ☐ Fog / Other: Wet & Cold

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES, injured Person Name)

Police Report Filed: ☐ Yes / ☒ No (If YES, Which Police Station)

### The Other Party(s) Details:

1. Other Party Name: ☐

Vehicle No: SJK 3816S

2. Other Party Name: ☐

Vehicle No: ☐

3. Other Party Name: ☐

Vehicle No: ☐

4. Other Party Name: ☐

Vehicle No: ☐

5. Other Party Name: ☐

Vehicle No: ☐

6. Other Party Name: ☐

Vehicle 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 : DMCG22011022  
Vehicle Registration Number : YQ4077S  
Cover Type : Comprehensive  
Policy Type : Commercial Vehicle (Hire Use)  
Name of Policyholder/Insured : VIMBOX MOVERS PTE LTD  
Commencement Date of Insurance : 23/08/2022  
Expiry Date of Insurance : 22/08/2023  
Excess : EXCESS: (SECTION I).....  
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).  
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..  
YOUNG&INEXP DRIVERS(SECTION I)



**24-Hour Helpline: 6100 1620**

|     |          |
|-----|----------|
| S\$ | 500.00   |
| S\$ | 300.00   |
| S\$ | 100.00   |
| S\$ | 2,500.00 |

Finance Company/Hire Purchase Owner : UNITED OVERSEAS 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 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 racing pace-making reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
- 3) Use for the carriage of passengers for hire or reward

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

|   |                              |                          |
|---|------------------------------|--------------------------|
| A100034   | KSL INSURANCE AGENCY PTE LTD | Contact Number: 62660777 |
| Vehicle Chassis Number : FEB21EA35469, Vehicle Engine/Motor Number : 4P10E47611 |                              | CH1, 08/08/2022 23:20    |