

SN 092316000

Preferred Wksp / INC Assgn Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars: ()		Veh No: <u>2UR 2037U</u> INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	()
Policy No: ()		Period: ()	Cover Type: ()
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: ()		%) (Note-List Status (WO): N: 0-30%, P: 21-79%, P: 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 Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks	WINS (100 hrs/6789.0015)	Date	Time	Completed	By
1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Resurvey Photo (Repair Cost > \$3000) ()					

[illegible]

NA 2300159		Invoice Preparation Checklist	
Important Particulars:		1) AR: Accident Reporting (\$30)	
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$50)
Object No:		3) TP: Towing Fee	\$30/\$45
Damaged Portion: Bump		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Barryway)	\$50
		Excluding repair INC Only (over 10 hrs 2023)	
		6) TR: Roadside	\$75
		7) NI: New DA + SMRT Survey	\$140
		8) NTUC Additional Fee:	
C. Checked by (Engr-In-Charge):		GR:	
		*NB: Courtesy Car / Top Allowance	\$5
		*NR: Repair Coordination	\$10
		*NT: Post Repair Inspection	\$25
		*ND: DV / Collect Excess Coordination	\$5
		TP (NI) : TP (IN) INC: Contact INC	\$20
		9) Mileage Mobile	10
		Invoice filed	Fee Charged
		Invoice dated	Due Date

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	16/01/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 13:16 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	TOWARDS CTE DIRECTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL6624B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIAN LEE SENG CHAIRS & TABLES RENTAL PTE LTD
Company Reg No	2XXXXX964G
Email Address	mail@kls.com.sg
Mobile Phone No	(Phone) +65-62788911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR71L
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	4570

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22012177

DRIVER

Name of Driver	YEO CHIONG ENG
NRIC No	SXXXX800Z
Date Of Birth	21/03/1959
Occupation	Outdoor

Date Of Driving Pass	14/05/1981
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96605241
Alt. Phone Number	-
Email Address	mail@kls.com.sg
Address	BLK 443 TAMPINES STREET 43 #02-43
Address complement	-
Postcode	524443
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)	3
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2037U
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
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

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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) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ANG ZHEN WEI

KIAN LEE SENG CHAIRS & TABLES RENTAL PTE. LTD.
16 JAN 2023 / 1050H

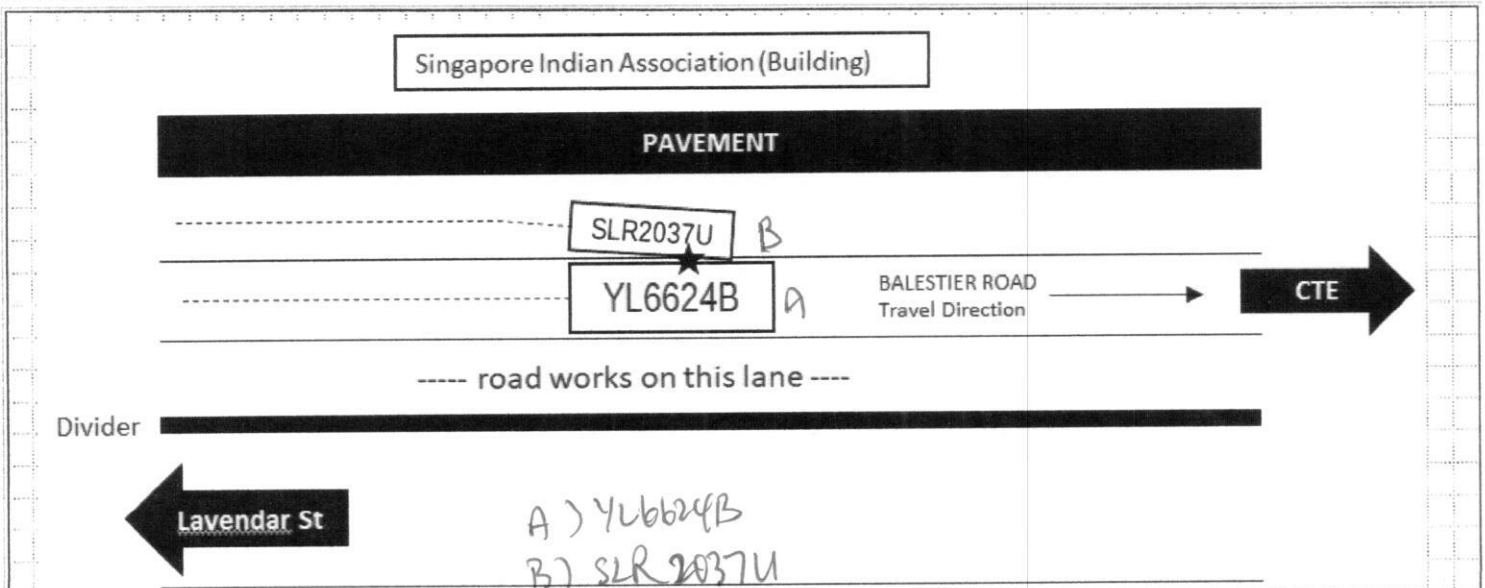
Policyholder's Signature / Date & Time

Yeo Chiong Eng
16 JAN 2023 / 1050H

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

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

Sketch Plan



Describe Circumstance of the Accident

Incident Date/Time: 13 JAN 2023, at about 13:16H Site: along Balestier Road towards CTE direction, at the vicinity of Singapore Indian Association Building.

YL6624B was travelling on lane 2 from the centre divider, along Balestier Road.

SLR2037U was travelling on lane 3 from the centre divider, along Balestier Road.

Road works is ongoing on lane 1 from the centre divider, along Balestier Road.

YL6624B was going straight, keeping within lane 2 when it was knocked into by SLR2037U at the port side (passenger side) of YL6624B. The entire incident was recorded by the onboard camera of YL6624B and the screen capture is enclosed with this statement.

Declaration

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

ANG ZHEN WEI

KIAN LEE SENG CHAIRS & TABLES RENTAL PTE. LTD.

16 JAN 2023 / 1050H

Policyholder's Signature / Date & Time

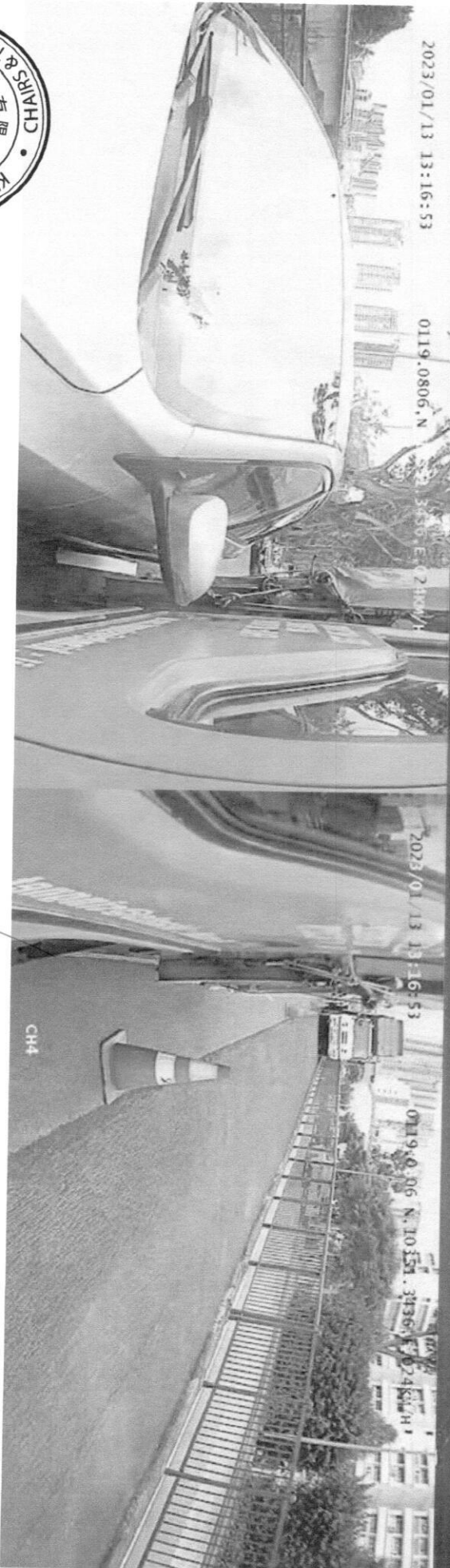
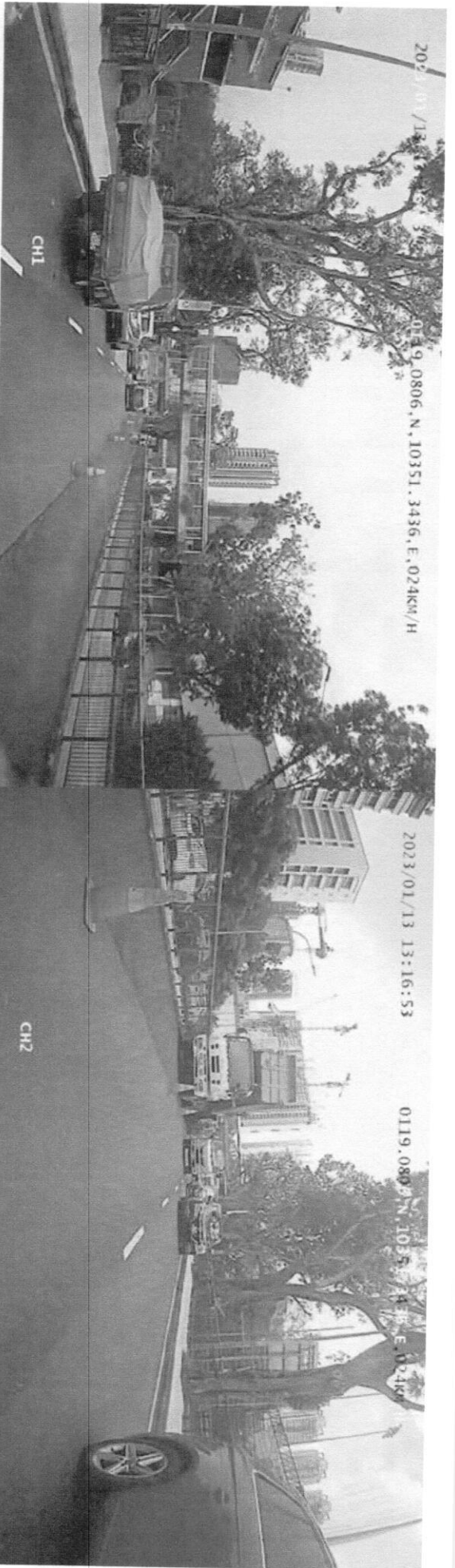
Yeo Chiong Eng

16 JAN 2023 / 1050H

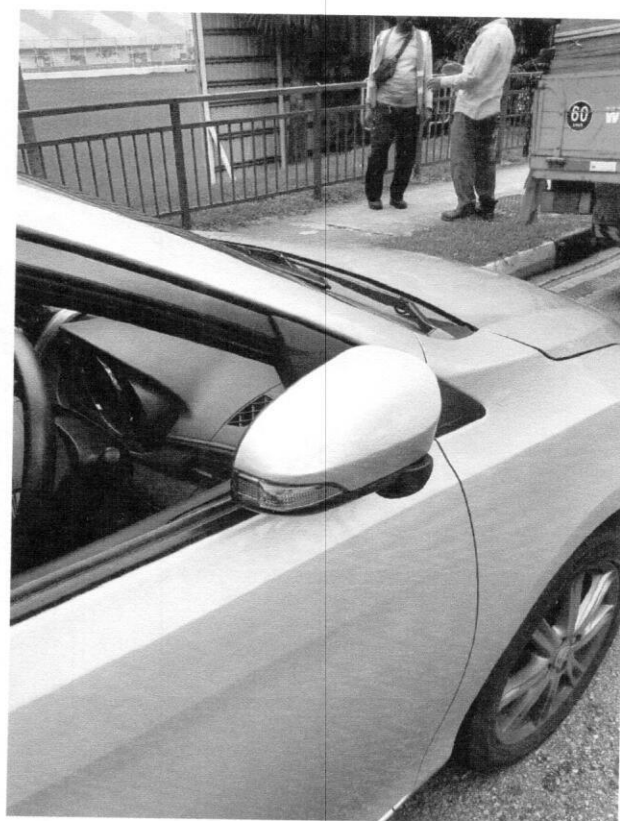
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

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





gud 16/01/2023



ACCIDENT STATEMENT

ACCIDENT DATE: (13 / JAN / 2023) (DD/MM/YYYY), TIME: (13:16) (HH:MM)

LOCATION: along Balestier Road towards CTE direction, at the vicinity of Singapore Indian Association Building

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL6624B
b) INSURANCE COMPANY: ERGO Insurance Pte. Ltd.
c) POLICY NUMBER: DMCG22012177
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU ISUZU NPR71L
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: transporting goods
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: KIAN LEE SENG CHAIRS & TABLES RENTAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201219964G CONTACT: 62788911
c) ADDRESS: 4001 DEPOT LANE #04-08 SINGAPORE 109755

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEO CHIONG ENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1397800Z CONTACT: 9660 5241
c) ADDRESS: 443 TAMPINES ST 443 #02-43 SINGAPORE 520443

* d) DATE OF BIRTH: (21 / MAR / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 MAY 1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLR2037U MODEL: TOYOTA VIOS
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: MAIL@KLS.COM.SG

VINHO



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 : DMCG22012177
Vehicle Registration Number : YL6624B
Cover Type : Third Party Only
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : KIAN LEE SENG CHAIRS & TABLES RENTAL PTE LTD
Commencement Date of Insurance : 01/10/2022
Expiry Date of Insurance : 30/09/2023
Excess :

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

*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

A100065	CHIA WEE BOON	
Vehicle Chassis Number : JAANPR71L47100850, Vehicle Engine/Motor Number : 4HG1076066		CP1, 31/08/2022 00:59