

Date In 18/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/EG/23000625/d4	SAS e-filing		
Veh No GBJ1683X	E-mail (within 8hrs. Aft 2hrs)		
DOA 18/01/2023 14:00	i-Motor Claim Form		
OD/ TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: <u>CP 66451</u>	INC/ <u>    </u> / Not-INC/ <u>    </u>
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Policy No: ( ) Period: ( )

Insured (Driver Liability) ( ) Date: Time: )

Excess (\$ \_\_\_\_\_) Loading \$1,000 ( \_\_\_\_\_ )

General Remarks:-

Drive In ( ) Towed In ( ) Injured ( ) YES ( ) NO ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
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2) QC Check / Post Repair Inspection	( )		
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Injury: \_\_\_\_\_

Activity	Time	Location	Notes
1. Review of previous session	10:00 - 10:15	Room 101	Discuss the progress of the project and the results of the previous session.
2. Presentation of the new project	10:15 - 10:30	Room 101	Present the new project and its objectives to the team.
3. Discussion of the project	10:30 - 10:45	Room 101	Discuss the project and its objectives with the team.
4. Assignment of tasks	10:45 - 11:00	Room 101	Assign tasks to the team members.
5. Break	11:00 - 11:15	Room 101	Take a short break.
6. Review of the project	11:15 - 11:30	Room 101	Review the project and its objectives with the team.
7. Discussion of the project	11:30 - 11:45	Room 101	Discuss the project and its objectives with the team.
8. Assignment of tasks	11:45 - 12:00	Room 101	Assign tasks to the team members.
9. Break	12:00 - 12:15	Room 101	Take a short break.
10. Review of the project	12:15 - 12:30	Room 101	Review the project and its objectives with the team.
11. Discussion of the project	12:30 - 12:45	Room 101	Discuss the project and its objectives with the team.
12. Assignment of tasks	12:45 - 13:00	Room 101	Assign tasks to the team members.
13. Break	13:00 - 13:15	Room 101	Take a short break.
14. Review of the project	13:15 - 13:30	Room 101	Review the project and its objectives with the team.
15. Discussion of the project	13:30 - 13:45	Room 101	Discuss the project and its objectives with the team.
16. Assignment of tasks	13:45 - 14:00	Room 101	Assign tasks to the team members.
17. Break	14:00 - 14:15	Room 101	Take a short break.
18. Review of the project	14:15 - 14:30	Room 101	Review the project and its objectives with the team.
19. Discussion of the project	14:30 - 14:45	Room 101	Discuss the project and its objectives with the team.
20. Assignment of tasks	14:45 - 15:00	Room 101	Assign tasks to the team members.
21. Break	15:00 - 15:15	Room 101	Take a short break.
22. Review of the project	15:15 - 15:30	Room 101	Review the project and its objectives with the team.
23. Discussion of the project	15:30 - 15:45	Room 101	Discuss the project and its objectives with the team.
24. Assignment of tasks	15:45 - 16:00	Room 101	Assign tasks to the team members.
25. Break	16:00 - 16:15	Room 101	Take a short break.
26. Review of the project	16:15 - 16:30	Room 101	Review the project and its objectives with the team.
27. Discussion of the project	16:30 - 16:45	Room 101	Discuss the project and its objectives with the team.
28. Assignment of tasks	16:45 - 17:00	Room 101	Assign tasks to the team members.
29. Break	17:00 - 17:15	Room 101	Take a short break.
30. Review of the project	17:15 - 17:30	Room 101	Review the project and its objectives with the team.
31. Discussion of the project	17:30 - 17:45	Room 101	Discuss the project and its objectives with the team.
32. Assignment of tasks	17:45 - 18:00	Room 101	Assign tasks to the team members.
33. Break	18:00 - 18:15	Room 101	Take a short break.
34. Review of the project	18:15 - 18:30	Room 101	Review the project and its objectives with the team.
35. Discussion of the project	18:30 - 18:45	Room 101	Discuss the project and its objectives with the team.
36. Assignment of tasks	18:45 - 19:00	Room 101	Assign tasks to the team members.
37. Break	19:00 - 19:15	Room 101	Take a short break.
38. Review of the project	19:15 - 19:30	Room 101	Review the project and its objectives with the team.
39. Discussion of the project	19:30 - 19:45	Room 101	Discuss the project and its objectives with the team.
40. Assignment of tasks	19:45 - 20:00	Room 101	Assign tasks to the team members.
41. Break	20:00 - 20:15	Room 101	Take a short break.
42. Review of the project	20:15 - 20:30	Room 101	Review the project and its objectives with the team.
43. Discussion of the project	20:30 - 20:45	Room 101	Discuss the project and its objectives with the team.
44. Assignment of tasks	20:45 - 21:00	Room 101	Assign tasks to the team members.
45. Break	21:00 - 21:15	Room 101	Take a short break.
46. Review of the project	21:15 - 21:30	Room 101	Review the project and its objectives with the team.
47. Discussion of the project	21:30 - 21:45	Room 101	Discuss the project and its objectives with the team.
48. Assignment of tasks	21:45 - 22:00	Room 101	Assign tasks to the team members.
49. Break	22:00 - 22:15	Room 101	Take a short break.
50. Review of the project	22:15 - 22:30	Room 101	Review the project and its objectives with the team.
51. Discussion of the project	22:30 - 22:45	Room 101	Discuss the project and its objectives with the team.
52. Assignment of tasks	22:45 - 23:00	Room 101	Assign tasks to the team members.
53. Break	23:00 - 23:15	Room 101	Take a short break.
54. Review of the project	23:15 - 23:30	Room 101	Review the project and its objectives with the team.
55. Discussion of the project	23:30 - 23:45	Room 101	Discuss the project and its objectives with the team.
56. Assignment of tasks	23:45 - 24:00	Room 101	Assign tasks to the team members.
57. Break	24:00 - 24:15	Room 101	Take a short break.
58. Review of the project	24:15 - 24:30	Room 101	Review the project and its objectives with the team.
59. Discussion of the project	24:30 - 24:45	Room 101	Discuss the project and its objectives with the team.
60. Assignment of tasks	24:45 - 25:00	Room 101	Assign tasks to the team members.
61. Break	25:00 - 25:15	Room 101	Take a short break.
62. Review of the project	25:15 - 25:30	Room 101	Review the project and its objectives with the team.
63. Discussion of the project	25:30 - 25:45	Room 101	Discuss the project and its objectives with the team.
64. Assignment of tasks	25:45 - 26:00	Room 101	Assign tasks to the team members.
65. Break	26:00 - 26:15	Room 101	Take a short break.
66. Review of the project	26:15 - 26:30	Room 101	Review the project and its objectives with the team.
67. Discussion of the project			

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\_\_\_\_\_

NA2300 1916

2) DA : Damage Assessment (\$100);	INC (\$80)
3) TF: Towing Fee	\$40/\$45

5) F1 : Follow-Through Survey (Resurvey)	\$50
<u>For claiming against INC Only (wef 10 Jan 2005)</u>	

8) NTUC Additional Services:-

	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	

*NR: DV / Collect Excess Coordination	\$5
STATION 1000 - 1000 - 1000 - 1000	\$20



# 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	18/01/2023 18:27 (SGT)
Reported by	Both
Date of Accident	18/01/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 85 BEDOK MARKET CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1683X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG PON SENG
NRIC No	SXXXX769D
Email Address	LiangYew.Ang@polygongroup.com
Mobile Phone No	(Phone) +65-98155640
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23000133

### DRIVER

Name of Driver	ANG PON SENG
NRIC No	SXXXX769D

Date Of Driving Pass .....	16/09/1968
Driving experience .....	54 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98155640
Alt. Phone Number .....	-
Email Address .....	LiangYew.Ang@polygongroup.com
Address .....	APT BLK 173C PUNGGOL FIELD
Address complement .....	# 10-613
Postcode .....	823173
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 .....	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) .....	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 .....	WIFE
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 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 .....	GBL6045U
Vehicle Manufacturer .....	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ERIC TAN
Contact Number	(Phone) +65-82293313
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.

18/1/23

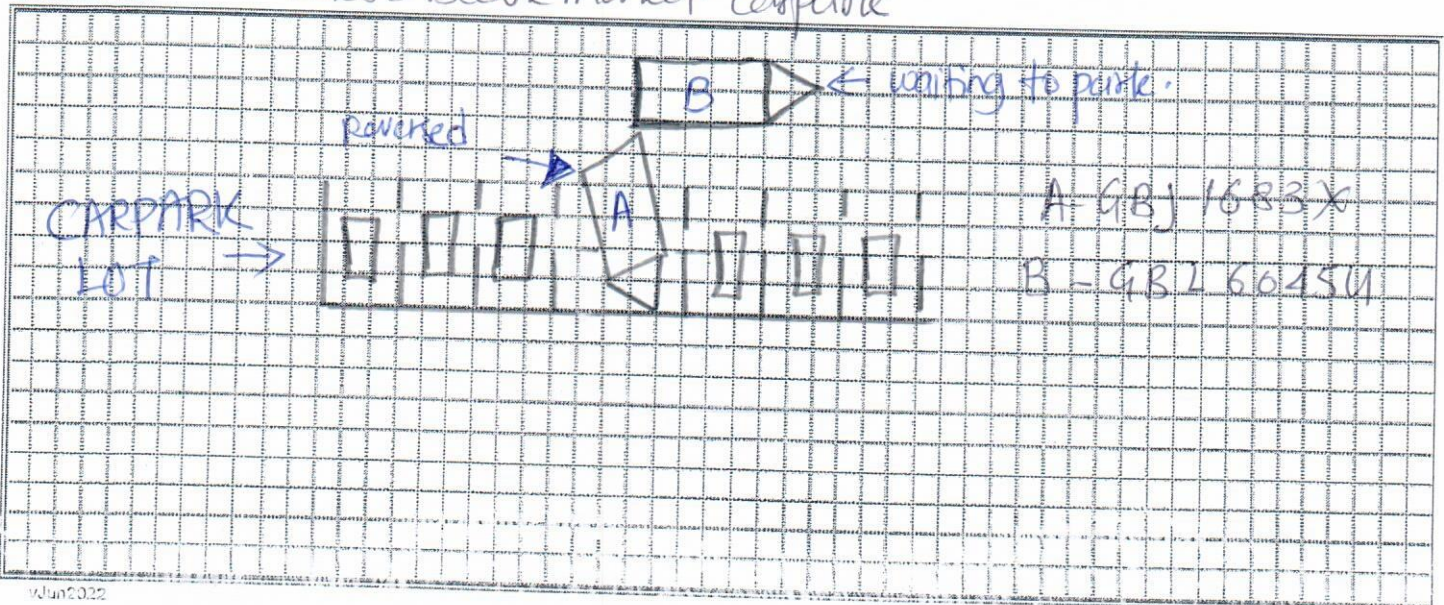
Policyholder's Signature / Date & Time

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

18/1/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

BLK 85 Bedok market carpark






Describe Circumstance of the Accident

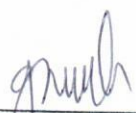
I was after work at Bedok market Blok 85 Carpark. I wanted to reverse my vehicle and vehicle B was behind my vehicle waiting to park at the lot that I parked. While reversing my vehicle I hit the back right side of Vehicle B. No severe damages, as only a little paint came off vehicle B's vehicle. I wanted to private settle, but Vehicle B say wants to claims against me. My vehicle got ~~no~~ no damage and ~~as~~ I also want to claim against the other party.

Declaration

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

 18/1/23  
Policyholder's Signature / Date & Time

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

 18/1/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 01 / 2023) (DD/MM/YYYY), TIME: (14 :00) (HH:MM)

LOCATION: BLK 85 Bedok market CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 1683 X  
 b) INSURANCE COMPANY: ERGO  
 c) POLICY NUMBER: DMCG23060133  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: 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 PON SENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0894769D CONTACT: 98155640  
 c) ADDRESS: APT BLK 173C PUNGGOL FIELD # 10-613  
 S 823173

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

d) DATE OF BIRTH: (16 / 05 / 1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 16/19/1968

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

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: GBL 6045U MODEL:  
 b) DRIVER'S NAME: ERIC TAN  
 c) NRIC/FIN/PASSPORT: CONTACT: 8229 3313

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = liangyew.ang@polygongroup.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)

Certificate/Policy Number : DMCG23000133

Vehicle Registration Number : GBJ1683X

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : ANG PON SENG

Commencement Date of Insurance : 15/01/2023

Expiry Date of Insurance : 14/01/2024

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

**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

B000016	ACCLAIM INSURANCE BROKERS PTE LTD	
Vehicle Chassis Number : JTFAT35Y60K212392, Vehicle Engine/Motor Number : 1KD2838693		CP1, 01/12/2022 10:48